

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending																									
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND INC</td> <td rowspan="2">D Employer identification number 20-8802884</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 4184</td> <td>E Telephone number 646-324-8250</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10163</td> <td>G Gross receipts \$ 52,884,712.</td> </tr> <tr> <td colspan="2" rowspan="2">F Name and address of principal officer: JOHN FEINBLATT P.O. BOX 4184, NEW YORK, NY 10163</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.EVERYTOWN.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 2007 M State of legal domicile: DE</td> </tr> </table>	C Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND INC		D Employer identification number 20-8802884	Doing business as		Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 4184		E Telephone number 646-324-8250	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10163		G Gross receipts \$ 52,884,712.	F Name and address of principal officer: JOHN FEINBLATT P.O. BOX 4184, NEW YORK, NY 10163		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	J Website: ▶ WWW.EVERYTOWN.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2007 M State of legal domicile: DE
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE PRIMARY ACTIVITY OF EVERYTOWN FOR GUN SAFETY ACTION FUND INC. IS EDUCATING POLICYMAKERS,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	184
	6 Total number of volunteers (estimate if necessary)	6	2028254
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 39,330,989.	Current Year 50,659,514.
	9 Program service revenue (Part VIII, line 2g)	122,491.	2,212,269.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,316.	12,929.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,456,796.	52,884,712.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,864,340.	17,768,380.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,202,328.	9,884,542.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	591,915.	365,757.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 869,418.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	28,911,564.	17,749,618.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	41,570,147.	45,768,297.
19 Revenue less expenses. Subtract line 18 from line 12	-2,113,351.	7,116,415.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,317,574.	End of Year 11,583,151.
	21 Total liabilities (Part X, line 26)	1,858,641.	1,011,525.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,458,933.	10,571,626.

Part II Signature Block

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

Sign Here	Signature of officer		Date 11/13/2017		
	Type or print name and title JOHN FEINBLATT, PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name CHARLES POMO	Preparer's signature 	Date 11/13/17	Check if self-employed <input type="checkbox"/>	PTIN P00445956
	Firm's name ▶ GELLER & COMPANY LLC	Firm's EIN ▶ 13-4149326			
	Firm's address ▶ P.O. BOX 1510 NEW YORK, NY 10150		Phone no. 212-583-6066		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ **X****1** Briefly describe the organization's mission:

THE PRIMARY ACTIVITY OF EVERYTOWN FOR GUN SAFETY ACTION FUND INC. IS EDUCATING POLICYMAKERS, THE PUBLIC, AND THE MEDIA ABOUT GUN VIOLENCE AND PROMOTING EFFORTS TO KEEP GUNS OUT OF THE HANDS OF CRIMINALS AND OTHER PROHIBITED PURCHASERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☒ **X** Yes ☐ No

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 ☒ **X** No

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 measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 39,704,145. including grants of \$ 17,768,380.) (Revenue \$)
 DURING THE 2016 TAX YEAR, EVERYTOWN FOR GUN SAFETY ACTION FUND INC. ADVOCATED FOR COMMON-SENSE LAWS THAT HELP KEEP GUNS OUT OF THE HANDS OF DANGEROUS INDIVIDUALS. THE ORGANIZATION SUPPORTED SUCCESSFUL ELECTION DAY BALLOT INITIATIVES IN NEVADA AND WASHINGTON. IT HELPED ENACT GUN SAFETY LAWS IN CALIFORNIA, DELAWARE, HAWAII, NEW MEXICO, AND TENNESSEE, WHILE ALSO DEFEATING MORE THAN 100 GUN LOBBY LEGISLATIVE PROPOSALS IN NEARLY 30 STATES. THE ORGANIZATION ALSO SUPPORTED SUCCESSFUL CANDIDATES FOR ELECTED OFFICE NATIONWIDE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **39,704,145.**

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		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	X	

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 85		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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 184		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
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 in 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
c 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	X	
7 Organizations that may receive deductible contributions under section 170(c).			
a 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		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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.			
a 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:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	4													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		4												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2											X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				3										X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4									X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						5								X
6 Did the organization have members or stockholders?							6	X						
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								7a						X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									7b					X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										8a	X			
b Each committee with authority to act on behalf of the governing body?											8b			X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O												9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?													X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?													X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?													X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.														
12a Did the organization have a written conflict of interest policy? If "No," go to line 13													X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?													X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done													X	
13 Did the organization have a written whistleblower policy?													X	
14 Did the organization have a written document retention and destruction policy?													X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official														X
b Other officers or key employees of the organization													X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).														
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?														X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?														

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: **AL, AR, CA, CT, DE, FL, HI, IL, KS, KY, MA, MD**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records: **TARA PAONE C/O GELLER & COMPANY LLC - 212-583-6000**
909 THIRD AVENUE - 16TH FL, NEW YORK, NY 10022

Check if Schedule O contains a response or note to any line in this Part VII

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

Form **990** (2016)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								1,424,583.	0.	149,025.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,424,583.	0.	149,025.

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

32

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GELLER & COMPANY, LLC, 909 THIRD AVENUE, 15TH FL., NEW YORK, NY 10022	FINANCIAL AND ADVISORY SERVICES	2,038,566.
VENABLE LLP, 750 E. PRATT STREET, SUITE 900, BALTIMORE, MD 21202	LEGAL	1,367,424.
CHONG + KOSTER LLC, 1640 RHODE ISLAND NW, SUITE 600, WASHINGTON, DC 20036	ADVERTISING	1,124,556.
WINNING CONNECTIONS INC., 317 PENNSYLVANIA AVE, SE, 2ND FL, WASHINGTON, DC 20003	PATCH THROUGH CALLS	421,931.
PRODUCTION SOLUTIONS, INC., 1953 GALLOWES ROAD, SUITE 600, VIENNA, VA 22182	DIRECT MAIL CAMPAIGNS	386,774.

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

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	50,659,514.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		50,659,514.				
Program Service Revenue	2 a OTHER INCOME	Business Code	541900	2,000,000.	2,000,000.		
	b OTHER PROGRAM SERVICE		900099	212,269.	212,269.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		2,212,269.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			12,929.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			52,884,712.	2,212,269.	0.	12,929.	

