

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 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	C Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 4184 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10163 F Name and address of principal officer: JOHN FEINBLATT P.O. BOX 4184, NEW YORK, NY 10163
D Employer identification number <div align="center">20-8802884</div>	
E Telephone number <div align="center">646-324-8250</div>	
G Gross receipts \$ 70,625,355. 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) H(c) Group exemption number ▶	
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 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	

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 IS PROMOTING GUN SAFETY			
	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 2018 (Part V, line 2a)	5	198	
	6	Total number of volunteers (estimate if necessary)	6	2794012	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b		Net unrelated business taxable income from Form 990-T, line 38	7b	73,099.	
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
9		Program service revenue (Part VIII, line 2g)	35,309,396.	66,885,200.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	147,447.	2,391,938.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	284,694.	289,118.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,741,537.	69,566,256.	
14		Benefits paid to or for members (Part IX, column (A), line 4)	898,670.	2,646,655.	
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	11,419,281.	13,482,488.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,374,538.	384,106.	513,351.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,942,313.	51,553,918.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,644,370.	68,196,412.	
	19	Revenue less expenses. Subtract line 18 from line 12	3,097,167.	1,369,844.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21	Total liabilities (Part X, line 26)	15,266,990.	16,388,864.
22		Net assets or fund balances. Subtract line 21 from line 20	1,447,078.	1,199,109.	

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 11/15/19		
	Type or print name and title JOHN FEINBLATT, PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name CHARLES POMO	Preparer's signature 	Date 11/13/19	Check if self-employed <input type="checkbox"/> PTIN P00445956
	Firm's name ▶ GELLER & COMPANY LLC Firm's address ▶ P.O. BOX 1510 NEW YORK, NY 10150			Firm's EIN ▶ 13-4149326 Phone no. 212-583-6000

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

Form **8868**
(Rev. January 2019)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

- ▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. EVERYTOWN FOR GUN SAFETY ACTION FUND INC	Employer identification number (EIN) or 20-8802884
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 4184	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10163	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

TARA PAONE C/O GELLER ADVISORS LLC

- The books are in the care of ▶ **PO BOX 1510 - NEW YORK, NY 10150**
Telephone No. ▶ **212-583-6000** Fax No. ▶ **212-583-6241**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year **2018** or
▶ ☐ tax year beginning _____, and ending _____.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2019)

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 IS PROMOTING GUN SAFETY LEGISLATION AND INITIATIVES AND REDUCING GUN VIOLENCE THROUGH THE EDUCATION OF POLICYMAKERS, THE PUBLIC, AND THE MEDIA AND ORGANIZING COMMUNITIES IN SUPPORT OF GUN SAFETY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ **X** 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 \$ **58,033,031.** including grants of \$ **2,646,655.**) (Revenue \$)
2018 MARKED A PIVOTAL TURNING POINT IN THE FIGHT TO END GUN VIOLENCE, AND EVERYTOWN FOR GUN SAFETY ACTION FUND WAS AT THE FOREFRONT OF THAT PROGRESS. THE TRAGIC SHOOTING IN PARKLAND ONE YEAR AGO SHOOK THE NATION, BUT ALSO GALVANIZED A MOVEMENT, LED TO UNPRECEDENTED GROWTH AND PAVED THE WAY FOR HISTORIC VICTORIES ALL ACROSS THE COUNTRY. ON DEFENSE, WE COMPLETELY STOPPED THE TWO MOST DANGEROUS POLICIES BACKED BY THE GUN LOBBY: CONCEALED CARRY RECIPROCITY AND THE DEREGULATION OF SILENCERS. BUT THE GREATER ACCOMPLISHMENTS CAME AT THE STATE LEVEL, WHERE THE ACTION FUND'S ADVOCACY LED TO THE PASSAGE OF MEANINGFUL GUN SAFETY LEGISLATION IN 20 STATES. THESE INCLUDED LAWS STRENGTHENING BACKGROUND CHECKS, RED FLAG LAWS, LAWS TO TAKE GUNS OUT OF THE HANDS OF DOMESTIC ABUSERS, AND OTHER POLICIES THAT DISRUPT ACCESS TO FIREARMS BY

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 **58,033,031.**

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>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
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>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	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>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
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>	11a	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>	11b	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>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	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>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	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>	12a	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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	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>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	124
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

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 198		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
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?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

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 ☒ **X**

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	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	1b	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.)

		Yes	No	
10a Did the organization have local chapters, branches, or affiliates?	10a	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?	10b	X		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	X		
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X		
13 Did the organization have a written whistleblower policy?	13	X		
14 Did the organization have a written document retention and destruction policy?	14	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	15a		X	
b Other officers or key employees of the organization	15b		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?	16a		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?	16b			

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 ADVISORS LLC - 212-583-6000
PO BOX 1510, NEW YORK, NY 10150

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

[illegible]

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EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.

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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								1,331,601.	0.	151,307.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,331,601.	0.	151,307.

