Department of the Treasury Internal Revenue Service

Extended to November 15, 2018 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

AF	or the	e 2017 calendar year, or tax year beginning and	ending					
B C a	heck if pplicabl	e: C Name of organization		D Employer identified	cation number			
	Addre	Long Live the Kings						
	Name chang			91-1	353982			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r			
	Final return			206-	382-9555			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,569,281.			
	Amen return	Seattle, WA 90101		H(a) Is this a group re				
	Applic tion pendi	F Name and address of principal officer: Dacques will ce		for subordinates				
	-	same as C above		H(b) Are all subordinates in				
		empt status: 🔀 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) (or 527	If "No," attach a	list. (see instructions)			
		te: > www.LongLiveTheKings.org		H(c) Group exemption				
		forganization: X Corporation Trust Association Other	L Year (of formation: 1986 N	State of legal domicile: WA			
Ра	rt I	Summary		· · · ·				
ė	1	Briefly describe the organization's mission or most significant activities: Our I	nissio:	n is to rest	core wild			
anc	-	salmon and steelhead & support sustainabl						
Governance		Check this box if the organization discontinued its operations or dispose		1.1				
202	3				<u>20</u> 20			
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			18			
Activities &	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		·····	78			
tivit		Total number of volunteers (estimate if necessary)			0.			
Ac		Net unrelated business taxable income from Form 990-T, line 34			0.			
		Prior Year			Current Year			
	8	Contributions and grants (Part VIII, line 1h)		2,544,411.	2,431,758.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	16,800.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,989.	530.			
Ť	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-109,918.	-27,521.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,443,482.	2,421,567.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,082,576.	1,380,521.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	43,002.			
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	53.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,344,522.	1,403,450.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,427,098. 16,384.	2,826,973.			
	19	Revenue less expenses. Subtract line 18 from line 12	le less expenses. Subtract line 18 from line 12		-405,406.			
s or			Be	ginning of Current Year	End of Year			
Assets of Balanc	20	Total assets (Part X, line 16)		1,034,559.	1,088,802.			
Net As: und Ba		Total liabilities (Part X, line 26)		380,042.	839,691.			
		Net assets or fund balances. Subtract line 21 from line 20		654,517.	249,111.			
Pa	irt II	Signature Block						

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date
Here	Jacques White, Executi	ve Director	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	Susan Reilly		11/12/18 self-employed P00531805
Preparer	Firm's name 🕒 Watson & McDonel		Firm's EIN ► 72-1607347
Use Only	Firm's address 1325 4th Avenue,	Suite 1705	
	Seattle, WA 9810	1-2528	Phone no. $206 - 624 - 2380$
May the II	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes No
732001 11-2	8-17 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2017)

See Schedule O for Organization Mission Statement Continuation

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	rt III Statement of Program Service Accomplishments	·
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	Our mission is to restore wild salmon and steelhead & su	ipport
	sustainable fishing in the Pacific Northwest.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
2		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, and
	revenue, if any, for each program service reported.	
4a		enue \$)
	Salish Sea Marine Survival Project. The Salish Sea Marin	
	Project leverages human and financial resources from the	
	and Canada to determine the primary factors affecting the	
	juvenile salmon and steelhead in the Salish Sea. It is t	
	most important research of its kind in the shared waters	
	Columbia and Washington State with over 60 partnering on	
	addressing a key uncertainty impeding salmon recovery an	
	fisheries. The project will is a comprehensive study of	
	chemical and biological factors impacting salmon surviva	
	improve our collective understanding of salmon in saltwa	ater,
	facilitating smarter management and stronger returns.	
4b	(Code:) (Expenses \$ 260,325. including grants of \$) (Reve Lilliwaup Field Station. Lilliwaup programs, including s	enue \$ 16,800.)
	Lilliwaup Field Station. Lilliwaup programs, including s	summer chum
	recovery in Lilliwaup Creek and steelhead recovery in fo	
	rivers, are the linchpin of Hood Canal salmonid-recovery	
	Lilliwaup is currently the central rearing facility for	
	Steelhead Project, a multi-agency partnership begun by M	
	and LLTK to test a basin-wide approach to rebuilding dep	<u>pleted wild</u>
	steelhead runs.	
4c	(Code:) (Expenses \$1,094,576. including grants of \$) (Reve	enue \$)
	Other Programs: Long Live the Kings is also advancing s	salmon recovery
	and sustainable fishing in the Pacific Northwest by work	king with
	partners to determine the cause of increased steelhead m	nortality at the
	Hood Canal Bridge, developing and/or updating recovery p	plans for
	federally listed Puget Sound Steelhead and Chinook, buil	lding a
	constituency for salmon recovery through the Survive the	e Sound
	campaign, as well as facilitating watershed based recover	ery teams and
	coordinating a Salmon Recovery Conference. Other program	
	Sound and Hood Canal Projects, Monitoring & Adaptive Mar	
	Statewide Salmon Management, Recovery Planning, Education	
	Outreach.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,373,218.	,
		Form 990 (2017)
		. ,

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Form 990 (2017) Long Live the Kings
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	L
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	L
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	L
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		Х