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,768,380.	17,768,380.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	225,283.	206,922.	13,562.	4,799.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,392,321.	6,789,761.	445,284.	157,276.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,266,938.	1,965,412.	251,275.	50,251.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	1,467,435.	107,010.	1,360,425.	
c Accounting	2,112,902.		2,112,902.	
d Lobbying	2,531,412.	2,531,412.		
e Professional fundraising services. See Part IV, line 17	365,757.			365,757.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,169,596.	3,573,614.	595,982.	
12 Advertising and promotion	1,438,363.	1,438,363.		
13 Office expenses	1,118,865.	894,158.	224,707.	
14 Information technology				
15 Royalties				
16 Occupancy	299,298.	181,317.	103,364.	14,617.
17 Travel	1,137,252.	1,137,252.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	121,294.	121,294.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	208,753.	190,752.		18,001.
23 Insurance	87,233.		87,233.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	1,788,053.	1,788,053.		
b EMAIL DISTRIBUTION LIST	684,245.	684,245.		
c POLLING	326,200.	326,200.		
d OTHER FUNDRAISING EXPEN	258,717.			258,717.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	45,768,297.	39,704,145.	5,194,734.	869,418.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,701,317.	1	2,403,523.
	2 Savings and temporary cash investments	8,859.	2	56,704.
	3 Pledges and grants receivable, net	106,144.	3	7,859,811.
	4 Accounts receivable, net	1,098,159.	4	175,988.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	941,991.	9	838,497.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 124,969.		
	b Less: accumulated depreciation	10b 82,271.	10c	42,698.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	350,574.	14	205,930.
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,317,574.	16	11,583,151.	
Liabilities	17 Accounts payable and accrued expenses	1,818,641.	17	1,011,525.
	18 Grants payable	40,000.	18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,858,641.	26	1,011,525.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,352,789.	27	2,711,815.
	28 Temporarily restricted net assets	106,144.	28	7,859,811.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,458,933.	33	10,571,626.
	34 Total liabilities and net assets/fund balances	5,317,574.	34	11,583,151.

Form 990 (2016)

Part XI Reconciliation of Net AssetsCheck 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	52,884,712.
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,768,297.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,116,415.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,458,933.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,722.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,571,626.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2016)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

EVERYTOWN FOR GUN SAFETY ACTION FUND INC

Employer identification number

20-8802884

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(4) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General 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

☐ 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, 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) (2016)

Name of organization	Employer identification number
EVERYTOWN FOR GUN SAFETY ACTION FUND INC	20-8802884

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 28,898,681.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 10,417,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 990,188.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
EVERYTOWN FOR GUN SAFETY ACTION FUND INC	20-8802884

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 215,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
EVERYTOWN FOR GUN SAFETY ACTION FUND INC	20-8802884

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
EVERYTOWN FOR GUN SAFETY ACTION FUND INC	20-8802884

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
EVERYTOWN FOR GUN SAFETY ACTION FUND INC	20-8802884

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 27,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
EVERYTOWN FOR GUN SAFETY ACTION FUND INC	20-8802884

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 12,621.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 12,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 10,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 10,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
EVERYTOWN FOR GUN SAFETY ACTION FUND INC	20-8802884

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
EVERYTOWN FOR GUN SAFETY ACTION FUND INC	20-8802884

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
EVERYTOWN FOR GUN SAFETY ACTION FUND INC	20-8802884

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 6,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 5,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
EVERYTOWN FOR GUN SAFETY ACTION FUND INC	20-8802884

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
EVERYTOWN FOR GUN SAFETY ACTION FUND INC	20-8802884

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
EVERYTOWN FOR GUN SAFETY ACTION FUND INC	20-8802884

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
EVERYTOWN FOR GUN SAFETY ACTION FUND INC	20-8802884

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 5,609,710.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

20-8802884

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____

Name of organization	Employer identification number
EVERYTOWN FOR GUN SAFETY ACTION FUND INC	20-8802884

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(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, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

EVERYTOWN FOR GUN SAFETY ACTION FUND INC

Employer identification number

20-8802884

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$ 2,103,270.

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 519,739.

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$ 1,583,531.

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$ 2,103,270.

4 Did the filing organization file **Form 1120-POL** for this year? ☒ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
DEMOCRATIC LEGISLATIVE CAMPAIGN	WASHINGTON, DC 20005	52-1870839	25,000.	0.
THE ALASKA CENTER	ANCHORAGE, AK 99501	92-0090065	5,000.	0.
ATKINS FOR SENATE 2016	ENCINITAS, CA 92024	47-5173345	1,000.	0.
JONES-SAWYER FOR ASSEMBLY 2016	SACRAMENTO, CA 95814	47-2291567	2,000.	0.
MIGUEL SANTIAGO FOR ASSEMBLY 2016	LOS ANGELES, CA 90071	47-2267512	2,000.	0.
JIM BEALL FOR SENATE 2016	SACRAMENTO, CA 95814	46-1740373	2,000.	0.

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

SEE PART IV FOR CONTINUATION

632041 11-10-16

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes ☐ No
4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART I-A, LINE 1:

IN 2016, EVERYTOWN FOR GUN SAFETY ACTION FUND MADE CONTRIBUTIONS TO CANDIDATES AND POLITICAL COMMITTEES RELATED TO PROMOTING THE ELECTION OF CANDIDATES WHO SUPPORT THE ENACTMENT OF COMMON-SENSE PUBLIC SAFETY MEASURES TO KEEP OUR COMMUNITIES SAFER FROM GUN VIOLENCE. IN ADDITION, EVERYTOWN MADE COORDINATED EXPENDITURES FOR COMMUNICATIONS RELATED TO

Schedule C (Form 990 or 990-EZ) 2016

Part IV Supplemental Information (continued)

THE ELECTION OF CANDIDATES FOR PUBLIC OFFICE IN VIRGINIA.

