Form	qqn
Form	330

** PUBLIC DISCLOSURE COPY ** **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.



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection				Open to Public Inspection			
A For the 2020 calendar year, or tax year beginning and ending							
В	Check if applicab	le: C Name of	forganization		D Employer identification number		
	Addre	ess LONG	LIVE THE KINGS				
	Name chang	pe Doing b	usiness as		91-135398	2	
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final return	1326	FIFTH AVENUE	450	206-382-9	555	
	termir ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,571,038.	
	Amen return		TLE, WA 98101		H(a) Is this a group retu	um	
	Applie tion	r name a	nd address of principal officer: JACQUES WHITE		for subordinates?	Yes X No	
	pendi	^{ng} SAME	AS C ABOVE		H(b) Are all subordinates inclu	uded? Yes No	
		empt status:) or 📃 527	If "No," attach a lis	st. See instructions	
			LONGLIVETHEKINGS.ORG		H(c) Group exemption		
			X Corporation Trust Association Other ►	L Year	of formation: 1986 M	State of legal domicile: WA	
P	art I	Summary					
-	1		e the organization's mission or most significant activities: $\underline{ ext{TO}}$ F				
Activities & Governance		STEELHE	AD AND SUPPORT SUSTAINABLE FISHING	G IN TH	HE PACIFIC NO	RTHWEST.	
rna	2	Check this bo	$x \mathrel{\blacktriangleright}$ if the organization discontinued its operations or dispo	osed of more	than 25% of its net asse		
ove	3	Number of vot	ting members of the governing body (Part VI, line 1a)			27	
Ğ	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)			27	
ŝ	5	Total number	of individuals employed in calendar year 2020 (Part V, line 2a) $\ \ldots$			18	
vitie	6	Total number	of volunteers (estimate if necessary)			27	
\cti	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.	
_	` <u>b</u>	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····	7b	0.	
					Prior Year	Current Year	
Ð	8	Contributions	and grants (Part VIII, line 1h)		2,624,104.	2,538,887.	
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.	
eve	10		come (Part VIII, column (A), lines 3, 4, and 7d)		2,363.	2,677.	
œ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-50,911.	-9,922.	
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,575,556.	2,531,642.	
	13	Grants and sir	nilar 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.	
ŝ	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		1,203,660.	1,432,256.	
nse	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		620.	173.	
Expenses	b b		ing expenses (Part IX, column (D), line 25)	944.			
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,122,611.	651,662.	
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,326,891.	2,084,091.	
	19	Revenue less	expenses. Subtract line 18 from line 12		248,665.	447,551.	
Net Assets or	Let S			Ве	ginning of Current Year	End of Year	
sets	20	Total assets (F	Part X, line 16)		1,002,613.	1,656,714.	
tAS	21		(Part X, line 26)		645,261.	851,811.	
			fund balances. Subtract line 21 from line 20		357,352.	804,903.	
Pa	art II		BIOCK				

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. T.

Sign Here	Signature of officer JACQUES WHITE, EXECUTIVE DIRECTOR Type or print name and title	Date				
	Print/Type preparer's name Preparer's signature	Date Check PTIN				
Paid	KURT BENNION, CPA KURT BENNION, CPA	10/29/21 self-employed P01469618				
Preparer	Firm's name 🕒 CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749				
Use Only	Firm's address 🕨 10700 NORTHUP WAY, SUITE 200					
	BELLEVUE, WA 98004	Phone no. 425 – 250 – 6100				
May the I	May the IRS discuss this return with the preparer shown above? See instructions					
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)					

	990 (2020) LONG LIVE THE KINGS t III Statement of Program Service Accomplishments	91-1353982	Page
			. X
	Check if Schedule O contains a response or note to any line in this Part III		[A
1	Briefly describe the organization's mission:	שתסתח	
	OUR MISSION IS TO RESTORE WILD SALMON AND STEELHEAD & SUI	PPORT	
	SUSTAINABLE FISHING IN THE PACIFIC NORTHWEST.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNc
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	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 i	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	10 ¢	0.
+d	SALISH SEA MARINE SURVIVAL PROJECT: THE SALISH SEA MARIN		<u> </u>
			P.C.
	PROJECT LEVERAGES HUMAN AND FINANCIAL RESOURCES FROM THE		
	AND CANADA TO DETERMINE THE PRIMARY FACTORS AFFECTING TH		
		HE LARGEST A	ND
	MOST IMPORTANT RESEARCH OF ITS KIND IN THE SHARED WATERS		
	COLUMBIA AND WASHINGTON STATE WITH OVER 60 PARTNERING ORG	<u>GANIZATIONS,</u>	
	ADDRESSING A KEY UNCERTAINTY IMPEDING SALMON RECOVERY AND	D SUSTAINABL	Ε
	FISHERIES. THE PROJECT IS A COMPREHENSIVE STUDY OF THE PI	HYSICAL,	
	CHEMICAL AND BIOLOGICAL FACTORS IMPACTING SALMON SURVIVA	L, IN ORDER '	го
	IMPROVE OUR COLLECTIVE UNDERSTANDING OF SALMON IN SALTWAY	-	
	FACILITATING SMARTER MANAGEMENT AND STRONGER RETURNS.	,	
41.	(Code:) (Expenses \$ 218, 284. including grants of \$ 0.) (Revenue		0.
4b	(Code:) (Expenses \$ 218,284. including grants of \$ 0.) (Revenue LILLIWAUP FIELD STATION: LILLIWAUP PROGRAMS, INCLUDING \$		0.
	· · · · · ·		-
	RECOVERY IN LILLIWAUP CREEK AND STEELHEAD RECOVERY IN FOR		
	RIVERS, ARE THE LINCHPIN OF HOOD CANAL SALMONID-RECOVERY		
	LILLIWAUP IS CURRENTLY A CENTRAL REARING FACILITY FOR NO		
	SKOKOMISH RIVER STEELHEAD RECOVERY. WE ALSO PARTICIPATE		
	CANAL STEELHEAD PROJECT, A MULTI-AGENCY PARTNERSHIP BEGU	N BY NOAA	
	FISHERIES AND LLTK TO TEST A BASIN-WIDE APPROACH TO REBUT	ILDING DEPLET	ΓED
	WILD STEELHEAD RUNS.		
	(Code:) (Expenses \$198,697. including grants of \$) (Revenue (Code:) (Revenue (Code:)) (Revenue (Code: _	ue\$	0.
łC	THE HOOD CANAL BRIDGE ECOSYSTEM: THE HOOD CANAL BRIDGE E		
+C		COSISIEM IMPI	ACT.
+C	ASSESSMENT IS INVESTIGATING THE CAUSES OF HIGH FISH MORT		ACT
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4d	BRIDGE AND WHETHER THE BRIDGE IMPACTS WATER QUALITY IN A BODY OF WASHINGTON STATE. SOLUTIONS THAT IMPROVE FISH PAR SURVIVAL WITHOUT COMPROMISING BRIDGE FUNCTIONALITY WILL ' IDENTIFIED AND TESTED. WE COMPLETED THE ASSESSMENT IN 20 DEVELOP SOLUTIONS TO TEST THAT WILL REDUCE THIS MORTALIT' Other program services (Describe on Schedule O.)	ALITY AT THE PRIORITY WAY SSAGE AND THEN BE 19 AND BEGAN Y. 0.)	TO
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 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		<u> </u>
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			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
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.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
D		11b		х
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
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	
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		X
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		X
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	X	
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		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	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	000	X
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 Part IV
 Checklist of Required
 Schedules
 (continued)