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 Long Live the Kings

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	1

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Pa					
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2	22	100	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and rules		<u> ا</u>		
C	(gambling) winnings to prize winners?		1c	х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
za		2a 1	.8		
h	filed for the calendar year ending with or within the year covered by this return				x
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returned by the sum of lines 1a and 2a is greater than 250 year may be required to (assignment tax returned).				
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instruction				x
		~			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				x
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	<u>4a</u>		
a	If "Yes," enter the name of the foreign country:		-		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?			<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		. <u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
_			. <u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payo		X	
			. 7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	1 1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri				X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		? <mark>7h</mark>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
	sponsoring organization have excess business holdings at any time during the year?		. 8		
9	Sponsoring organizations maintaining donor advised funds.				
а			. <u>9a</u>		
b			<u>9b</u>		
10	Section 501(c)(7) organizations. Enter:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1 1			
а	Gross income from members or shareholders	11a	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ו 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		. <u>13a</u>		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
			. 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	le O	14b		

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 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI	tion A. Governing Body and Management						
	Check if Schedule O contains a response or note to any line in this Part VI						

Sec	tion A. Governing Body and Management					
			-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	any other	1		
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
	The governing body?	•	•	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
Ū	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
		<u>venue</u>	0000./		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cl					
			,,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		0			
				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "					
	in Schedule O how this was done	,		12c		Х
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				
а	The organization's CEO, Executive Director, or top management official			15a		Х
b	Other officers or key employees of the organization			15b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Section	on 501(c)(3)s only) a	vailable	e	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request X Other (explain	n in Scl	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			financ	ial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	l records: 🕨			

981<u>0</u>1

The Organization - 206-382-9555 1326 Fifth Avenue #450, Seattle, WA

Form 990 (2	2017) Long Live the Kings	91-1353982	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)		louit	(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle:	ss per	more rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Bob Jirsa	2.40									_
President		Х		X				0.	0.	0.
(2) Marie Mentor	1.60									-
VP		Х		X				0.	0.	0.
(3) Doug Little	1.00									-
Secretary		Х		X				0.	0.	0.
(4) David Dufenhorst	1.40									
Treasurer		Х						0.	0.	0.
(5) Brian Bogen	0.50									
Board Member		Х						0.	0.	0.
(6) Doug Boyden	0.80									
Board Member		Х						0.	0.	0.
(7) David Troutt	0.40									
Board Member		Х						0.	0.	0.
(8) Jim Kraft	1.20									
Board Member		Х						0.	0.	0.
(9) Norm Dicks	1.00									
Board Member		Х						0.	0.	0.
(10) Gaylord Kellogg	0.80									
Board Member		Х						0.	0.	0.
(11) Gary Smith	1.00									
Board Member		Х						0.	0.	0.
(12) Jim Youngren	1.00									
Board Member		Х						0.	0.	0.
(13) Lisa Seeb	0.80									
Board Member		Х						0.	0.	0.
(14) Tim Thompson	1.00									
Board Member		Х						0.	0.	0.
(15) Leah Hair	1.00									
Board Member		Х						0.	0.	0.
(16) Scott Grimm	0.80									
Board Member		Х						0.	0.	0.
(17) Tom Alberg	0.40									
Board Member		Х						0.	0.	0.

Form 990 (2017)

Form 990 (2017) LONG LIV	e the K	LIIG	5						91-13	1000	102	Pa	age U
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	l Hig	ghest	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		l than oi	20	Reportable	Reportable		Esti	mate	ed
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensatior	ו ו	amo	ount	of
	week		cer ar T	nd a di	irecto	r/truste	e)	from	from related		0	ther	
	(list any	rector						the	organizations		comp		
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS	C)		m the	
	organizations	ustee	trust		e	upens		(W-2/1099-MISC)			orga	nizati relati	
	below	lual tr	tional		n ploye	st con yee	_				organ		
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former				orgui	nzan	5110
(18) Denny Miller	0.20	-	-		×	<u>+ 0</u>	<u> </u>			-			
Board Member		х						0.		0.			Ο.
(19) Steve Spence	0.80												
Board Member		Х						0.		0.			0.
(20) Lars Mobrand	0.20												
Board Member		Х						0.		0.			0.
(21) Tom Ohaus	0.20												
Board Member		Х						0.		0.			0.
(22) JJ Gould	1.10												
Board Member		Х						0.		0.			0.
(23) Jacques White	42.00												
Executive Dir	4 7 00			X				121,381.		0.	23	,40	64.
(24) Mike Ewanciw	47.00			37				02 150			1 -		70
Dir. of Finance & Admin. (25) Michael Schmidt	42.00			X				93,150.		0.		, /	72.
Deputy Dir	42.00					x		111,284.		0.	16	7'	77.
Deputy DII								111,204.		••		, /	//•
1b Sub-total	-1		-				•	325,815.		0.	56	,01	13.
c Total from continuation sheets to Part \								0.		0.		-	0.
d Total (add lines 1b and 1c)								325,815.		0.	56	,01	13.
2 Total number of individuals (including but							o re	eceived more than \$100,0	000 of reportable				
compensation from the organization													2
										_	`	Yes	No
3 Did the organization list any former office	r, director, or tr	ustee	e, ke	ey en	nplo	yee,	or ł	nighest compensated en	nployee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		Х
4 For any individual listed on line 1a, is the s	sum of reportab	le co	mpe	ensa	tion	and	oth	er compensation from th	ne organization				
and related organizations greater than \$15	50,000? If "Yes	," со	mpl	ete S	Sche	edule	J f	or such individual			4		X
5 Did any person listed on line 1a receive or	accrue comper	nsati	on f	rom	any	unrel	ate	ed organization or individ	lual for services	- I			
rendered to the organization? If "Yes." co.	mplete Schedul	e J fe	or si	uch r	oers	on				<u></u>	5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest c										ensati	on fror	n	
the organization. Report compensation for	r the calendar y	ear e	endir	ng w	ith c	or wit	hin	the organization's tax ye	ear.				
(A)								(B)		0	(C)		-
Name and busines	s address						\dashv	Description of s	ervices		ompens	satio	1
NOAA	NO 6310	-							1.4		<u></u>	2	0 0
PO Box 979008, St Louis,	MU 6319	<u>' /</u>						Chinook sampl	LING		232	, 31	50.
Washington Dept. of Fish P.O. Box 84254, Seattle,			e					Marine Surviv	791		156	۵·	20
P.O. BOX 04254, Seallie,	WA JOII	· 土					┦	Marine Surviv			156	, ,,	<u> </u>