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE

1401 K STREET NW SUITE 201 WASHINGTON, DC 20005

THE ALASKA CENTER

921 WEST 6TH AVENUE SUITE 200 ANCHORAGE, AK 99501

ATKINS FOR SENATE 2016

220 ENCINITAS BLVD. SUITE 101 ENCINITAS, CA 92024

JONES-SAWYER FOR ASSEMBLY 2016

921 11TH STREET SUITE 904 SACRAMENTO, CA 95814

MIGUEL SANTIAGO FOR ASSEMBLY 2016

3700 WILSHIRE BLVD SUITE 1050-B LOS ANGELES, CA 90071

JIM BEALL FOR SENATE 2016

1127 11TH STREET SUITE 331 SACRAMENTO, CA 95814

PART I-C CONTINUATION:

CHERYL R. BROWN FOR ASSEMBLY 2016

921 11TH STREET SUITE 904 SACRAMENTO, CA 95814

EIN: 47-2437911 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

GLAZER FOR SENATE 2016

61 LA ESPIRAL ORINDA, CA 94563

Part IV Supplemental Information (continued)

EIN: 47-4110909 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

LARA FOR SENATE 2016

777 SOUTH FIGUEROA STREET SUITE 4050 LOS ANGELES, CA 90017

EIN: 46-1456437 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

CALIFORNIA DEMOCRATIC PARTY

1830 9TH STREET SACRAMENTO, CA 95811

EIN: 94-2214618 COL (D) AMOUNT: 15000. COL (E) AMOUNT: 0.

CALIFORNIA DEMOCRATIC PARTY

1830 9TH STREET SACRAMENTO, CA 95811

EIN: 94-2214618 COL (D) AMOUNT: 15000. COL (E) AMOUNT: 0.

DR. RICHARD PAN FOR SENATE 2018

1787 TRIBUTE ROAD SUITE K SACRAMENTO, CA 95815

EIN: 47-2574382 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

CATHARINE BAKER FOR ASSEMBLY 2016

4101 DUBLIN BLVD. SUITE F22 DUBLIN, CA 94568

EIN: 47-2449779 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

MATT DABABNEH FOR ASSEMBLY 2016

777 SOUTH FIGUEROA STREET SUITE 4050 LOS ANGELES, CA 90017

EIN: 47-2937537 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

MCCARTY FOR ASSEMBLY 2016

2244 IONE STREET SACRAMENTO, CA 95864

Part IV Supplemental Information (continued)

EIN: 47-2509334 COL (D) AMOUNT: 1500. COL (E) AMOUNT: 0.

BILL DODD FOR SENATE 2016

5429 MADISON AVENUE SACRAMENTO, CA 95481

EIN: 47-4480858 COL (D) AMOUNT: 1500. COL (E) AMOUNT: 0.

COMMON SENSE VALUES

P.O. BOX 372128 DENVER, CO 80237

EIN: 47-1919516 COL (D) AMOUNT: 75000. COL (E) AMOUNT: 0.

COLORADO CITIZENS' ALLIANCE

P.O. BOX 102766 DENVER, CO 80250

EIN: 47-2350578 COL (D) AMOUNT: 75000. COL (E) AMOUNT: 0.

FRIENDS OF VALERIE LONGHURST

207 CLINTON STREET P. O. BOX 326 DELAWARE CITY, DE 19706

EIN: 46-3607342 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

CAMPAIGN TO ELECT OSIENSKI

183 SCOTTFIELD DRIVE NEWARK, DE 19715

EIN: 27-1719029 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

EVERYTOWN FOR GUN SAFETY VICTORY FUND - FLORIDA

P.O. BOX 4184 NEW YORK, NY 10163

EIN: 81-3928802 COL (D) AMOUNT: 94816. COL (E) AMOUNT: 0.

FLORIDA DEMOCRATIC PARTY

214 S. BRONOUGH STREET TALLAHASSEE, FL 32301

Part IV Supplemental Information (continued)

EIN: 59-0772903 COL (D) AMOUNT: 15000. COL (E) AMOUNT: 0.

FLORIDA LEADERSHIP COMMITTEE

610 SOUTH BLVD TAMPA, FL 33606

EIN: 46-3666413 COL (D) AMOUNT: 45000. COL (E) AMOUNT: 0.

FLORIDA LEADERSHIP COMMITTEE

610 SOUTH BLVD TAMPA, FL 33606

EIN: 46-3666413 COL (D) AMOUNT: 4000. COL (E) AMOUNT: 0.

GAY & LESBIAN VICTORY FUND

1133 15TH STREET NW SUITE 350 WASHINGTON, DC 20005

EIN: 52-1729701 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

MIGUEL DIAZ DE LA PORTILLA

1450 BRICKELL AVENUE 18TH FLOOR MIAMI, FL 33131

EIN: 90-1076017 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

EVERYTOWN FOR GUN SAFETY VICTORY FUND - GEORGIA

P.O. BOX 4184 NEW YORK, NY 10163

EIN: 81-3928802 COL (D) AMOUNT: 26114. COL (E) AMOUNT: 0.

FRIENDS OF WENDELL WILLARD

7840 ROSEWELL ROAD SUITE 330 SANDY SPRINGS, GA 30350

EIN: 20-2094649 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT BOB TRAMMELL, INC.

128 NORTH MAIN STREET LUTHERSVILLE, GA 30251

Part IV Supplemental Information (continued)

EIN: 46-5031297 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

MILLAR FOR STATE SENATE

5249 BROOKE FARM DRIVE DUNWOODY, GA 30038

EIN: 27-2469962 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

FRIENDS OF SCOTT HOLCOMB, INC.

2306 BRIARCLIFF COMMONS ATLANTA, GA 30345

EIN: 46-0805063 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

BESKIN FOR GEORGIA, INC.