			Yes	No
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		37	
	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			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
200	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
~~	"Yes," complete Schedule L, Part IV	28c	X	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	<u>30</u> 31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		- 23
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	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
	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	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4	х	
00000	(gambling) winnings to prize winners?	1c		(2020)
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Form	990 (2020) LONG LIVE THE KINGS 91–1353 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	982	P	_{age} 5
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 18		163	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	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 contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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?	13a		
_	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			
	Enter the amount of reserves on hand	44		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	40		x
	excess parachute payment(s) during the year?	15		_ A
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

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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 on Schedule O. See instructions. X

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

4.	Fatavilla number of units members of the neuronical basis of the second of the terrors	<u>a</u> _		27		Yes	N
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>					
	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 on Schedule O.			27			
	Enter the number of voting members included on line 1a, above, who are independent	<u> </u>		/			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with ar	ny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision				
					3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4	Х	_
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		····· -	5		X
6	Did the organization have members or stockholders?			L	6		Σ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	ne or				
	more members of the governing body?			L	7a		Σ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholo	lers, or				
	persons other than the governing body?			L	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:				
а	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 read						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Σ
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
		venue e	/0000./			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			Г	10a		Σ
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			·····	100		-
U					10b		
10	Has the organization provided a complete copy of this Form 990 to all members of its governing body		filing the fe	F	11a	Х	
		y belore	ning the it		па	<u></u>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				10-	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			·····	12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "}	′es," de	scribe				
	in Schedule O how this was done			·····	12c	X	
3	Did the organization have a written whistleblower policy?			F	13	X	
4	Did the organization have a written document retention and destruction policy?			L	14	Х	
5	Did the process for determining compensation of the following persons include a review and approva	l by ind	ependent				
	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).			Γ			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wit	ha				
	taxable entity during the year?			Γ	16a		Σ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			·····			
·	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-				
	exempt status with respect to such arrangements?			[16b		
ec	tion C. Disclosure			·····			
7	List the states with which a copy of this Form 990 is required to be filed NONE						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 000 T	(Soction 5	(01/c)(3)c	only)	availa	blo
0		10 990-1	(Section 5	01(0)(3)8	orny)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.						
_	Own website Another's website X Upon request X Other (explain						
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of	interest po	licy, and	inanc	al	
	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 boo	oks and	records	►			
	ALLEGRA CARSCALLEN - 206-382-9555						
	1326 FIFTH AVENUE, NO. 450, SEATTLE, WA 98101					990	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Comp	lete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's ta	ıx year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (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."

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• 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.

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box,	oox, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week			uau		l/iius		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key (Highest compensated employee	Former			
(1) JACQUES WHITE	40.00									
EXECUTIVE DIRECTOR				Х				131,176.	0.	27,102.
(2) MICHAEL SCHMIDT	40.00									
DEPUTY DIRECTOR				Х				122,128.	0.	18,593.
(3) MARIE MENTOR	2.50									
PRESIDENT AND CHAIR		Х		Х				0.	0.	0.
(4) JJ GOULD	2.00									
VICE PRESIDENT AND VICE CHAIR		Х		Х				0.	0.	0.
(5) SHERI WARD	1.50									
SECRETARY		Х		Х				0.	0.	0.
(6) BRIAN BOGEN	1.50									
TREASURER		Х		Х				0.	0.	0.
(7) BOB JIRSA	1.00									
PAST PRESIDENT		Х						0.	0.	0.
(8) GERRY ADAMS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) TOM ALBERG	0.30									_
BOARD MEMBER		Х						0.	0.	0.
(10) DOUGLAS BOYDEN	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(11) MICHAEL DEVANEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) NORM DICKS	0.30									
BOARD MEMBER		х						0.	0.	0.
(13) DAVID DUFENHORST	0.30								0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) SCOTT GRIMM	1.00								•	•
BOARD MEMBER	1 00	х						0.	0.	0.
(15) LEAH HAIR	1.00								•	•
BOARD MEMBER	1 00	х						0.	0.	0.
(16) SARAH HANKE	1.00								•	•
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(17) GAYLORD KELLOGG	1.00								•	<u>^</u>
BOARD MEMBER		Х						0.	0.	0.
032007 12-23-20				-	-					Form 990 (2020)

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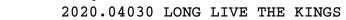
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Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			•	C)			(D)	(E)		(F	F)
Name and title	Average	(do		Pos		۱ than d	ane	Reportable	Reportable		Estin	nated
	hours per	box	, unles	ss per	rson i	is both	n an	compensation compensation from from related			amou	unt of
	week		cer an	id a d	irecto	or/trus T	tee)					ner
	(list any	rector						the	organizations	.	compe	
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC)	from	
	organizations	ustee	trust		e	bens		(W-2/1099-MISC)			•	ization elated
	below	ual tr	tional		ploye	t com					organiz	
	line)	ndividual trustee or director	n stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former				organiz	2410113
(18) JAMES KRAFT	1.50	_	_			<u> </u>				\neg		
BOARD MEMBER		х						0.	(0.		0.
(19) DEBRA LEKANOFF	0.30											
BOARD MEMBER		Х						0.	(0.		0.
(20) DOUG LITTLE	1.50											
BOARD MEMBER		Х						0.	(ο.		0.
(21) DENNY MILLER	1.00											
BOARD MEMBER		Х						0.	().		0.
(22) JACK O'CONNOR	1.00											
BOARD MEMBER		Х						0.	(ן. כ		0.
(23) TOM SCHADT	0.30											
BOARD MEMBER		Х						0.	(0.		0.
(24) LISA SEEB	1.00											•
BOARD MEMBER	1 0 0	Х						0.	().		0.
(25) AIMEE SIMPSON	1.00							0				0
BOARD MEMBER	1 0 0	Х						0.		0.		0.
(26) PHIL STALCUP BOARD MEMBER	1.00	x						0.	(b .		0
								253,304.).).	15	<u>0.</u> ,695.
1b Subtotal								0.		5 .	_4J,	0.095.
c Total from continuation sheets to Part VII								253,304.		5 .	45	695.
d Total (add lines 1b and 1c)										J•	<u> 4</u> J,	,095.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ac	ove	e) wn	o re	ceived more than \$100,	UUU of reportable			2
											Y	es No
3 Did the organization list any former officer,	director trust	ee k	ev e	mol	ove	e or	hia	hest compensated empl	ovee on	Ē		
line 1a? If "Yes," complete Schedule J for su	-		-	•	-		Ŭ			- E	3	X
4 For any individual listed on line 1a, is the su										·		
and related organizations greater than \$150								•	•	- 1	4 Σ	x
5 Did any person listed on line 1a receive or a										. –		
rendered to the organization? If "Yes." com								•		[5	X
Section B. Independent Contractors			01 00		00/0	011 .				<u></u>		I
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	nsati	on from	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	rith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	Co	ompensa	ation
UNIVERSITY OF WASHINGTON					_							
12455 COLLECTIONS DR, CHI								SCIENTIFIC R	ESEARCH		107,	<u>,469.</u>
WASHINGTON DEPARTMENT OF											4	4
P.O. BOX 84254, SEATTLE,	WA 9812	4-	55	54				SCIENTIFIC R	ESEARCH		107,	105.
2 Total number of independent contractors (ir	ncludina but n	ot lin	niter	to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	-			_	2	2		,				
SEE PART VII, SECTION		IN	UA	ΤI	ON	S	HE	ETS		F	orm 99	0 (2020)
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Form 990 LONG LIVE									91-135	3982
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est (
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck	all i	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the
	hours for	rdir				ted e		(W-2/1099-MISC)		organization
	related	Individual trustee or director	Institutional trustee			Highest compensated employee				and related
	organizations	ul trus	nal tr		Key employee	dwo				organizations
	below	vidua	itutio	Cer	em p	hest o	Former			
	line)	Indi	Inst	Officer	Key	Higl	Forr			
(27) TIM THOMPSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(28) DAVID TROUTT	1.00									
BOARD MEMBER		х						0.	Ο.	0.
(29) MICHAEL VOEGTLIN	1.50	1								
BOARD MEMBER		х						0.	0.	0.
			-	-	-	-			0.	<u> </u>
			-	-	-	-				
		1								
		1								
Total to Part VII, Section A, line 1c										
								•		