Pacific NW Lab		
P.O. Box 84391, Seattle, WA 98111	Marine Survival	129,623.
Vemco, 20 Angus Morton Drive, Bedford,	Marine Survival	
Nova Scotia, CANADA	(tagging) supplies	101,149.
2 Total number of independent contractors (including but not limited to these	a listed above) who reasived more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 4

Form	n 990 (Live the	Kings			91-1353	982 Page 9
Pa	rt VII	Statement of Reven	ue					
		Check if Schedule O conta	ains a response (or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
, G		Fundraising events		150,180.				
ifts ar A		Related organizations						
s, G mila		Government grants (contributi	4	523,080.				
ion: Sil		All other contributions, gifts, grant						
but		similar amounts not included abov	/e 1f	758,498.				
d O I	g	Noncash contributions included in lines	1a-1f: \$	27,470.				
ano	h	Total. Add lines 1a-1f			2,431,758.			
				Business Code				
e	2 a	Salmon Ocean Ec	ology M	541900	16,800.	16,800.		
e vic	b							
i Se	С							
ram Reve	d							
Program Service Revenue	е							
ā	•	All other program service reve			16.000			
		Total. Add lines 2a-2f			16,800.			
	3	Investment income (including			613.			612
		other similar amounts)			013.			613.
	4	Income from investment of tax						
	5	Royalties						
	6 -	Overe verte	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses Rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	7 4	assets other than inventory						
	b	Less: cost or other basis						
	~	and sales expenses	83.					
	с	Gain or (loss)	-83.					
		Net gain or (loss)	L	▶	-83.			-83.
		Gross income from fundraising						
nue		including \$ 150,1	80. of					
eve		contributions reported on line	1c). See					
er B		Part IV, line 18		117,095.				
Other Revenue	b	Less: direct expenses	b	146,817.				
0	С	Net income or (loss) from fund	Iraising events	►	-29,722.			-29,722.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses			14			1.4
		Net income or (loss) from gam	-	····· >	-14.			-14.
	10 a	Gross sales of inventory, less		0 715				
		and allowances						
		Less: cost of goods sold			2 215			2 215
	С	Net income or (loss) from sales Miscellaneous Revenue		Business Code	2,215.			2,215.
	11 a			Business Code				
	n a b							
	c b							
	d							
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			2,421,567.	16,800.	0.	-26,991.

Pa	rt IX Statement of Functional Expense	S			
Secti	on 501(c)(3) and 501(c)(4) organizations must comp		-		
	Check if Schedule O contains a respons	e or note to any line in t (A)	this Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	214,531.	58,263.	125,923.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	848,553.	792,834.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	226,148.	179,687.	17,295.	
10	Payroll taxes	91,289.	74,019.	4,806.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	12 0/0		12 0/0	
С	Accounting	13,949.		13,949.	

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	214,531.	58,263.	125,923.	30,345
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	848,553.	792,834.		55,719
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
)	Other employee benefits	226,148.	179,687.	17,295.	29,166
C	Payroll taxes	91,289.	74,019.	4,806.	12,464
1	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	13,949.		13,949.	
	Lobbying	40.000			
	Professional fundraising services. See Part IV, line 17	43,002.			43,002
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	845,561.	810,848.	29,840.	4,873
	column (A) amount, list line 11g expenses on Sch 0.)	045,501.	010,040.	29,040.	4,0/
2 3	Advertising and promotion	79,322.	40,096.	22,392.	16,834
5 1	Information technology	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10,0500		
5	Royalties				
6	Occupancy	72,111.	49,118.	20,656.	2,337
7	Travel	32,518.	29,779.	978.	1,761
3	Payments of travel or entertainment expenses	•	,		•
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	17,698.	12,930.	3,394.	1,374
)	Interest				
I	Payments to affiliates				
2	Depreciation, depletion, and amortization	14,598.	11,463.	3,135.	
3	Insurance	8,901.	7,132.	1,769.	
ŀ	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Field Gear, Food, & Sup	318,792.	307,049.	11,055.	688
b		-	-		
с					
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	2,826,973.	2,373,218.	255,192.	198,563
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20