3330 CUMBERLAND BLVD. SUITE 600 ATLANTA, GA 30339

EIN: 46-3379871 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS FOR MATTHEW LOPRESTI

91-1411 KEONEULA BLVD. #2106 EWA BEACH, HI 96706

EIN: 32-0323661 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

J. KALANI ENGLISH

P.O. BOX 791146 PALU MAUI, HI 96779

EIN: 99-0351804 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

WINTROW FOR IDAHO

1711 RIDENBAUGH STREET BOISE, ID 83702

EIN: 46-4807971 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

IDAHO POLICY INSTITUTE

4421 WEST CASSIA BOISE, ID 83705

Part IV Supplemental Information (continued)

EIN: 46-1471400 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT BRIAN BOSMA

P.O. BOX 122 INDIANAPOLIS, IN 46206

EIN: 30-0040682 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

MATT LEHMAN FOR STATE REPRESENTATIVE

683 LEHMAN STREET BERNE, IN 46711

EIN: 81-3518183 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

HOUSE REPUBLICAN CAMPAIGN COMMITTEE

101 WEST OHIO STREET SUITE 2200 INDIANAPOLIS, IN 46204

EIN: 35-1470780 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

SENATE MAJORITY CAMPAIGN COMMITTEE

101 WEST OHIO STREET SUITE 2200 INDIANAPOLIS, IN 46204

EIN: 35-1519681 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

SUSAN L. CONCANNON

921 NORTH MILL STREET BELOIT, KS 67420

EIN: 27-1300663 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

STEPHANIE SAWYNER CLAYTON FOR STATE REPRESENTATIVE

9825 WOODSON DRIVE OVERLAND PARK, KS 66207

EIN: 90-0545259 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

JOHN WILSON FOR KANSAS

1923 OHIO STREET LAWRENCE, KS 66045

Part IV Supplemental Information (continued)

EIN: 445-90-9200 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

BOLLIER FOR KANSAS SENATE

6190 OVERHILL ROAD MISSION HILLS, KS 66208

EIN: 81-3219305 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT BOBBY ZIRKIN

1852 REISTERTOWN ROAD SUITE 203 BALTIMORE, MD 21208

EIN: 56-2042696 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

MAURICE MORALES FOR DELEGATE

19347 LIBERTY HEIGHTS LANE GERMANTOWN, MD 20874

EIN: 46-3299657 COL (D) AMOUNT: 250. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT JIM BROCHIN

670 MILITARY AVE PIKESVILLE, MD 21208

EIN: 33-0993989 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

ANNE KAISER FOR DELEGATE

3100 NORTH LEISURE WORLD BLVD. UNIT 501 SILVER SPRING, MD 20906

EIN: 32-0021713 COL (D) AMOUNT: 400. COL (E) AMOUNT: 0.

CITIZENS FOR DOUGLAS J.J. PETERS

P.O. BOX 1582 BOWIE, MD 20718

EIN: 77-0589818 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF BEN BARNES

4601 AMHERST ROAD COLLEGE PARK, MD 20740

Part IV Supplemental Information (continued)

EIN: 26-0119238 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF BILL FRICK

6403 WINSTON DRIVE BETHESDA, MD 20817

EIN: 26-1287890 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF JOSEPH VALLARIO, JR.

5210 AUTH ROAD SUTLAND, MD 20756

EIN: 27-1404680 COL (D) AMOUNT: 250. COL (E) AMOUNT: 0.

FRIENDS OF KATHLEEN M. DUMAIS

33 WOOD LANE ROCKVILLE, MD 20850

EIN: 52-2361120 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF LUKE CLIPPINGER

114 EAST CLEMENT STREET BALTIMORE, MD 21230

EIN: 26-4625458 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF MIKE BUSCH

P.O. BOX 824 ANNAPOLIS, MD 21404

EIN: 52-2264141 COL (D) AMOUNT: 3000. COL (E) AMOUNT: 0.

FRIENDS OF PAM QUEEN

17340 BLOSSOM VIEW DRIVE OLNEY, MD 20832

EIN: 81-4137978 COL (D) AMOUNT: 150. COL (E) AMOUNT: 0.

FRIENDS OF TALMADGE BRANCH

1200 LIGHT STREET UNIT B BALTIMORE, MD 21230

Part IV Supplemental Information (continued)

EIN: 80-0672535 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF VICTOR RAMIREZ

P.O. BOX 166 MOUNT RAINIER, MD 20712

EIN: 22-3902675 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

LARRY HOGAN FOR GOVERNOR

P.O. BOX 6559 ANNAPOLIS, MD 21401

EIN: 46-4487039 COL (D) AMOUNT: 1250. COL (E) AMOUNT: 0.

MARYLANDERS FOR MILLER

P.O. BOX 219 CLINTON, MD 20735

EIN: 52-1718146 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

WILL SMITH FOR MARYLAND

P.O. BOX 8801 SILVER SPRING, MD 20907

EIN: 46-2577519 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT VANESSA ATTERBEARY

P.O. BOX 728 FULTON, MD 20759

EIN: 46-5032154 COL (D) AMOUNT: 250. COL (E) AMOUNT: 0.

CITIZENS FOR DELORES KELLEY

P.O. BOX 21514 BALTIMORE, MD 21282

EIN: 52-2065770 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE FOR NATHANIEL MCFADDEN

2112 NORTH CHARLES STREET BALTIMORE, MD 21218

Part IV Supplemental Information (continued)

EIN: 52-2106067 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

EVERYTOWN FOR GUN SAFETY VICTORY FUND - MINNESOTA

P.O. BOX 4184 NEW YORK, NY 10163

EIN: 81-3928802 COL (D) AMOUNT: 422840. COL (E) AMOUNT: 0.

2016 FUND

1600 UNIVERSITY AVE W SUITE 309C SAINT PAUL, MN 55104

EIN: 74-3238362 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

BOB KRIST FOR LEGISLATURE

7635 NORTH 122ND AVE CIRCLE OMAHA, NE 68142

EIN: 508-64-2637 COL (D) AMOUNT: 250. COL (E) AMOUNT: 0.

CITIZENS FOR A BETTER TOMORROW

1120 K STREET SUITE 200 LINCOLN, NE 68508

EIN: 81-3711726 COL (D) AMOUNT: 250. COL (E) AMOUNT: 0.

FRIENDS FOR ADAM MORFELD

2209 DUDLEY STREET LINCOLN, NE 68503

EIN: 46-1584407 COL (D) AMOUNT: 1125. COL (E) AMOUNT: 0.

HANSEN FOR LEGISLATURE

6230 GLENDALE ROAD LINCOLN, NE 68505

EIN: 46-3501563 COL (D) AMOUNT: 1125. COL (E) AMOUNT: 0.