04-01-20

	<u>1 990 (</u>		G LIVE THE	KINGS			91-1353	982 Page 9
Pa	rt VII	Statement of Rev	venue					
		Check if Schedule O c	ontains a response	or note to any lin		(B)		
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							business revenue	from tax under
								sections 512 - 514
nts	1 a	Federated campaigns						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		0.6.0 6.4.1				
Αu Au	С	Fundraising events		260,641.				
lar Ta	d	Related organizations		010 150				
js,	е	Government grants (contri		212,153.				
r tion	f	All other contributions, gifts, (
₽₽		similar amounts not included		066,093.				
ontr	g	Noncash contributions included in I		70,611.				
<u>0</u> 6	h	Total. Add lines 1a-1f			2,538,887.			
				Business Code				
e	2 a							
e vi	b							
s Si	С							
eve eve	d							
Program Service Revenue	е							
۲,	f	All other program service r	revenue					
	g							
	3	Investment income (includ						
		other similar amounts)			2,677.			2,677.
	4	Income from investment o	f tax-exempt bond p	roceeds 🕨 🕨				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	С	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a					
	b	Less: cost or other basis						
anı		and sales expenses	7b					
venue	С	Gain or (loss)	7c					
Be		Net gain or (loss)		🕨				
Other Ro	8 a	Gross income from fundraisin						
ō			<u>,641.</u> of					
		contributions reported on		1 4 6 17				
		Part IV, line 18	<u>8a</u>					
		Less: direct expenses		39,396.	27 000			27 000
		Net income or (loss) from f		<u> </u>	-37,929.			-37,929.
	9 a	Gross income from gaming	-					
	-	Part IV, line 19						
		Less: direct expenses		L				
		Net income or (loss) from g		<u></u>				
	10 a	Gross sales of inventory, le						
	_	and allowances						
		Less: cost of goods sold		2				
	С	Net income or (loss) from s	sales of inventory					
SL				Business Code 900099	28,007.			28,007.
loei Ue	11 a			300033	40,00/.			20,007.
Miscellaneous Revenue	b							
sce Bey	C							
Ϊ	d	All other revenue			28,007.			
		Total. Add lines 11a-11d			28,007.	0.	0.	-7,245.
	12	Total revenue. See instructio	115	····· 🕨	E,JJI,042.		1 0.	Form 990 (2020)
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Do not include amounts reported on lines 60, 70, 89, 98, and 10 der Part VII. Total expenses Program Service expenses Management and general expenses Fundback participation 1 Grants and other assistance to domestic individuals. See Part IV, line 21 1<	0000	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				X
1 Grants and other assistance to domestic and domestic governments. See Part IV, line 21 2 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 3 Grants and other assistance to domestic individuals. See Part IV, line 22 3 4 Benefits paid to or for members. 2 5 Compensation of current officars, directors, trustees, and key employees 2 2 6 Compensation of current officars, directors, trustees, and key employees 2 2 8 6 Compensation of current officars, directors, section 4/ly and 403(0 employee contributions) 8 5 2 8 9 Other employee benefits 96,654. 62,376. 20,717. 15,559. 10 Payrol taxes 96,654. 62,376. 20,717. 15,559. 10 Payrol taxes 96,654. 62,376. 20,717. 15,559. 11 75,535. 96,718. 56,215. 22,669. 10 Payrol taxes 96,654. 62,376. 20,717. 15,559. 12 Feees toras vices (noremployee contribut		not include amounts reported on lines 6b,	(A)	(B) Program service	Management and	Fundraising
2 Grants and other assistance to domestic individuals. See Part IV, line 22 Image: Constraint of Constrating and conconstraint of Constrant of Constraint of Constraint o						•
a Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 a b Benefits paid to or for members 288,600. 129,870. 75,036. 83,65 c Compensation of uncluded above to disqualified persons (as defined under section 4856(13)(8) 851,321. 554,970. 185,559. 110,75 7 Other salaries and key motipoves section 4018(1) and 403(0) employer contributions (include above to disqualified persons (as defined under section 4856(13)(8) 851,321. 554,970. 185,559. 110,75 9 Other employee benefits 98,654. 62,378. 20,717. 15,555 9 Other employee benefits 98,654. 62,378. 20,717. 15,555 18 Adds6. 11,447. 6,699. 18,678. 18,678. 18,678. 18,678. 18,678. 18,678. 18,678. 173. 17 17 17 17 17 17 17 17 17 17 17 18,678. 10,6,453. 71,826. 15,478. 19,14 14,021. 9,877. 3,141. 1,00 10 Advertising and promotion 106,453. 71,826.<		and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign organizations, foreign operments, and foreign individuals. See Part W, lines 15 and 16 Image: Compensation of current of these, directors, trustees, and key employees 4 Benefits paid to of ro members 288,600. 129,870. 75,036. 83,652 6 Compensation on induced above to disquilified persons (as defined under section 4986(7)(1)) and persons described in section 4986(7)(3)(8) 288,600. 129,870. 75,036. 83,652 7 Other satisfies and wage 851,321. 554,970. 185,559. 110,775 8 Pension plan accruals and contributions (include section 4986(7)(8) and 4030() employer contributions) 175,535. 96,718. 56,215. 22,660 9 Other employee benefits 30,457. 26,425. 3,499. 55 10 Payrol taxes 30,457. 26,425. 3,499. 55 11 Forestional fundatising services. See Part IV, line 17 173. 17 17 17 11 Payrol taxes 319,428. 277,007. 36,561. 5,86 12 Advertising and promotion 25,406. 8,668. 13,805. 3,97 12 Adverising and promotion	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part W, lines 15 and 16		individuals. See Part IV, line 22				
individuals. See Part IV, lines 15 and 16 individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members individuals. See Part IV, lines 15 and 16 5 Compensation of current dividuals. See Part IV, line 17 individuals. See Part IV, lines 15 and 16 6 Compensation of incluide dividuals 288,600. 129,870. 7 5,535. 96,718. 55,215. 22,260 9 Other setaines and wages 851,321. 554,970. 185,559. 110,77 9 Other employee benefits 175,535. 96,718. 56,215. 22,260 9 Other employee benefits 30,457. 26,425. 3,499. 53 10 Payroli taxes 30,457. 26,425. 3,499. 53 110 Fees for services (nonemployees): 314,678. 18,678. 18,678. 111 Interest management fees 90 90.466.41. 17,826. 15,478. 19,14 110 Avertising and promotion 106,453. 71,826. 15,478. 19,14 10 Forestes <	3	Grants and other assistance to foreign				
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18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses on to covered above (List miscellaneous expenses on line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) a MISCELLANEOUS 23 All other expenses 24 All other expenses on Schedule 0.) 25 Total functional expenses. Add lines 1 through 24e	16	Occupancy	-			6,959.
for any federal, state, or local public officials	17	Travel	14,021.	9,877.	3,141.	1,003.
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20 Interest		-				
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24 Other expenses. Itemize expenses on to covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 23,355. 790. 16,897. 5,66 a MISCELLANEOUS 23,355. 790. 16,897. 5,66 b	22	Depreciation, depletion, and amortization				
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a MISCELLANEOUS 23,355. 790. 16,897. 5,66 b	24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
b	~		23 355	790	16 897	5,668.
c			25,555.	150.	10,057.	5,000.
d						
e All other expenses						
25 Total functional expenses. Add lines 1 through 24e 2,084,091. 1,312,781. 495,366. 275,94		All other expenses				
		· · · · · · · · · · · · · · · · · · ·	2.084 091	1.312 781	495 366	275,944.
Lo come code. Somplete this inte only if the organization			2,001,001.	±,3±2,70±•	1,0,000	
reported in column (B) joint costs from a combined	20					
educational campaign and fundraising solicitation.						
Check here if following SOP 98-2 (ASC 958-720)						