Long	Live	the	Kings	
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		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		196,562.	1	173,575.
	2	Savings and temporary cash investments		365,445.	2	236,987.
	3	Pledges and grants receivable, net		370,976.	3	407,710.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and forme	r officers, directors,			
		trustees, key employees, and highest compensated	employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified				
		section 4958(f)(1)), persons described in section 495	58(c)(3)(B), and contributing			
		employers and sponsoring organizations of section	501(c)(9) voluntary			
s		employees' beneficiary organizations (see instr). Cor	nplete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
¥	8	Inventories for sale or use		17,582.	8	14,102.
	9	–		37,958.	9	219,260.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10	Da 275,247.			
	b	Less: accumulated depreciation1	оb 238,079.	46,036.	10c	37,168.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13				13	
	14	Intangible assets	F		14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal lir		1,034,559.	16	1,088,802.
	17	Accounts payable and accrued expenses		126,859.	17	228,054.
	18	Grants payable			18	
	19	Deferred revenue		253,183.	19	611,637.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part			21	
ŝ	22	Loans and other payables to current and former offi	cers, directors, trustees,			
litie		key employees, highest compensated employees, a	nd disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
Ë	23	Secured mortgages and notes payable to unrelated			23	
	24	Unsecured notes and loans payable to unrelated thi	rd parties		24	
	25	Other liabilities (including federal income tax, payab	es to related third			
		parties, and other liabilities not included on lines 17-	24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		380,042.	26	839,691.
		Organizations that follow SFAS 117 (ASC 958), cl	neck here 🕨 🚺 and			
ŝ		complete lines 27 through 29, and lines 33 and 34	1.			
nce	27	Unrestricted net assets		74,858.	27	1,393.
ala	28	Temporarily restricted net assets		579,659.	28	247,718.
ЧB	29	Permanently restricted net assets			29	
'n		Organizations that do not follow SFAS 117 (ASC	958), check here 🕨 🗌			
or I		and complete lines 30 through 34.				
ŝts	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or equip	ment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated incom	e, or other funds		32	
ž	33	Total net assets or fund balances		654,517.	33	249,111.
	34	Total liabilities and net assets/fund balances		1,034,559.	34	1,088,802.

Form **990** (2017)

Form 990 (2017)
Part X Balance Sheet

	990 (2017) Long Live the Kings	91-13	353982	Pag	_{ge} 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,42		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,82		
3	Revenue less expenses. Subtract line 2 from line 1	3	-40		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	654	1,5 :	<u>17.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	24	9,1	<u>11.</u>
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2017
Open to Public

									Open to Public Inspection	
Name	e of the organization Employer identification n								identification numbe	
	Long Live the Kings 91-1353982									
Part	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The org	ganization is not a	a private found	lation because it is:	: (For lines 1 through 12, c	heck only	one box.)				
1	A church, co	nvention of ch	urches, or associat	ion of churches described	l in sectio	on 170(b)(⁻	1)(A)(i).			
2	A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 9	90-EZ).)				
з 🗌	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	city, and state:									
5	🗌 An organizati	on operated fo	or the benefit of a c	ollege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6	A federal, sta	te, or local gov	vernment or govern	nmental unit described in	section 1	70(b)(1)(A)	(v).			
7 🛛	🔇 An organizati	on that norma	Illy receives a subst	tantial part of its support f	rom a gove	ernmental	unit or from tl	ne general	oublic described in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	A community	r trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete Par	t II.)					
9	An agricultur	al research org	ganization describe	d in section 170(b)(1)(A)(ix) operat	ed in conju	unction with a	land-grant	college	
	or university	or a non-land-g	grant college of agr	iculture (see instructions).	Enter the	name, city	, and state of	the college	or	
	university:									
10 🗌	🗌 An organizati	on that norma	Illy receives: (1) mor	re than 33 1/3% of its sup	port from o	contributio	ns, members	nip fees, ar	d gross receipts from	
	activities rela	ted to its exem	npt functions - subj	ect to certain exceptions,	and (2) no	more than	n 33 1/3% of i	ts support	from gross investment	
	income and ι	unrelated busir	ness taxable incom	e (less section 511 tax) fro	om busine:	sses acqui	red by the org	anization a	after June 30, 1975.	
	See section	509(a)(2). (Co	mplete Part III.)							
11 🗌	An organizati	on organized a	and operated exclu	isively to test for public sa	fety. See	section 5	09(a)(4).			
12	An organizati	on organized a	and operated exclu	sively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
	more publicly	v supported or	ganizations describ	oed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). (Check the box in	
	lines 12a thro	ough 12d that	describes the type	of supporting organization	n and com	plete lines	12e, 12f, and	l 12g.		
а	Type I. A s	upporting orga	anization operated,	supervised, or controlled	by its sup	ported org	anization(s), t	ypically by	giving	
	the suppor	ted organizatio	on(s) the power to r	egularly appoint or elect a	majority o	of the direc	ctors or truste	es of the su	upporting	
	organizatio	n. You must c	complete Part IV, S	Sections A and B.						
b	Type II. A s	supporting org	anization supervise	ed or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by hav	ving	
		-		ganization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported	
			-	I, Sections A and C.						
c		-	• • • •	ing organization operated				ly integrate	ed with,	
	· ·	0	.,,	ns). You must complete	-	-	-			
d		-		oporting organization oper				-		
				nization generally must sat				l an attentiv	/eness	
	'	i i	,	omplete Part IV, Sections						
e		•		a written determination fro			Туре I, Туре	II, Type III		
				ionally integrated supporti	ng organiz	ation.			[
	Enter the number		•							
g F	Provide the follow (i) Name of supp		n about the suppor (ii) EIN	ted organization(s).	(iv) Is the org	anization listed	(v) Amount o	fmonetary	(vi) Amount of other	
	organization			(described on lines 1-10		ing document?	support (see in	-	support (see instructions	
	5			above (see instructions))	Yes	No		,		