NEIGHBORS FOR SARA HOWARD

132 NORTH 40TH STREET OMAHA, NE 68131

Part IV Supplemental Information (continued)

EIN: 50-6069184 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

CITIZENS FOR A BETTER TOMORROW

1120 K STREET SUITE 200 LINCOLN, NE 68508

EIN: 81-3711726 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

EVERYTOWN FOR GUN SAFETY VICTORY FUND - HAMPSHIRE

P.O. BOX 4184 NEW YORK, NY 10163

EIN: 81-3928802 COL (D) AMOUNT: 118961. COL (E) AMOUNT: 0.

VAN OSTERN FOR NEW HAMPSHIRE

P.O. BOX 193 CONCORD, NH 03302

EIN: 45-3128573 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT NATE GENTRY

3276 ANDREW DR. NE ALBUQUERQUE, NM 87110

EIN: 27-2183027 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

THE IVEY-SOTO COMMITTEE

1420 CARLISLE BLVD NE ALBUQUERQUE, NM 87110

EIN: 80-0836853 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

PATRIOT MAJORITY NEW MEXICO

PO BOX 35522 WASHINGTON, DC 20033

EIN: 20-3985568 COL (D) AMOUNT: 100000. COL (E) AMOUNT: 0.

A STRONG NEW MEXICO

P.O. BOX 7553 ALBUQUERQUE, NM 87794

Part IV Supplemental Information (continued)

EIN: 46-5473431 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT SENATE DEMOCRATS

P.O. BOX 1297 LOS LUNAS, NM 87031

EIN: 26-2504236 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

FORWARD NEW MEXICO

508 MORNINGSIDE DRIVE SE ALBUQUERQUE, NM 87106

EIN: 45-5012276 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

MICHAEL SANCHEZ FOR STATE SENATE

3 BUNTON ROAD BELEN, NM 87002

EIN: 26-2504236 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

NEW MEXICANS FOR WORKING FAMILIES

P.O. BOX 272 ALBUQUERQUE, NM 87103

EIN: 45-5112044 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

NEW MEXICO DEFENSE FUND

P.O. BOX 2383 SANTA FE, NM 87504

EIN: 45-5077813 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

NEW MEXICO SENATE VICTORY FUND

313 MOON ST. NE ALBUQUERQUE, NM 87123

EIN: 47-4097647 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

NEW MEXICO SUNRISE PAC

P.O. BOX 67545 ALBUQUERQUE, NM 87193

Part IV Supplemental Information (continued)

EIN: 47-1990467 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

TRUE BLUE PAC

708 PASEO DE PERALTA SANTA FE, NM 87501

EIN: 45-5088689 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

ZIA 52

4301 SUMMIT LANE LAS CRUCES, NM 88011

EIN: 81-0950640 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

NEW MEXICO FREEDOM PAC

P.O. BOX 27066 ALBUQUERQUE, NM 87125

EIN: 46-4473616 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

PATRIOT MAJORITY NEW MEXICO

P.O. BOX 35522 WASHINGTON, DC 20033

EIN: 20-3985568 COL (D) AMOUNT: 40000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT BRIAN EGOLF

123 SAN FRANCISCO STREET 2ND FLOOR SANTA FE, NM 87501

EIN: 20-8019717 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT ELIZABETH THOMPSON

P.O. BOX 40578 ALBUQUERQUE, NM 87196

EIN: 45-4989745 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

DAMON ELY FOR NM HOUSE DISTRICT

659 APPLEWOOD ROAD CARRALES, NM 87408

Part IV Supplemental Information (continued)

EIN: 47-5007430 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

FRIENDS OF LIZ STEFANICS

P.O. BOX 720 CERRILLOS, NM 87010

EIN: 47-5465917 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

JOANNE J. FERRARY

6100 MORNING SUN WAY LAS CRUCES, NM 88012

EIN: 585-70-5583 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

STEPHANIE RICHARD

30 GLENVIEW COURT LOS ALAMOS, NM 87544

EIN: 525-55-0455 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

PEOPLE FOR GROWING OUR ECONOMY

3406 BLUE HILL AVE GALLUP, NM 87301

EIN: 47-5256520 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

THE COMMITTEE TO ELECT WILLIAM SOULES

5062 HENO MINE ROAD LAS CRUCES, NM 88011

EIN: 45-4989451 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

WILLIAM BALDWIN O'NEIL

343 SARAH LANE NW #D ALBUQUERQUE, NM 82114

EIN: 278-42-0031 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

NM TOGETHER

410 LUNA BLVD. NW ALBUQUERQUE, NM 87102

Part IV Supplemental Information (continued)

EIN: 47-5423959 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

NEVADA STATE DEMOCRATIC PARTY

6233 DEAN MARTIN DRIVE LAS VEGAS, NV 89118

EIN: 88-0189294 COL (D) AMOUNT: 100000. COL (E) AMOUNT: 0.

NYS DEMOCRATIC SENATE CAMPAIGN COMMITTEE (NYS DSCC)

111 WASHINGTON AVE ALBANY, NY 12210

EIN: 11-2924245 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

REPUBLICAN SENATE CAMPAIGN COMMITTEE BUILDING FUND

4676 WINTERSET DRIVE COLUMBUS, OH 43220

EIN: 31-6153657 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

OHIO HOUSE REPUBLIC ORGANIZATIONAL COMMITTEE BUILDING FUND

4676 WINTERSET DRIVE COLUMBUS, OH 43220

EIN: 31-0886967 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

BETTER OKLAHOMA PAC

713 NW 17TH STREET OKLAHOMA CITY, OK 73103

EIN: 81-4206104 COL (D) AMOUNT: 3000. COL (E) AMOUNT: 0.

OKLAHOMA GROWTH ALLIANCE

1110 WEST MAIN STREET NORMAN, OK 73069

EIN: 81-3175973 COL (D) AMOUNT: 4000. COL (E) AMOUNT: 0.

FUTURE PAC HOUSE BUILDERS

P.O. BOX 1754 PORTLAND, OR 97207

Part IV Supplemental Information (continued)

EIN: 93-1123855 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

FRIENDS OF JENNIFER WILLIAMSON

P.O. BOX 1754 PORTLAND, OR 97207

EIN: 45-3593513 COL (D) AMOUNT: 15000. COL (E) AMOUNT: 0.