Form 990 (2020)

LONG LIVE THE KINGS Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

032010 12-23-20

2020.04030 LONG LIVE THE KINGS

Form 990 (2020)



Form 990 (2020)

Part X | Balance Sheet

LONG LIVE THE KINGS

	Check if Schedule O contains a response or no	te to any line	e in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			283,338.	1	783,049.
2	Savings and temporary cash investments			424,633.	2	494,540.
3	Pledges and grants receivable, net			257,866.	3	346,468.
4	Accounts receivable, net				4	
5	Loans and other receivables from any current o					
	trustee, key employee, creator or founder, subs	tantial contr	ibutor, or 35%			
	controlled entity or family member of any of the	se persons			5	
6	Loans and other receivables from other disqual	ified persons	s (as defined			
	under section 4958(f)(1)), and persons describe	d in section	4958(c)(3)(B)		6	
ω 7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use				8	
8 9				24,538.	9	21,859.
10a	Land, buildings, and equipment: cost or other		Γ			
	basis. Complete Part VI of Schedule D	10a	55,838.			
b	Less: accumulated depreciation		45,040.	12,238.	10c	10,798.
11	Investments - publicly traded securities	-		•	11	•
12	Investments - other securities. See Part IV, line				12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equ			1,002,613.	16	1.656.714.
17	Accounts payable and accrued expenses			300,466.	17	1,656,714. 216,001.
18	Grants payable			,	18	
19	Deferred revenue			94,795.	19	43,131.
20	Tax-exempt bond liabilities			5177551	20	10/1010
21	Escrow or custodial account liability. Complete				21	
00	Loans and other payables to any current or forr				21	
zz lies	trustee, key employee, creator or founder, subs					
Liabilities	controlled entity or family member of any of the				22	
23 Lia	Secured mortgages and notes payable to unrel				22	150,000.
23	Unsecured notes and loans payable to unrelate	•		250,000.	23 24	250,000.
24	Other liabilities (including federal income tax, pa			250,000.	24	250,000
25	parties, and other liabilities not included on line					
	of Schedule D	5 17-24). 00		0.	25	192,679.
26	Total liabilities. Add lines 17 through 25			645,261.	25	851,811.
20	Organizations that follow FASB ASC 958, cho			045,201.	20	051,011.
s	and complete lines 27, 28, 32, and 33.					
				155,626.	27	471,658.
27	Net assets without donor restrictions			201,726.		333,245.
28 7	Net assets with donor restrictions			201,720.	28	555,245.
<u>n</u>	Organizations that do not follow FASB ASC 9	58, Check r				
r L	and complete lines 29 through 33.				00	
st 29	Capital stock or trust principal, or current funds				29	
es 30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances 88 25 89 65 80 65 80 80 80 80 80 80 80 80 80 80 80 80 80	Retained earnings, endowment, accumulated ir			257 250	31	004 002
	Total net assets or fund balances			357,352.	32	804,903.
33	Total liabilities and net assets/fund balances			1,002,613.	33	1,656,714.

Form 990 (2020)

XINGS 032-2081

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Form	1990 (2020) LONG LIVE THE KINGS	91-	-1353982	Pag	_{ge} 12
Pa	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	2,531	.,6	42.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,084	.,0	91.
3	Revenue less expenses. Subtract line 2 from line 1	3	447	', 5!	51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	357	',3!	52.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	804	.,9	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	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:				
	X 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	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
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 Aud			v
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	L

Form **990** (2020)

032012 12-23-20

SCHE	DUL	.E A
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Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name	of the	organization
------	--------	--------------

Nan	ne of	the organization						Employer	dentification number
			LIVE THE						1-1353982
Pa	art I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.	
The	orgar	nization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch					()(A)(i)		
2							•,~,')•		
		A school described in section							
3		A hospital or a cooperative					•		41 1 ¹ 4 - 1 ¹
4		A medical research organize	ation operated in co	njunction with a nospital	aescribea	in sectio	n 170(b)(1)(A)	(III). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	l or operate	ed by a go	overnmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	e general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	\square	An agricultural research org				ed in coniu	inction with a	land-grant	college
-		or university or a non-land-g				-		-	-
		university:	ant conege of agric			name, eny		the conege	
40		-		than 22 1/20/ of its own	out from a	optribution		in face on	d areas respires from
10		An organization that norma	•					-	•
		activities related to its exem							
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor							
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section &	509(a)(2).	See section &	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type c	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting
		organization. You must c	complete Part IV, So	ections A and B.					
b	, [Type II. A supporting org			tion with its	s supporte	ed organizatio	h(s), by hay	vina
		control or management o	-				-		-
		organization(s). You mus							Joned
~		Type III functionally inte			in connect	tion with		ly intograte	od with
С	•							ly integrate	a with,
	. –	its supported organization							
d		Type III non-functionally						-	
		that is not functionally int			•		-	an attentiv	/eness
	_	requirement (see instructi	,	•					
е	•	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ent	ter the number of supported o	organizations						
g		ovide the following information			(in) 1- 14 · · · ·	pipolice Retest			
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tota	al								
	E au l	Demonstrauly Deplementary Art M	بلاحجا وملا وموار ومالاوا	wellene fen Fenne 000 -	000 57		0.1		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990-EZ) 2020 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.)

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2521151.	2431758.	2872435.	2624104.	2538887.	12988335.		
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	2521151.	2431758.	2872435.	2624104.	2538887.	12988335.		
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.						12988335.		
Se	ction B. Total Support	•			•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 4	2521151.	2431758.	2872435.	2624104.	2538887.	12988335.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	489.	613.	499.	2,363.	2,677.	6,641.		
9	Net income from unrelated business						· · · ·		
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)		2,715.	830.	35,370.	29,474.	68,389.		
11	Total support. Add lines 7 through 10						13063365.		
	Gross receipts from related activities,	etc. (see instructio	uns)			12	16,800.		
	First 5 years. If the Form 990 is for th								
	organization, check this box and stor	•							
See	ction C. Computation of Publi	c Support Per							
	Public support percentage for 2020 (I		-	column (f))		14	99.43 %		
	Public support percentage from 2019		•	.,,		15	99.13 %		
	33 1/3% support test - 2020. If the o								
	stop here. The organization qualifies						N V		
b	33 1/3% support test - 2019. If the c		-				······································		
-	and stop here. The organization qual								
17a	10% -facts-and-circumstances test		• •						
	and if the organization meets the fact								
	meets the facts-and-circumstances te			-	-				
۲	10% -facts-and-circumstances test	-		• • • •	-				
~	more, and if the organization meets the	0							
	organization meets the facts-and-circu								
18	-		-						
	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions E Schedule A (Form 990 or 990-EZ) 2020								

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Schedule A (Form 990 or 990-EZ) 2020 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	ction A. Public Support	<u>, picace comp</u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
6	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified 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						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1			1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10 <i>a</i>	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						
c	Add lines 10a and 10b						
11	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.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	ion,
					-		>
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2020 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					1 1	
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2019. If the						
~~	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 190, check t			
03202	23 01-25-21		16		Sch	ieuule A (Form 99	0 or 990-EZ) 2020

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1

2

3a

Yes No

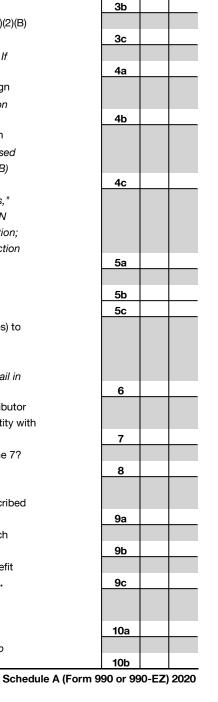
Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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.)