Schedule A (Form 990 or 990 EZ) 2017 Long Live the Kings

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1267175.	1934576.	2429916.	2521151.	2431758.	10584576.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	1267175.	1934576.	2429916.	2521151.	2431758.	10584576.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.						10584576.		
	tion B. Total Support						•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Amounts from line 4	1267175.	1934576.	2429916.	2521151.		10584576.		
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	4.	8.	206.	489.	613.	1,320.		
9	Net income from unrelated business						-		
	activities, whether or not the								
	business is regularly carried on			69,681.			69,681.		
10	Other income. Do not include gain			-					
	or loss from the sale of capital								
	assets (Explain in Part VI.)	235.	30.			2,715.	2,980.		
11	Total support. Add lines 7 through 10						10658557.		
	Gross receipts from related activities,	etc. (see instructio	ons)			12	16,800.		
	First five years. If the Form 990 is for					501(c)(3)			
	-	-			•				
organization, check this box and stop here Section C. Computation of Public Support Percentage									
14	Public support percentage for 2017 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.31 %		
15									
	16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
	stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qualifies as a publicly supported organization								
17a	10% -facts-and-circumstances test								
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	t VI how the organ	nization		
	meets the "facts-and-circumstances"			-	-	5			
b	10% -facts-and-circumstances test	•	• •		•				
	more, and if the organization meets th	-							
	organization meets the "facts-and-circ								
18	Private foundation. If the organizatio						s >		
-									

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Long Live the Kings Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	Stion A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
1 d	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			-	1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization,
	check this box and stop here						
Sec	ction C. Computation of Public	c Support Per	centage				
15	Public support percentage for 2017 (li	ne 8, column (f) di	vided by line 13, c	olumn (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves					•	
	•			ne 13. column (fi)		17	%
	33 1/3% support tests - 2017. If the						17 is not
198	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2016. If the						, and
	line 18 is not more than 33 1/3%, chee	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organizatio	n >
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	alon C. Type in Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1				
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a b	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
b				
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 Long Live the Kings

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Schedule A (Form 990 or 990 EZ) 2017 Long Live the Kings

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	<u> </u>			
Sect	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	r	-				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2017						
<u>a</u>							
b	From 2013						
C	From 2014						
d	From 2015						
e	From 2016						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2017 distributable amount						
i	Carryover from 2012 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
b	Applied to 2017 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2017. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2013						
	Excess from 2014						
	Excess from 2015						
	Excess from 2016						
e	e Excess from 2017						

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

2	SCHEDULE D Supplemental Financial Statements							
	Form 990) Complete if the organization answered "Yes" on Form 990,							
	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.							
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest informa	ation.		Open to Public Inspection		
	e of the organizati		er identification number					
	5	Long Live the King	5			91-1353982		
Par	t I 🛛 Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Acc	counts.	Complete if the		
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.					
			(a) Donor advised funds	(b) Funds a	nd other accounts		
1	Total number at er	nd of year						
2		f contributions to (during year)						
3	Aggregate value o	f grants from (during year)						
4	Aggregate value a	t end of year						
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advise	d funds	6			
	are the organization	on's property, subject to the organization's	exclusive legal control?			🗌 Yes 📃 No		
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised on	ly			
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose c	onferrir	ng			
_	impermissible priv	ate benefit?				Yes No		
Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, I	ine 7.			
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).					
	Preservation	n of land for public use (e.g., recreation or e						
	Protection o	f natural habitat	Preservation of a certi	fied his	toric struc	ture		
		n of open space						
2	•	through 2d if the organization held a qualif	ied conservation contribution in the form o	f a con				
	day of the tax year	r.				d at the End of the Tax Year		
а				·····	2a			
b	-			Г	2b			
С		vation easements on a certified historic stru			2c			
d		vation easements included in (c) acquired a						
		nal Register			2d			
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the o	organiz	ation durir	ng the tax		
	year							
4		where property subject to conservation eas						
5		tion have a written policy regarding the per						
6	,	orcement of the conservation easements it r hours devoted to monitoring, inspecting,						
6		a nours devoted to morntoring, inspecting,	nandling of violations, and emorcing conse	rvation	leasemen	is during the year		
7	Amount of oxpone	 ses incurred in monitoring, inspecting, hanc	lling of violations, and onforcing consonrati	00 000	omonte du	ring the year		
'	► \$	es incurred in monitoring, inspecting, nanc	ing of violations, and emorcing conservation	Un cast		ing the year		
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i))			
Ũ)(4)(B)(ii)?				Yes No		
9		be how the organization reports conservation				·		
•		ble, the text of the footnote to the organization	-					
	conservation ease			le el gu		accounting for		
Par		ations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Si	milar As	sets.		
	Complete in	f the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and	balance s	heet works of art,		
		s, or other similar assets held for public exh						
		tnote to its financial statements that descri		·		· · · · ·		
b	If the organization	elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and bal	ance shee	t works of art, historical		
	-							
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:							
	•	ded on Form 990, Part VIII, line 1			▶ \$			
					► \$			
2	. ,	received or held works of art, historical treat			rovide			
	•	unts required to be reported under SFAS 1		••				
а								