DEMOCRATIC PARTY OF OREGON

232 NE 9TH AVE PORTLAND, OR 97232

EIN: 93-0404755 COL (D) AMOUNT: 400. COL (E) AMOUNT: 0.

CITIZENS FOR JIM THOMPSON

3380 MISTLETOE ROAD DALLAS, OR 97388

EIN: 27-0759608 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

FUTURE PAC, HOUSE BUILDERS

P.O. BOX 1754 PORTLAND, OR 97207

EIN: 93-1123855 COL (D) AMOUNT: 7500. COL (E) AMOUNT: 0.

SENATE DEMOCRATIC LEADERSHIP FUND

3333 NE SANDY BLVD #203 PORTLAND, OR 97232

EIN: 20-4673386 COL (D) AMOUNT: 7500. COL (E) AMOUNT: 0.

FRIENDS OF MIKE REESE

P.O. BOX 42307 PORTLAND, OR 97242

EIN: 81-3439936 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

SENATE DEMOCRATIC LEADERSHIP FUND

3333 NE SANDY BLVD #203 PORTLAND, OR 97232

Part IV Supplemental Information (continued)

EIN: 20-4673386 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

FUTURE PAC, HOUSE BUILDERS

P.O. BOX 1754 PORTLAND, OR 97207

EIN: 93-1123855 COL (D) AMOUNT: 45000. COL (E) AMOUNT: 0.

MIA FOR SENATE

P.O BOX 290692 COLUMBIA, SC 29229

EIN: 47-4796682 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

CRAIG FITZHUGH COMMITTEE TO RE-ELECT

135 SOUTH ALPINE STREET RIPLEY, TN 38063

EIN: 91-2064166 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF KAREN CAMPER

3385 AIRWAYS BLVD SUITE 230 MEMPHIS, TN 38116

EIN: 41-1043133 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS FOR ANGELA CALLIS

210 HAWKS ROAD MARTIN, TN 38237

EIN: 81-2158047 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

MCPAC

94 ROYAL TROON CIRCLE OAK RIDGE, TN 37830

EIN: 81-0767535 COL (D) AMOUNT: 1500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT BRIAN S. KING

1855 MICHIGAN AVE SALT LAKE CITY, UT 84108

Part IV Supplemental Information (continued)

EIN: 32-0449515 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

SUE MINTER FOR VERMONT

P.O. BOX 583 WATERBURY, VT 05676

EIN: 47-5035146 COL (D) AMOUNT: 4000. COL (E) AMOUNT: 0.

DONOVAN FOR ATTORNEY GENERAL

P.O. BOX 364 BURLINGTON, VT 05402

EIN: 47-5062237 COL (D) AMOUNT: 4000. COL (E) AMOUNT: 0.

CHRISTOPHER PEARSON

12 BROOKES AVE BURLINGTON, VT 05401

EIN: 81-2782798 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

VERMONT DEMOCRATIC PARTY

P.O. BOX 1220 MONTPELLIER, VT 05601

EIN: 03-0199446 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

VERMONT DEMOCRATIC PARTY

P.O. BOX 1220 MONTPELLIER, VT 05601

EIN: 03-0199446 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT DREW HANSEN

P.O. BOX 2140 POULSBO, WA 98370

EIN: 45-3489418 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF CHRISTINE KILDUFF

P.O. BOX 65431 UNIVERSITY PLACE, WA 98464

Part IV Supplemental Information (continued)

EIN: 46-5034375 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF MARCUS RICCELLI

P.O. BOX 1325 SPOKANE, WA 99210

EIN: 45-5222828 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

MARK MULLET FOR SENATE

2525 NE PARK DR #A ISSAQUAH, WA 98029

EIN: 46-3659056 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF LAURIE JINKINS

P.O. BOX 2032 TACOMA, WA 98401

EIN: 27-0214467 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF JOE FITZGIBBON

P.O. BOX 66235 BURIEEN, WA 98166

EIN: 27-2265718 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

EVERYTOWN FOR GUN SAFETY ACTION FUND INC

Employer identification number

20-8802884

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

632051 08-29-16

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	124,969.		82,271.	42,698.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				42,698.

Schedule D (Form 990) 2016

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.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2016

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	53,683,510.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	798,798.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	798,798.
3	Subtract line 2e from line 1	3	52,884,712.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	52,884,712.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	46,570,817.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	798,798.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	3,722.
e	Add lines 2a through 2d	2e	802,520.
3	Subtract line 2e from line 1	3	45,768,297.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	45,768,297.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FUND RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DEPRECIATION ADJUSTMENT 3,722.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

EVERYTOWN FOR GUN SAFETY ACTION FUND INC

Employer identification number

20-8802884

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
b ☒ Internet and email solicitations **f** ☐ Solicitation of government grants
c ☒ Phone solicitations **g** ☐ Special fundraising events
d ☒ In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(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			
CAPITAL STRATEGIES - 13900 OLD HARBOR LANE, STE 108,	IN-PERSON SOLICITATION		X	4,452,950.	252,000.	4,200,950.
LISA PRESTA - 163 FOREST SIDE AVE, SAN FRANCISCO, CA 94127	IN-PERSON SOLICITATION		X	2,203,100.	29,235.	2,173,865.
JACKIE BROT-WEINBERG - 601 EAST 20TH STREET, 10F, NEW	IN-PERSON SOLICITATION		X	1,032,500.	63,000.	969,500.
NEW PARTNER CONSULTING INC. - 1250 EYE ST. NW, SUITE 200,	IN-PERSON SOLICITATION		X	0.	3,750.	-3,750.
Total				7,688,550.	347,985.	7,340,565.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AR, CA, CO, CT, FL, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI, WA, GA, DC

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No**b** If "No," explain: _____**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No**b** If "Yes," explain: _____

- 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 | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **▶** _____Address **▶** _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization **▶** \$ _____ and the amount 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

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **▶** \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CAPITAL STRATEGIES

(I) ADDRESS OF FUNDRAISER:

13900 OLD HARBOR LANE, STE 108, MARINA DEL RAY, CA 90292

(I) NAME OF FUNDRAISER: JACKIE BROTH-WEINBERG

(I) ADDRESS OF FUNDRAISER: 601 EAST 20TH STREET, 10F, NEW YORK, NY 10010

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: NEW PARTNER CONSULTING INC.