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Ра	Supporting Organizations (continued)			
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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,			
800	supervised, or controlled the supporting organization.	2		<u> </u>
Sec				
			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 line 2, above, 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

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

1 Cł	neck the box next to the m	ethod that the organization	used to satisfy the Integral Pa	art Test during the vear	(see instructions).
------	----------------------------	-----------------------------	---------------------------------	--------------------------	---------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>	
----------	--	---	--	--

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If* "Yes" or "No" provide details in **Part VI.**

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.*

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Schedule A (Form 990 or 990-EZ) 2020

3

2a

2b

3a

3b

Yes No

instructions	۱
Instructions	<i>.</i>

Schedule A (Form 990 or 990 EZ) 2020 LONG LIVE THE KINGS

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

 1
 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.

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Net sh	ort-term capital gain	1		
2 Recov	eries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add lir	nes 1 through 3.	4		
5 Depre	ciation and depletion	5		
6 Portio	n of operating expenses paid or incurred for production or			
collect	ion of gross income or for management, conservation, or			
mainte	enance of property held for production of income (see instructions)	6		
7 Other	expenses (see instructions)	7		
8 Adjus	ted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B -	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	gate fair market value of all non-exempt-use assets (see			
instruc	ctions for short tax year or assets held for part of year):			
a Avera	ge monthly value of securities	1a		
b Avera	ge monthly cash balances	1b		
c Fair m	arket value of other non-exempt-use assets	1c		
d Total	(add lines 1a, 1b, and 1c)	1d		
e Disco	unt claimed for blockage or other factors			
(explai	in in detail in Part VI):			
2 Acqui	sition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	act line 2 from line 1d.	3		
4 Cash of	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see in	structions).	4		
5 Net va	lue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	ly line 5 by 0.035.	6		
7 Recov	eries of prior-year distributions	7		
8 Minim	um Asset Amount (add line 7 to line 6)	8		
Section C -	Distributable Amount			Current Year
1 Adjust	ed net income for prior year (from Section A, line 8, column A)	1		
2 Enter	0.85 of line 1.	2		
3 Minim	um asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter	greater of line 2 or line 3.	4		
5 Incom	e tax imposed in prior year	5		
6 Distril	putable Amount. Subtract line 5 from line 4, unless subject to			
emerg	ency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020				
Schedule A (Form 990 or 990-EZ) 2020	LONC	T.TVF	ጥ宙교	KINGG

Par	t v Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	<u>ed)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	S	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER REVENUE

FUNDRAISING EVENT REVENUES

Schedule A (Form 990 or 990-EZ) 2020

032028 01-25-21

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

-1353982

	LONG LIVE THE KINGS 91–135	3
)rganization type (ch	eck one):	
ilers of:	Section:	
orm 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
orm 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
book if your ereenize	tion is covered by the General Rule or a Special Rule.	

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

91-1353982

LONG LIVE THE KINGS

Contributors (see instructions). Use duplicate copies of Part I if addit	ional opaco lo necaca.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$98,577.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$94,768.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$80,126.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$53,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$51,341.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Payroll Complete Part II for noncash contributions.)
	(b) (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (c) Name, address, and ZIP + 4 (c) Name, address, and ZIP + 4 (c) Name, address, and ZIP + 4	Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

23 2020.04030 LONG LIVE THE KINGS Name of organization

(a) No. from

Part I

(a) No.

from

Part I

(a) No.

from

Part I

(a) No.

from

Part I

(a) No.

from

Part I

(a)

No.

KINGS LONG LIVE THE

Part II Noncash

E KINGS		91-1	1353982
Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed		
(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	·	(d) Date received
	\$		
	*		
(b)	(c) FMV (or estimate		(d)

	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

\$

\$

2020.04030 LONG LIVE THE KINGS

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(c)

FMV (or estimate)

(See instructions.)

11111029 131839 032-208471-00

(d)

Date received

(b)

032-2081

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ame of or	ganization		Employer identification number
ONG I	JIVE THE KINGS		91-1353982
Part III) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift		(d) Description of how gift is held
Part I	(b) Purpose of gift	(c) Use of gift	
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No.			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
a) No. from	(b) Purpose of gift		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gift	
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
3454 11-25-	20	25	Schedule B (Form 990, 990-EZ, or 990-PF) (2

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2020.04030 LONG LIVE THE KINGS

	HEDULE D		al Financial Statements		OMB No. 1545-0047
(Forr	n 990)	► Complete if the orga Part IV. line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZUZU
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest informatio	n	Open to Public Inspection
-	e of the organizati				loyer identification number
	-	LONG LIVE THE KING	S		91-1353982
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or A	Accoun	ts. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Fund	ds and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised fu		
6			exclusive legal control?		Yes No
6	•	•	dvisors in writing that grant funds can be used r donor advisor, or for any other purpose confe	•	
	impermissible priv			•	Yes No
Pa			ganization answered "Yes" on Form 990, Part		
1		servation easements held by the organization	-		
•		of land for public use (for example, recrea		storicallv	important land area
		f natural habitat	Preservation of a ce	•	
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservat	ion easement on the last
	day of the tax year	r.			Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	Total acreage rest	ricted by conservation easements		. 2b	
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)	. 2c	
d	Number of conser	vation easements included in (c) acquired a	after 7/25/06, and not on a historic structure		
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	anization o	during 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	holds? holds? handling of violations, and enforcing conserva		
6		a nours devoted to monitoring, inspecting,	narioning of violations, and emorcing conserva	llion easei	ments during the year
7	Amount of expens		lling of violations, and enforcing conservation	assamant	s during the year
•	► \$	ics incurred in monitoring, inspecting, hand		casement	s during the year
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	(B)(i)	
		• • • • • • • •		. , . ,	Yes No
9			on easements in its revenue and expense state		
	balance sheet, and	d include, if applicable, the text of the footn	note to the organization's financial statements	that desc	ribes the
		ounting for conservation easements.	-		
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other	Similar	⁻ Assets.
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1 a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and b	alance sh	eet works
	of art, historical tre	easures, or other similar assets held for pub	blic exhibition, education, or research in furthe	rance of p	ublic
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.		
b	-		8, to report in its revenue statement and balar		
			exhibition, education, or research in furtherar	nce of pub	lic service,
	-	ing amounts relating to these items:			
					6
~					§
2	0		asures, or other similar assets for financial gair	n, provide	
_	-	unts required to be reported under FASB A	-	•	
a h					
		eduction Act Notice, see the Instructions	s for Form 990		⊳ Schedule D (Form 990) 2020
	aper nor n				