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 732051 10-09-17

Schedule D (Form 990) 2017

▶ \$

Sche	chedule D (Form 990) 2017 Long Live the Kings 91–1353982 Page 2										
Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Trea	asures, o	r Othe	r Simila	r Assets	(contir	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check an	y of the fo	ollowing that	t are a si	gnificant u	se of its c	ollection	items	
	(check all that apply):										
а	Public exhibition	d	I 🔄 Loa	an or exch	ange progra	ams					
b	Scholarly research	е	e 🗌 Otł	ner							
с	Preservation for future generations										
4	Provide a description of the organization's co		-		-			se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, histor	rical treasu	ures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the or	ganization	answered	"Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1 a	Is the organization an agent, trustee, custodia								٦.,		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table	e:							
_	Destination to desta								Amoun	[
	Beginning balance										
	Additions during the year										
e د	Distributions during the year										
20	Ending balance Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.							∟			
Par							10.				
		(a) Current year	(b) Prior		(c) Two yea			ears back	(e) Four	vears	back
1a	Beginning of year balance		(2) 110	, jou	(0) 1110 900	i o such	(,	ouro suon	(0) ! 00!	jouro	Juon
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, c	olumn (a))	held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that ar	e held and	d administe	red for th	ne organiza	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sche	edule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fund	ds.							
Par											
	Complete if the organization answered	d "Yes" on Form 990), Part IV, lir	ne 11a. Se	e Form 990						
	Description of property	(a) Cost or o basis (investr		(b) Cost (basis (ccumulate	ed	(d) Boo	k valu	e
	Land						10 1				
	Buildings			12	2,490.		12,4	90.			0.
	Leasehold improvements	d improvements						<u> </u>			
	Equipment 262,757. 225,589. 37,168.										
	Other									7 4	<u> </u>
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, column (</u>	' <u>B). line 10</u>	<u>c.)</u>				3	7,1	68.

Schedule D (Form 990) 2017

investments other ocounties.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 000 Part X col. (B) line 25.)	

Iotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2017 Long Live the Kings			91-2	1353982	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With F	Revenue per Re	eturn.		0
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,467	,222.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	45,655.			
е	Add lines 2a through 2d			2e	45 2,421	<u>,655.</u>
3	Subtract line 2e from line 1			3	2,421	<u>,567.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,421	<u>,567.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per l	Returr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total expenses and losses per audited financial statements			1	2,872	,628.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	45,655.			
е	Add lines 2a through 2d			2e	45	<u>,655.</u>
3	Subtract line 2e from line 1			3	2,826,	<u>,973.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,826,	,973.
Pa	rt XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

The Organization is exempt from federal income tax under Section 501(c)(3)
of the Internal Revenue Code. In addition, the Organization qualifies for
the charitable contribution deduction under Section 170(b)(1)(A) and has
been classified as an organization that is not a private foundation under
Section 509(a)(2).
The Organization's income tax filings are subject to examination by
various taxing authorities. The Organization follows the provisions of

uncertain tax positions as addressed in FASB Accounting Standards

Codification Subtopic 740-10, Income Taxes. The Organization believes

that it has appropriate support for any tax positions taken, and as such, Schedule D (Form 990) 2017 732054 10-09-17

Schedule D (Form 990) 2017 Long Live the Kings Part XIII Supplemental Information (continued)	91-1353	982 Page 5
does not have any uncertain tax positions that are material	to the	
financial statements.		
Part XI, Line 2d - Other Adjustments:		
Special events		45,655.
Part XII, Line 2d - Other Adjustments:		
Special events		45,655.

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites	OMB No. 1545-0047
(Form 990)			n answered "Yes" on Form 990, Part			2017
Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to	www.irs.gov/Fo	orm990 for instructions and the lates	t information.		Inspection
Name of the organization					Employer id	entification number
Long Live the K	ings				91-1353	3982
		ctivities Out	side the United States. Compl	ete if the orgar	ization answer	ed "Yes" on
Form 990, Part IV 1 For grantmakers. Does		maintain raaar	ds to substantiate the amount of its gra	anto and other	agiatanag	
-	•		the selection criteria used to award the			Yes X No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and ot	her assistance	outside the
3 Activities per Region. (T	he following Part	I, line 3 table ca	n be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		vity listed in (d)	
	offices in the region	agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type	expenditures for and
		independent contractors in the region	recipients located in the region)		(s) in the regior	n investments in the region
					d salmon an	
Australia	0	0	Program Services	steelhead		24,000.
Europe (Including Iceland & Greenland)						
- Albania, Andorra,						
Austria, Belgium	0	0	Program Services	Research		25,718.
· · ·						
3 a Sub-total	0	0				49,718.
b Total from continuation	_					
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				49,718.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

Long Live the Kings

91-1353982

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			Restore wild salmon						
			and steelhead	24,000.	Wire Transfer	0.			
		Europe (Including							
		Iceland &							
		Greenland) -							
		Albania, Andorra,	Research	25,718.	Wire Transfer	0.			
2 Entor total number of		 no listed above that are :	recognized as charities by the f					<u> </u>	
						empt			
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