(I) ADDRESS OF FUNDRAISER:

1250 EYE ST. NW, SUITE 200, WASHINGTON, DC 20005

PART I, LINE 2B, COLUMN (V):

ARRANGEMENT PROVIDES REIMBURSEMENT FOR EXPENSES OF \$17,771

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

EVERYTOWN FOR GUN SAFETY ACTION FUND INC

Employer identification number

20-8802884

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☒ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR GUN RESPONSIBILITY ERP COMMITTEE - PO BOX 21712 - SEATTLE, WA 98111	47-2512998	501(C)4	500,000.	0.			SPONSORSHIP OF ALLIANCE FOR GUN RESPONSIBILITY ERP COMMITTEE
CEASEFIRE PENNSYLVANIA EDUCATION FUND - 1518 WALNUT ST, STE 502 - PHILADELPHIA, PA 19102	71-0884697	501(C)3	2,500.	0.			KEYSTONE COURAGE AWARD SPONSORSHIP - SILVER
COME OUT WITH PRIDE, INC. 11 N. SUMMERLIN AVE, SUITE 210 ORLANDO, FL 32801	26-4696702	501(C)3	5,000.	0.			ORLANDO PRIDE SPONSORSHIP
EQUALITY CALIFORNIA 202 W1ST STREET SUITE 3-0130 LOS ANGELES, CA 90012	95-4708781	501(C)4	5,000.	0.			2016 LA AWARDS - SILVER SPONSORSHIP
HORIZON SIS LLC 1875 CONNECTICUT AVE NW WASHINGTON, DC 20008	32-0503082		660,000.	0.			SUPPORT FOR MARKET-BASED SOLUTIONS TO REDUCE GUN VIOLENCE
HUMAN RIGHTS CAMPAIGN 1640 RHODE ISLAND AVE WASHINGTON, DC 20036	52-1243457	501(C)4	45,000.	0.			SPONORSHIP OF UNITE AGAINST HATE EVENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **6.**

3 Enter total number of other organizations listed in the line 1 table **11.**

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL NETWORK TO END DOMESTIC VIOLENCE - 1400 16TH STREET NW, SUITE 330 - WASHINGTON, DC 20036	52-1973408	501(C)3	25,000.	0.			CHAMPION LEVEL SPONSORSHIP
NATIONAL PTA 1250 NORTH PITT STREET ALEXANDRIA, VA 22314	36-2169155	501(C)3	20,000.	0.			2016 NATIONAL PTA SPONSORSHIP
NATIONAL URBAN LEAGUE 120 WALL STREET, 8TH FLOOR NY, NY 10005	13-1840489	501(C)3	100,000.	0.			GENERAL OPERATING GRANT
NCSL FOUNDATION FOR STATE LEGISLATURES - 7700 EAST FIRST PLACE - DENVER, CO 80230	74-2232570	501(C)3	12,500.	0.			PROVIDING SUPPORT TO NCSL AS A GOLD SPONSOR
OUTFRONT MINNESOTA 310 EAST 38TH STREET, SUITE 209 MINNEAPOLIS, MN 55409	41-1892897	501(C)4	1,000.	0.			PRIDE SPONSORSHIP
THE CENTER FOR AMERICAN PROGRESS ACTION FUND - 1333 H STREET, NW, 10TH FLOOR - WASHINGTON, DC 20005	30-0126510	501(C)4	5,000.	0.			2016#FLIGHT4 A FUTURE SUMMIT FOR GUN VIOLENCE PREVENTION AND CRIMINAL JUSTICE REFORM
THE RABEN GROUP 1341 G STREET NW FLR 5 WASHINGTON, DC 20005-3105	52-2296319		10,000.	0.			2016 RABEN RESPITE SPONSORSHIP
WASHINGTON ALLIANCE FOR GUN RESPONSIBILITY - PO BOX 21712 - SEATTLE, WA 98111	46-2066622	501(C)4	50,000.	0.			WAGR- LUNCHEON SPONSORSHIP
MAINERS FOR RESPONSIBLE GUN OWNERSHIP FUND - PO BOX 1413 - ELLSWORTH, ME 04605	47-4767783	501(C)4	4,934,835.	0.			BALLOT INITIATIVE ADVOCACY

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION MAINTAINS COPIES OF THE AGREEMENTS AND MONITORS EACH
GRANTEE'S PERFORMANCE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

EVERYTOWN FOR GUN SAFETY ACTION FUND INC

Employer identification number

20-8802884

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

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 related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MEGAN LEWIS EXECUTIVE VICE PRESIDENT	(i)	333,299.	0.	0.	0.	32,293.	365,592.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRINA MILIKOWSKY CHIEF STRATEGIC INITIATIVE	(i)	265,450.	0.	0.	0.	10,746.	276,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ERIKA SOTO LAMB CHIEF OF COMMUNICATIONS	(i)	213,926.	0.	0.	8,521.	30,825.	253,272.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SAMANTHA RODGERS CHIEF OF ORGANIZING	(i)	207,189.	0.	0.	7,355.	10,688.	225,232.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RAVI GARLA MANAGING DIRECTOR OF CAMPAIGNS	(i)	206,762.	0.	0.	7,225.	10,681.	224,668.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELIZABETH AVORE MANAGING DIRECTOR, LEGAL & POLICY	(i)	197,957.	0.	0.	7,882.	22,809.	228,648.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

EVERYTOWN FOR GUN SAFETY ACTION FUND INC

Employer identification number

20-8802884

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE PUBLIC, AND THE MEDIA ABOUT GUN VIOLENCE AND PROMOTING EFFORTS TO
KEEP GUNS OUT OF THE HANDS OF CRIMINALS AND OTHER PROHIBITED
PURCHASERS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE ORGANIZATION SUPPORTED SUCCESSFUL ELECTION DAY BALLOT INITIATIVES
IN NEVADA AND WASHINGTON. IT HELPED ENACT NEW GUN SAFETY LAWS IN
CALIFORNIA, DELAWARE, HAWAII, NEW MEXICO, AND TENNESSEE, WHILE ALSO
DEFEATING MORE THAN 100 GUN LOBBY LEGISLATIVE PROPOSALS IN NEARLY 30
STATES. THE ORGANIZATION ALSO SUPPORTED SUCCESSFUL CANDIDATES FOR
ELECTED OFFICE NATIONWIDE.