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

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2020.04030 LONG LIVE THE KINGS 01

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Sche		VE THE KING						53982		age 2
Par	t III Organizations Maintaining C	ollections of Art,	Historica	al Treasures	, or Othe	r Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records,	check any	of the following	that make s	ignificant us	se of its		,	
	collection items (check all that apply):									
а	Public exhibition	d	🗌 Loan	or exchange pr	ogram					
b	Scholarly research	e	Othe							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain l	how they fu	ther the organiz	zation's exe	mpt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	art, historic	al treasures, or o	other simila	r assets		_		_
	to be sold to raise funds rather than to be ma		<u>u</u>					Yes		No
Par	t IV Escrow and Custodial Arrang		e if the orga	nization answer	red "Yes" or	n Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	· ·								
1a	Is the organization an agent, trustee, custodi							-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:							
								Amount		
	Beginning balance									
	Additions during the year									
-	Distributions during the year									
f Or	Ending balance							Vee		
	Did the organization include an amount on Fo					• • • • • • • • • • • • • • • • • • • •	L	Yes		_ No □
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i						<u></u>			
		(a) Current year	(b) Prior y		vears back	(d) Three ye	are back	(e) Four	Voare	hack
1a	Beginning of year balance	(a) Ourrent year			yoars back			(e) i oui	yours	Dack
h	Contributions									
с С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
e										
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1a. coli	umn (a)) held as:						
a	Board designated or quasi-endowment		%		-					
b	Permanent endowment		•							
		%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse		on that are	neld and admini	istered for th	ne organizat	ion			
	by:							[Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as required	d on Schedu	ıle R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line	11a. See Form	990, Part X,	line 10.				
	Description of property	(a) Cost or oth	ner (t) Cost or other	(c) A	ccumulated	a	(d) Book	valu	е
		basis (investme	ent)	basis (other)	de	preciation				
1a	Land									
b	Buildings									
с	Leasehold improvements									
d	Equipment			55,838	<u>۲</u>	45,04	0.	10),7	98.
	Other									<u> </u>
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,	column (B)	line 10c.)				10),7	98.
						S	Schedule	D (Form	990)	2020

032052 12-01-20

Part VII Investments - Other Securities.

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.	
(a) Description of liability	(b) Book value

<u>1.</u>	(a) Description of hability	(b) BOOK value
(1)	Federal income taxes	
(2)	REFUNDABLE ADVANCE	192,679.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<u>Total.</u>	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	192,679.

2. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

032053 12-01-20

_	dule D (Form 990) 2020 LONG LIVE THE KINGS				1353982 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,534,692.
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	3,050.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	3,050.
3	Subtract line 2e from line 1			3	2,531,642.
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.
-					9 E91 CA9
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,531,642.
5	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With E	Expenses per F	-	
5	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	n ents With E a.	Expenses per F	-	n.
5	rt XII Reconciliation of Expenses per Audited Financial Staten	n ents With E a.	Expenses per F	-	
5 Pa	TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With E	Expenses per F	Returi	n.
5 Pa 1	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents With E	Expenses per F	Returi	n.
5 Pa 1 2	TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With E a. 	Expenses per F	Returi	n.
5 Pa 1 2	T XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	Pents With E a. 2a 2b	Expenses per F	Returi	n.
5 Pa 1 2 a b	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	Expenses per F	Returi	n2,087,141.
5 Pa 1 2 a b c	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Expenses per F	Returi	n. 2,087,141. 3,050.
5 Pa 1 2 a b c	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1	n2,087,141.
5 Pa 1 2 a b c d e	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1 2e	n. 2,087,141. 3,050.
5 Pa 1 2 a b c d e 3	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F	1 2e	n. 2,087,141. 3,050.
5 Pa 1 2 a b c d e 3 4	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F	1 2e	n. 2,087,141. 3,050.
5 Pa 1 2 a b c d e 3 4	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2b 2c 2d 2d 4a 4b	Expenses per F	1 2e	n. 2,087,141. 3,050. 2,084,091. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	3,050.	1 2e 3	n. 2,087,141. 3,050. 2,084,091.

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	ΞO	RG	ANI	ΖA	TIO	N I	S E	XEMI	PT F	ROM	FEI	DERA	L IN	COME	ΤA	I X	UNDEI	S SI	ЕСТ	ION	5	01(C)(3)
OF	тн	E :	INT	'ER	NAL	RE	VEN	UE (CODE	5. II	N AI	DDIT	ION,	THE	OR	GAI	NIZAS		NQ	DUAL	IF	IES	FO	R
THE	E C	HAI	RIT	'AB	LE	CON	TRI	BUTI	ION	DED	UCT	ION	UNDE	R SE	СТІ	ON	170	(в)	(1)	(A)	A	ND	HAS	
BEE	EN	CL	ASS	IF	IED	AS	AN	ORO	GANI	ZAT	ION	THA	r is	NOT	A	PR	IVATI	E F(OUN	IDAT	10	N U	NDE	R
SEC	TI	ON	50	9(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 FINANCIAL ACCOUNTING STANDARDS

BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) SUBTOPIC 740-10,

INCOME TAXES. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT

29

032054 12-01-20

Part XIII Supplemental Information (continued)

FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX

POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2020

032055 12-01-20

11111029 131839 032-208471-00

Department of the Treasury		Open to Public				
Internal Revenue Service	Go to y	www.irs.gov/Fo	rm990 for instructions and the latest	information.		Inspection
Name of the organization					Employer i	dentification number
LONG LIVE THE	KINGS				91-135	3982
	nformation on A Part IV, line 14b.	ctivities Out	side the United States. Comple	ete if the organ	ization answe	ered "Yes" on
1 For grantmakers.	Does the organizatior	n maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
the grantees' eligib	ility for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
2 For grantmakers. United States.	Describe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistanc	e outside the
3 Activities per Regio	n. (The following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	 (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) 	is a prog describe	vity listed in (gram service, specific type (s) in the regio	expenditures for and investments
NORTH AMERICA -						
CANADA AND MEXICO,						
BUT NOT THE UNITED						
STATES	1	0	PROGRAM	RESEARCH		65,908.
3 a Subtotal	1	0				65,908.
b Total from continua sheets to Part I		0				0.
c Totals (add lines 3a and 3b)		0				65,908.

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

Schedule F (Form 990) 2020

OMB No. 1545-0047

032071 12-03-20

SCHEDULE F (Form 990) Part II

Schedule F (Form 990) 2020 LONG LIVE THE KINGS

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)	(c) Region	(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)
			l recognized as charities by the t			1	L	
exempt 501(c)(3) orga 3 Enter total number of			or counsel has provided a sect	ion 501(c)(3) equ	uivalency letter			

Schedule F (Form 990) 2020

Page 2

91-1353982

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(d) Amount of

cash grant

(e) Manner of

cash disbursement

(c) Number of

recipients

Part III can be duplicated if additional space is needed.