Schedule F (Form 990) 2017

anv

Page 2

	Long Live the				91-1353982		Page
Part III Grants and Other Assista Part III can be duplicated if			ates. Complete if t	the organization answered "Yes	" on Form 990, Part I	V, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					_		

Schedule F (Form 990) 2017

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2017

	(Form 990)				the	Kings
Part V	Supplei	mental	Informa	ation		

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE G	Supplome	ntal Information Degarding	Euro	Iraiai	ng or Goming A	otivition	. L	OMB No. 1545-0047
Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the							2017	
organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury Internal Revenue Service								Open to Public nspection
Name of the organization		ntification number						
		ve the Kings					-1353	
Part I Fundrais		Complete if the organization answer	ered "Y	es" or	n Form 990. Part IV. I			
required to	complete this par	t.						
1 Indicate whether the	e organization rais	sed funds through any of the followir	-					
a X Mail solicitat					overnment grants			
	email solicitations			-	-			
c X Phone solici		g X Specia	l fundra	lising	events			
d X In-person so		er erel eareement with envindividual	linglug	ing of	ficare directore true	+000 04		
•		or oral agreement with any individual art VII) or entity in connection with p	•	•		lees, or	X Yes	No
		viduals or entities (fundraisers) pursu			•	ne fundrais		
compensated at le	•	. , ,		agreer				
· · ·						() (
(i) Name and addres	s of individual	(ii) Activity	fundr		(iv) Gross receipts	tò (or ret	unt paid ained by)	(vi) Amount paid to (or retained by)
or entity (func	fraiser)		have custody or control of contributions?		from activity		raiser n col. (i)	organization
Carl Silverberg - 9	2571 GF	Sponsorhip Solicitation -					1 0011 (1)	
43rd St, Mercer Isl		Salmon Rearing Conference	Yes	No X	16,650.		6,000.	10,650.
Shamra Clark - 2061	,	Coaching Development					•,•••	
W., Edmonds, WA 98026		Director		х	0.		24,500.	-24,500.
Total					16,650.		30,500.	-13,850.
	ich the organizatio	on is registered or licensed to solicit	contrib	utions	or has been notified	it is exem	pt from req	gistration
or licensing.								
<u></u>								

 Schedule G (Form 990 or 990 EZ) 2017
 Long
 Live
 the
 Kings
 91-1353982
 Page

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		Fall for		(d) Total events
			-	(add col. (a) through
		Hood Canal	3	col. (c))
	(event type)	(event type)	(total number)	
Gross receipts	112,596.	91,528.	63,151.	267,275
Less: Contributions	59,252.	73,857.	17,071.	150,180
Gross income (line 1 minus line 2)	53,344.	17,671.	46,080.	117,095
Cash prizes				
Noncash prizes	21,674.	3,474.		25,148
Rent/facility costs				
Food and beverages	31,670.	12,448.	14,013.	58,131
Entortoinment				
	1 1 1 1 1 1 1	8 911	37 525	63,538
				146,817
			•	-29,722
\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form		eported more than	
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
Gross revenue				
Cash prizes				
Noncash prizes				
Rent/facility costs				
Other direct expenses				
Volunteer labor	☐ Yes % ☐ No	└── Yes % └── No	└── Yes % └── No	
Direct expense summary. Add lines 2 throug	h 5 in column (d)			
Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes I
	Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct gaming a	Gross income (line 1 minus line 2) 53,344. Cash prizes 21,674. Noncash prizes 21,674. Rent/facility costs 31,670. Food and beverages 31,670. Entertainment 17,102. Other direct expenses 17,102. Direct expense summary. Add lines 4 through 9 in column (d) Note income summary. Subtract line 10 from line 3, column (d) Net income summary. Subtract line 10 from line 3, column (d) (a) Bingo Gross revenue (a) Bingo Gross revenue (a) Bingo Cash prizes (b) Bingo Noncash prizes (c) Bingo Noncash prizes (a) Bingo Other direct expenses Yes Volunteer labor Yes Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Net gaming income summary. Subtract line 7 from line 1, column (d)	Gross income (line 1 minus line 2) 53,344. 17,671. Cash prizes 21,674. 3,474. Noncash prizes 21,674. 3,474. Rent/facility costs 17,102. 8,911. Food and beverages 31,670. 12,448. Entertainment 17,102. 8,911. Direct expenses 17,102. 8,911. Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Net income summary. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or r \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo Gross revenue 1 1 Cash prizes 1 1 Noncash prizes 1 1 Noncash prizes 1 1 Nother direct expenses 1 Yes	Gross income (line 1 minus line 2) 53,344. 17,671. 46,080. Cash prizes 21,674. 3,474. Rent/facility costs 21,674. 3,474. Food and beverages 31,670. 12,448. 14,013. Entertainment 17,102. 8,911. 37,525. Direct expenses summary. Add lines 4 through 9 in column (d) > > Net income summary. Subtract line 10 from line 3, column (d) > > Met income summary. Subtract line 10 from line 3, column (d) > > Met income summary. Subtract line 10 from line 3, column (d) > > Met income summary. Subtract line 10 from line 3, column (d) > > Met income summary. Subtract line 10 from line 3, column (d) > > Met income summary. Subtract line 10 from line 3, column (d) > > Gross revenue (a) Bingo (b) Pull tabs/instant (c) Other gaming Gross revenue (a) Bingo (b) Pull tabs/instant (c) Other gaming Gross revenue (a) Bingo (b) Pull tabs/instant (c) Other gaming Nocash prizes (b) Pull tabs/instant (c) Other gaming (c) Other gaming