FORM 990, PART VI, SECTION A, LINE 6:

NEITHER THE ORGANIZATION'S CERTIFICATE OF INCORPORATION NOR ITS BYLAWS
PROVIDE FOR MEMBERS. PURSUANT TO SECTION 102(A)(4) OF THE DELAWARE GENERAL
CORPORATION LAW ("DGCL"), HOWEVER, THE ORGANIZATION'S DIRECTORS ARE DEEMED
TO BE ITS MEMBERS BECAUSE THE DIRECTORS ARE ENTITLED TO VOTE FOR THE
ELECTION OF DIRECTORS PURSUANT TO THE ORGANIZATION'S BYLAWS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S BYLAWS PROVIDE THAT THE DIRECTORS ARE ENTITLED TO VOTE
FOR THE ELECTION OF DIRECTORS. AS NOTED ABOVE, NEITHER THE ORGANIZATION'S
CERTIFICATE OF INCORPORATION NOR ITS BYLAWS PROVIDES FOR MEMBERS, AND, AS A
NON-STOCK CORPORATION, THE ORGANIZATION HAS NO STOCKHOLDERS. DELAWARE LAW,
HOWEVER, DEEMS THE ORGANIZATION'S DIRECTORS TO BE THE ORGANIZATION'S

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization

EVERYTOWN FOR GUN SAFETY ACTION FUND INC

Employer identification number

20-8802884

MEMBERS UNDER SECTION 102(A)(4) OF THE DGCL.

FORM 990, PART VI, SECTION A, LINE 8B:

THE CORPORATION HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

ALL OF THE DIRECTORS WILL BE PROVIDED WITH A COPY OF THE CURRENT YEAR FORM 990 BEFORE THE PRESIDENT SIGNS AND FILES THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS REQUIRES FULL DISCLOSURE OF ALL ACTUAL AND POTENTIAL CONFLICTS OF INTEREST. EACH DIRECTOR SHALL DISCLOSE ANY AND ALL FACTS THAT MAY BE CONSTRUED AS A CONFLICT OF INTEREST, BOTH THROUGH AN ANNUAL DISCLOSURE PROCESS AND WHENEVER SUCH ACTUAL OR POTENTIAL CONFLICT OCCURS.

THE BOARD OF DIRECTORS WILL DETERMINE WHETHER OR NOT A CONFLICT OF INTEREST EXISTS, AND WHETHER OR NOT SUCH CONFLICT MATERIALLY AND ADVERSELY AFFECTS THE INTERESTS OF EVERYTOWN FOR GUN SAFETY ACTION FUND INC. A DIRECTOR WHOSE POTENTIAL CONFLICT IS UNDER REVIEW MAY NOT DEBATE, VOTE, OR OTHERWISE PARTICIPATE IN SUCH DETERMINATION. IF THE BOARD OF DIRECTORS DETERMINES THAT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST DOES EXIST, THE BOARD SHALL ALSO DETERMINE AN APPROPRIATE REMEDY.

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

TOP MANAGEMENT OFFICIALS DID NOT RECEIVE COMPENSATION DURING 2016. THE SALARY FOR THE EXECUTIVE VICE PRESIDENT WAS DETERMINED TO BE REASONABLE UTILIZING COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE

Name of the organization

EVERYTOWN FOR GUN SAFETY ACTION FUND INC

Employer identification number

20-8802884

DECISION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, CT, DE, FL, HI, IL, KS, KY, MA, MD, MN, MO, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC
TN, UT, VA, WI, WV, GA

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS CERTIFICATE OF INCORPORATION, BYLAWS, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. REQUEST FOR
REVIEWING THE ORGANIZATION'S DOCUMENTS CAN BE ADDRESSED TO THE ORGANIZATION
IN CARE OF GELLER & COMPANY AS NOTED IN PART VI, SECTION C, QUESTION 20.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DEPRECIATION ADJUSTMENT

-3,722.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

EVERYTOWN FOR GUN SAFETY ACTION FUND INC

Employer identification number

20-8802884

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
EVERYTOWN FOR GUN SAFETY ACTION FUND FOR I-594 - 47-1251965, 60 STEWART STREET, STE 819, SEATTLE, WA 98101	EDUCATION AND ADVOCACY	WASHINGTON	501(C)(4)	N/A	N/A	X	
NEVADANS FOR BACKGROUND CHECKS - 47-1392308 401 S. CURRY STREET CARSON CITY, NV 89703	EDUCATION AND ADVOCACY	NEVADA	501(C)(4)	N/A	N/A	X	
MAINERS FOR RESPONSIBLE GUN OWNERSHIP FUND - 47-4767783, P.O. BOX 4184, NEW YORK, NY 10163	EDUCATION AND ADVOCACY	DELAWARE	501(C)(4)	N/A	N/A	X	
EVERYTOWN BALLOT VICTORY FUND - 47-2746416 P.O. BOX 4184 NEW YORK, NY 10163	EDUCATION AND ADVOCACY	DELAWARE	501(C)(4)	N/A	N/A	X	

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

Schedule R (Form 990) 2016

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MAINERS FOR RESPONSIBLE GUN OWNERSHIP FUND	B	4,934,835.	
(2) NEVADANS FOR BACKGROUND CHECKS	B	11,418,003.	
(3) EVERYTOWN FOR GUN SAFETY VICTORY FUND	B	673,746.	
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.

Depreciation and Amortization
(Including Information on Listed Property) 990

OMB No. 1545-0172

2016
Attachment
Sequence No. **179**

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return	Business or activity to which this form relates	Identifying number
EVERYTOWN FOR GUN SAFETY ACTION FUND INC	FORM 990 PAGE 10	20-8802884

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,010,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	14,557.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2016	17	17,555.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	32,112.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year ...						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year:					
	:	:			
	:	:			
43 Amortization of costs that began before your 2016 tax year					43
					176,641.
44 Total. Add amounts in column (f). See the instructions for where to report					44
					176,641.