LONG LIVE THE KINGS

(b) Region

(a) Type of grant or assistance

91-1353982

(f) Amount of

noncash assistance (g) Description of

noncash assistance

Schedule F (Form 990) 2020

(h) Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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) 2020

032074 12-03-20

Schedule F (Form 990) 2020	LONG	LIVE	THE	KINGS
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Part V Supplemental Information

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 F (Form 990) 202
11029 131839 032-208471-00	35 2020.04030 LONG LIVE THE KINGS 032-2

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047					
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.								2020
Department of the Treasury		Open to Public						
Internal Revenue Service		Inspection						
Name of the organization		VE THE KINGS					Employer ide 91-1353	entification number 982
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
 Indicate whether the a Mail solicitat Mail solicitat Internet and Phone solicitat In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa	ed funds through any of the following e Solicitat	ion of ion of fundra (includ	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye:	
compensated at le	ast \$5,000 by the	organization.		C				
(i) Name and addres or entity (func		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization
			Yes	No	-			
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is (exempt from re	egistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 LONG LIVE THE KINGS

91-1353982 Page 2

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

		(a) Event #1 SPRING GALA 2020	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
u		(event type)	(event type)	(total number)	– col. (c))
1	Gross receipts	262,108.			262,108
2	Less: Contributions	260,641.			260,641
3	Gross income (line 1 minus line 2)	1,467.			1,467
4	Cash prizes				
5	Noncash prizes	31,761.			31,761
	Rent/facility costs	4,200.			4,200
) 5 7	Food and beverages				
5 8	Entertainment				
9	Other direct expenses				3,435
10		.,			39,396
11 art		line 3, column (d)		····· · · · ·	-37,929
αιι	III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or	reported more than	
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
2 3 3 4	Rent/facility costs				
5	Other direct expenses				
		Yes%	└── Yes %	Yes %	
6	Volunteer labor	No	No No	No	
7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
8	Net gaming income summary. Subtract line	7 from line 1, column (d)		>	
	nter the state(s) in which the organization cond				
		otivition in anoh of thank (states?		Yes N
a Is	the organization licensed to conduct gaming a				
a Is					
a ls b lf 	the organization licensed to conduct gaming a			year?	. Yes N
a Is b If a W	the organization licensed to conduct gaming a "No," explain:	evoked, suspended, or te	rminated during the tax	year?	Yes N
als blf aW	the organization licensed to conduct gaming a "No," explain: ere any of the organization's gaming licenses r	evoked, suspended, or te	rminated during the tax	year?	Yes N

Sch	edule G (Form 990 or 990-EZ) 2020 LONG LIVE THE KINGS 9	1-13	353	982	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				
	to administer charitable gaming?			Yes	No
13	Indicate the percentage of gaming activity conducted in:				
	a The organization's facility		13a		%
	an outside facility	L	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	🗌 No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amoun	+			
	of gaming revenue retained by the third party ▶\$				
	c) 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				
	Mandatory distributions:				
8	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			Vaa	
L	retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			res	No No
L	organization's own exempt activities during the tax year > \$	le			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar	d Part	III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
		_			
0320	83 11-25-20 Schedule G	(Form	990 c	or 990	-EZ) 2020
	38				

 Schedule G (Form 990 or 990-EZ)

032084 04-01-20

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47			
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest								
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZU	J			
Depa	tment of the Treasury	Attach to Form 990.		Open to		ic			
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe					
Nam	e of the organization			identificatio		mber			
		LONG LIVE THE KINGS	91-1	135398	2				
Ра	rt I Question	s Regarding Compensation							
					Yes	No			
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,						
	·	line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c								
	Travel for com								
	_	ation and gross-up payments Health or social club dues or initiation fee							
		spending account Personal services (such as maid, chauffer	ur, chei)						
h	If any of the haves	on line to an abacked did the exception follow a written policy recording normant or							
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		16					
0		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>					
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2					
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?							
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's							
U	,	ector. Check all that apply. Do not check any boxes for methods used by a related organization							
		ation of the CEO/Executive Director, but explain in Part III.	01110						
	X Compensation								
		compensation consultant X Compensation survey or study							
	·	ther organizations X Approval by the board or compensation of	ommittee						
			oninitico						
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
-	organization or a re								
а	-	e payment or change-of-control payment?		4a		x			
b		eive payment from a supplemental nonqualified retirement plan?				X			
с		eive payment from an equity-based compensation arrangement?		4.		X			
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on						
	contingent on the r	evenues of:							
а	The organization?			5a		X			
b	Any related organiz	ation?		5b		X			
		or 5b, describe in Part III.							
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on						
	contingent on the r	et earnings of:							
а	The organization?			6a	Х				
		ation?				X			
	If "Yes" on line 6a o	or 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
		nes 5 and 6? If "Yes," describe in Part III		7		X			
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne						
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X			
9		id the organization also follow the rebuttable presumption procedure described in							
	Regulations section	n 53.4958-6(c)?		9					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2020			

032111 12-07-20

91-1353982

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) JACQUES WHITE	(i)	125,976.	5,200.	0.	6,772.	20,330.	158,278.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 6:

FINANCIAL PERFORMANCE IS ONE OF SEVERAL FACTORS USED TO DETERMINE WHETHER

BONUSES ARE PAID.

Schedule J (Form 990) 2020

SCHEDULE L	I	Tra	insaction	ıs V	Vith	Inte	erested	P	ersons			ON	/IB No. ⁻	1545-00)47	
(Form 990 or 990-EZ)	Complete in			swere	d "Yes	" on F	orm 990, Part	t IV,	line 25a, 25b, 2	6, 27,	28a,		2	02	20	
Department of the Treasury Internal Revenue Service		Go to v		ch to	Form	990 or	Form 990-EZ	Z .				-	pen To spect		olic	
Name of the organizatio										Em	ploye	r ident	ficati	on nu	ımber	
Devit I - Eveneed			THE KIN									539	82			
	Benefit Trans															
1	f the organizatio		Relationship betv									<i>I</i> D.	(d)	Corre	ected?	
(a) Name of disqual	lified person	. ,	person and or		•		(0	c) De	escription of tran	sactic	n			es	No	
													—			
													+			
2 Enter the amount o	-		-	-		-	-	-	-		•					
section 4958 3 Enter the amount of	oftax if any on l										► \$ ► \$					
						gainzai					• •					
Part II Loans to	o and/or Fror	n Int	erested Pers	sons.												
•	if the organizatio					, Part V	/, line 38a or F	orm	990, Part IV, lin	e 26; (or if th	e orga	nizatio	n		
(a) Name of	n amount on For (b) Relatio		(c) Purpose	1 I	2. an to or	(e) Original	(f) Balance due	(a) In	(h) Ap	proved	(i) V	Vritten	
interested person				fron	n the zation?		ipal amount	"	J Dalance due		ault?	by bo comm		agree	ement?	
				То	From					Yes	No	Yes	No	Yes	No	
Total	•		•				> \$				-				•	
	or Assistance		-													
Complete i	if the organizatio									of		(0)			. <i>f</i>	
(a) Name of Intere	ested person		(b) Relationship interested pers the organiza	son an			c) Amount of assistance		(d) Type assistan				(e) Purpose of assistance			
								_								
		_														
		+									-+					
		+														
LHA For Paperwork R	eduction Act No	otice,	see the Instruct	tions f	or For	m 990	or 990-EZ.		Sch	edule	L (Fo	rm 990	or 99	90-EZ	2020	

032131 12-09-20

Schedule L	(Form 990 or 990-EZ) 2020	LONG	LIVE	THE	KINGS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
GERALD MCDERMOTT	GRANDSON OF PHIL ST	13,046.	EMPLOYEE CO		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: GERALD MCDERMOTT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

GRANDSON OF PHIL STALCUP, BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2020 Open to Public Inspection