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

732082 09-13-17

<u>Sc</u> ł	nedule G (Form 990 or 990-EZ) 2017 Long Live the Kings	91-1353	<u>982</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		Yes	No
12	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:		Tes	
	a The organization's facility	13a	1	%
	a me organization's lacinty			<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			/0
17	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amou	nt		
	of gaming revenue retained by the third party \triangleright \$. IL		
	$rac{1}{2}$ If "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		M.	
	retain the state gaming license?		Yes	No
1	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ine		
D	organization's own exempt activities during the tax year s Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa			454
F C	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	π III, lines 9, 1	90, 10	5, 150,
~				
Sc	hedule G, Part I, Line 2b, List of Ten Highest Paid Fundrais	sers:		
<u>(i</u>) Name of Fundraiser: Carl Silverberg			
(i) Address of Fundraiser: 9571 SE 43rd St, Mercer Island, WA	98040		
	· · ·			

Failly	Supplemental information	(continued)

Department of the	Treasury
Internal Revenue S	Service

Dort

Noncash	Contributions

OMB No. 1545-0047

►	Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
►	Attach to Form 990.

2017 Open To Public Inspection

Employer identification number 91 - 1353982

Name of the orga	anization
------------------	-----------

Tunna

SCHEDULE M

(Form 990)

Long Live the Kings

► Go to www.irs.gov/Form990 for the latest information.

(a) (b) (c) Method of determining noncash contribution amounts exported on a papicable in the second backet provide on a papicable in the second backet provide on a mounts. Method of determining noncash contribution amounts in the second backet provide on a mounts. 1 Art - Norks of at	Par	TT Types of Property		-				
1 Art - Works of art 2 Art - Historical Integers 3 Art - Fictorial Integers 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Books and planes 9 Securities - Publicly traded 11 Securities - Publicly traded 12 Securities - Publicly traded 13 Securities - Olosely heid tock 11 Securities - Nuisclemanous 12 Securities - Nuisclemanous 13 Coalified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Coher 16 Real estate - Coher 17 Real estate - Coher 18 Real estate - Coher 19 Food inventory 10 Dugs and medical supplies 11 Taxidemry 21 Taxidemry 22 Hotoria attracts 23 Scientific specimens 24 Archeological attracts 25 Yeis			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of deter	•	S
2 Art - Historical reasures	1	Art - Works of art						
3 At - Fractional interests								
4 Books and publications	_							
5 Clothing and household goods								
6 Cars and other vehicles								
7 Boats and planes								
8 Intellectual property								
9 Securities - Disely held stock								
10 Securities - Closely held stock								
11 Securities - Partnership, LLC, or trust interests								
trust interests								
12 Securities - Miscellaneous	11							
13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution · Other								
Historic structures	12							
14 Qualified conservation contribution - Other 15 Real estate - Commercial 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 23 Scientific specimens 24 Archeological artifacts 25 Other ► (Auction Items)) 26 X 27 Other ► (Other Ta)) 28 Other ► (Other Ta)) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years form the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. 30a X b If "Yes," describe in Part II.	13	Qualified conservation contribution -						
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b If "Yes," describe in Part II.		contributions?					2a	X
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	b							
	33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is cheo	cked,		

describe in Part II. LHA For Paperwork

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2017

Schedule M (Form 990) 2017 Long Live the Kings Part II Supplemental Information Press at a statement **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Long Live the Kings

Form 990, Part I, Line 1, Description of Organization Mission:

Northwest.

Form 990, Part VI, Section B, line 11b:

The form 990 was provided to the full Board before it was filed. Comments

and questions were solicitated, but none were received. Therefore, it was

assumed that everyone approved it.

Form 990, Part VI, Section C, Line 18:

Governing documents, Conflict of Interst Policy, and Financial Statements

are available to anyone upon request. In addition, Financial Information

(Form 990 and Audit) is provided to various non-profit rating agencies

(Guidestar, etc.)

Form 990, Part VI, Section C, Line 19:

Governing documents, Conflict of Interst Policy, and Financial Statements

are available to anyone upon request. In addition, Financial Information

(Form 990 and Audit) is provided to various non-profit rating agencies

(Guidestar, etc.)

Form 990, Part IX, Line 11g, Other Fees: Computer & Tech Support: Program service expenses 49,806. Management and general expenses 0. 0. Fundraising expenses 49,806. Total expenses Schedule O (Form 990 or 990-EZ) (2017) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Page 2 Employer identification number
Long Live the Kings	91-1353982
Film and Video:	
Program service expenses	16,461.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	16,461.
Communications:	
Program service expenses	0.
Management and general expenses	22,346.
Fundraising expenses	0.
Total expenses	22,346.
	·
Scientific and Research:	
Program service expenses	744,581.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	744,581.
Other:	
Program service expenses	0.
Management and general expenses	
Fundraising expenses	
Total Other Fees on Form 990, Part IX, line 11g, Col A	040,001.