Name of t	the organization

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

Employer identification number
91-1353982

Name of the organization

LONG	LIVE	THE	KINGS	

	rt I	Types of Property								
			(a)	(b)	(c)		(d)			
			Check if	Number of contributions or	Noncash contr amounts repor		Method of de		•	_
			applicable	items contributed			noncash contribu	ition ar	nounts	3
1	Art	Works of art								
2		Historical treasures								
3		Fractional interests								
4		ks and publications								
- 5		hing and household goods								
6		s and other vehicles								
7		ts and planes								
8		llectual property								
9		urities - Publicly traded								
10		urities - Closely held stock								
11	Sec	urities - Partnership, LLC, or								
		t interests								
12	Sec	urities - Miscellaneous								
13	Qua	lified conservation contribution -								
	Hist	oric structures								
14	Qua	lified conservation contribution - Other								
15	Rea	l estate - Residential								
16	Rea	l estate - Commercial								
17		l estate - Other								
18		ectibles								
19		d inventory								
20		gs and medical supplies								
21		idermy								
22		orical artifacts								
23		entific specimens								
24		neological artifacts								
25		er (AUCTION ITEMS)	X	112	70	,611.	FMV			
26		er ► ()				/ • = = •				
27		N								
28	Oth									
<u>20</u> 29		nber of Forms 8283 received by the organiz	ation during	the tax year for or	l					
23		which the organization completed Form 828		-		29			0	
	101 \	which the organization completed Form ozd	55, Fait V, L	onee Acknowledge	ement	29				No
20-	D	ing the year did the experimetion reacive by	contributio	n any neanady ean	orted in Dort L line	a 1 through	h 00 that it		Yes	NO
30a		ing the year, did the organization receive by								
		st hold for at least three years from the date		,						v
		mpt purposes for the entire holding period?						30a		X
		es," describe the arrangement in Part II.	- K 1	and the state of the						v
31		s the organization have a gift acceptance p					ions?	31		_X_
32a		s the organization hire or use third parties o	or related or	ganizations to solic	cit, process, or sell	noncash				
		tributions?						32a		X
b		′es," describe in Part II.								
33	lf th	e organization didn't report an amount in co	olumn (c) foi	a type of property	for which column	(a) is chec	ked,			
	des	cribe in Part II.								

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

Schedule M (Form 990) 2020

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91-1353982 Page 2

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.

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032142 11-23-20		Schedule M (Form 990) 2020

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.



Employer identification number 91-1353982

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

LONG LIVE THE KINGS

GLENWOOD SPRINGS HATCHERY: OUR GLENWOOD SPRINGS FACILITY ON ORCAS

ISLAND IS FOCUSED ON SUPPLEMENTING CHINOOK SALMON IN THE SAN JUANS AND

THE STRAIT OF GEORGIA FOR HARVEST BY HUMANS AND ORCA WHALES. HERE, WE

ARE CONDUCTING EXPERIMENTS TO IMPROVE THE EFFECTIVENESS OF HATCHERY

PRODUCTION, WITH A GOAL OF HIGHER SURVIVAL RATES AT SEA AND LARGER

RETURNING FISH. WE ALSO SUPPORT A KOKANEE FISHERY IN CASCADE LAKE AND

REAR KOKANEE FROM LAKE SAMMAMISH FOR A WILD POPULATION RECOVERY

PROGRAM.

EXPENSES \$ 222,505. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAMS: LONG LIVE THE KINGS IS ALSO ADVANCING SALMON RECOVERY

AND SUSTAINABLE FISHING IN THE PACIFIC NORTHWEST BY BUILDING A

CONSTITUENCY FOR SALMON RECOVERY THROUGH THE SURVIVE THE SOUND

CAMPAIGN, COMPLETING THE FEDERAL PUGET SOUND STEELHEAD RECOVERY PLAN AS

A MEMBER OF THE RECOVERY TEAM, SUPPORTING VARIOUS SALMON RESEARCH

EFFORTS IN PUGET SOUND, AND SUPPORTING SUSTAINABLE CHINOOK FISHERIES

AND LAKE SAMMAMISH KOKANEE RECOVERY AT OUR GLENWOOD SPRINGS FIELD

STATION.

EXPENSES \$ 272,120. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

THE BOARD OF DIRECTORS HAS AN EXECUTIVE COMMITTEE WITH A MINIMUM OF FIVE

MEMBERS, ALL OF WHOM MUST BE BOARD MEMBERS. THE CHAIRS OF ALL OTHER

STANDING COMMITTEES ARE MEMBERS OF THE EXECUTIVE COMMITTEE. BETWEEN

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 47

11111029 131839 032-208471-00

4/

2020.04030 LONG LIVE THE KINGS

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization LONG LIVE THE KINGS	Employer identification number 91-1353982
MEETINGS OF THE BOARD, THE EXECUTIVE COMMITTEE HAS THE AUT	HORITY TO ACT FOR
THE BOARD IN ANY MATTER FOR WHICH THE BOARD HAS POWER TO A	CT, EXCEPT FOR
THE FOLLOWING: (A) AMEND, ALTER OR REPEAL THE BYLAWS; (B)	ELECT, APPOINT OR
REMOVE ANY MEMBER OF ANY OTHER COMMITTEE OR ANY DIRECTOR O	R OFFICER OF THE
ORGANIZATION; (C) AMEND THE ARTICLES OF INCORPORATION; (D)	ADOPT A PLAN OF
MERGER OR CONSOLIDATION WITH ANOTHER ORGANIZATION; (E) AUT	HORIZE THE SALE,
LEASE OR EXCHANGE OF ALL OR SUBSTANTIALLY ALL OF THE PROPE	RTY AND ASSETS FO
THE ORGANIZATION NOT IN THE ORDINARY COURSE OF BUSINESS; (F) AUTHORIZE THE
VOLUNTARY DISSOLUTION OF THE ORGANIZATION OR REVOKE PROCEE	DINGS THEREFOR;
(G) ADOPT A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE	ORGANIZATION; OR
(H) AMEND, ALTER OR REPEAL ANY RESOLUTION OF THE BOARD WHI	CH BY ITS TERMS
PROVIDES THAT IT SHALL NOT BE AMENDED, ALTERED OR REPEALED	BY A COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED IN DECEMBER 2020 TO INCREASE THE MAXIMUM NUMBER OF BOARD MEMBERS FROM 25 TO 30.

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 B, LINE 12C:

DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE TO THE BOARD ANY FINANCIAL INTEREST WHICH THE DIRECTOR OR OFFICER DIRECTLY OR INDIRECTLY HAS IN ANY PERSON OR ENTITY WHICH IS A PARTY TO A TRANSACTION UNDER CONSIDERATION BY THE BOARD. THE INTERESTED DIRECTOR OR OFFICER ABSTAINS FROM VOTING ON THE TRANSACTION. NO EMPLOYEE MAY SOLICIT OR ACCEPT GRATUITIES, FAVORS, OR 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

11111029 131839 032-208471-00

2020.04030 LONG LIVE THE KINGS

ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION, AS WELL AS COMPENSATION ADJUSTMENTS FOR ALL POSITIONS WITHIN THE ORGANIZATION. ONLINE RESOURCES SUCH AS GLASSDOOR.COM AND SALARY.COM ARE USED TO OBTAIN COMPARABILITY DATA FROM OTHER GOVERNMENT AND NONPROFIT EMPLOYERS.. THE COMPENSATION REVIEW PROCESS LAST OCCURRED IN 2020.

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.)

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FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

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Schedule O (Form 990 or 990-EZ) 2020

277,007.

36,561.

5,860.

	<u>O (Form 990</u> ne organizati	ion) LIVE (THE K	INGS						Page 2 Employer identification number 91-1353982
TOTAL	EXPEN											319,428.
TOTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	A	319,428.
					-							·
032212 11-20)-20						F	50			S	chedule O (Form 990 or 990-EZ) 2020

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