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 **47**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
BULLY PULPIT INTERACTIVE LLC, 1445 NEW YORK AVENUE NW, 5TH FLOOR, WASHINGTON, DC	ADVERTISING	5,453,284.
THE MARKHAM GROUP, LLC 1000 W 3RD STREET, LITTLE ROCK, AR 72201	EVENT ORGANIZING	3,631,102.
GELLER ADVISORS LLC PO BOX 1510, NEW YORK, NY 10150	FINANCIAL AND ADVISORY SERVICES	3,446,759.
CHONG + KOSTER LLC, 1640 RHODE ISLAND NW, SUITE 600, WASHINGTON, DC 20036	ADVERTISING	2,181,595.
VENABLE LLP, 750 E. PRATT STREET, SUITE 900, BALTIMORE, MD 21202	LEGAL SERVICES	2,095,413.

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 **53**

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INC.**

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Part VIII Statement of Revenue

Check 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	66,885,200.				
	g Noncash contributions included in lines 1a-1f: \$		1,059,099.				
	h Total. Add lines 1a-1f			66,885,200.			
Program Service Revenue	2 a OTHER INCOME		Business Code 541900	1,922,432.	1,922,432.		
	b OTHER PROGRAM SERVICE		900099	469,506.	469,506.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,391,938.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			255,123.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
		(i) Real (ii) Personal					
6 a Gross rents							
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					
		1,093,094.					
b Less: cost or other basis and sales expenses		1,059,099.					
c Gain or (loss)		33,995.					
d Net gain or (loss)			33,995.			33,995.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
b Less: direct expenses							
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19							
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
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				69,566,256.	2,391,938.	0.	289,118.

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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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,646,655.	2,646,655.		
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				
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	10,313,916.	9,321,725.	697,814.	294,377.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,314,241.	2,126,424.	132,887.	54,930.
10 Payroll taxes	854,331.	776,317.	55,197.	22,817.
11 Fees for services (non-employees):				
a Management				
b Legal	2,165,320.	1,844,918.	247,436.	72,966.
c Accounting	3,500,459.		3,500,459.	
d Lobbying	4,031,985.	4,031,294.	691.	
e Professional fundraising services. See Part IV, line 17	513,351.			513,351.
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.)	6,171,369.	4,815,689.	806,060.	549,620.
12 Advertising and promotion	8,246,918.	8,229,473.	17,445.	
13 Office expenses	1,702,749.	1,178,881.	70,021.	453,847.
14 Information technology	502,886.	223,757.	279,129.	
15 Royalties				
16 Occupancy	524,887.	16,309.	508,578.	
17 Travel	1,777,226.	1,517,424.	73,071.	186,731.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	812,930.	791,513.	18,768.	2,649.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	69,390.		69,390.	
23 Insurance	155,086.	20,182.	134,904.	
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 POLITICAL CONTRIBUTIONS	17,149,006.	17,149,006.		
b POLLING & SURVEYS	1,955,730.	1,955,730.		
c EMAIL ACQUISITION	1,258,393.	1,206,883.		51,510.
d BANK & CREDIT CARD FEES	554,253.	17,134.	537,119.	
e All other expenses	975,331.	163,717.	639,874.	171,740.
25 Total functional expenses. Add lines 1 through 24e	68,196,412.	58,033,031.	7,788,843.	2,374,538.
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)

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EVERYTOWN FOR GUN SAFETY ACTION FUND,
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Part X Balance Sheet

Check 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	5,359,330.	1	2,962,483.
	2 Savings and temporary cash investments	4,623,335.	2	6,369,863.
	3 Pledges and grants receivable, net	3,084,655.	3	6,098,708.
	4 Accounts receivable, net	1,783,268.	4	423,063.
	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	311,566.	9	361,309.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	272,233.		
	b Less: accumulated depreciation	98,795.	10c	173,438.
	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	42,804.	14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,266,990.	16	16,388,864.	
Liabilities	17 Accounts payable and accrued expenses	1,347,078.	17	1,199,109.
	18 Grants payable	100,000.	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	1,447,078.	26	1,199,109.
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	10,735,257.	27	8,818,852.
	28 Temporarily restricted net assets	3,084,655.	28	6,370,903.
	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	13,819,912.	33	15,189,755.
	34 Total liabilities and net assets/fund balances	15,266,990.	34	16,388,864.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	69,566,256.
2	Total expenses (must equal Part IX, column (A), line 25)	2	68,196,412.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,369,844.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,819,912.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,189,756.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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	2a	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	2b	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.	2c	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? _____	3a	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 _____	3b	

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

OMB No. 1545-0047

2018

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

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

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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
<u>1</u>		\$ <u>38,829,511.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>4,785,187.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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
<u>7</u>		\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>420,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 204,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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		\$ 102,532.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

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		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 50,607.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 50,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

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		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 26,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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
<u>43</u>		\$ <u>25,872.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>44</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>45</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>46</u>		\$ <u>22,550.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>47</u>		\$ <u>22,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>48</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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		\$ 18,085.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 16,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 10,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 10,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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		\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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
79		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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
85		\$ 7,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 8,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 13,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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
91		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ 6,622.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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
97		\$ 6,608.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99		\$ 6,321.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100		\$ 6,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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
103		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107		\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108		\$ 5,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

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
<u>109</u>		\$ <u>5,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>110</u>		\$ <u>5,132.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>111</u>		\$ <u>5,120.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>112</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>113</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>114</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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
115		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118		\$ 5,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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
121		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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
127		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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
133		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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
<u>139</u>	 	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>140</u>	 	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>141</u>	 	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>142</u>	 	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>143</u>	 	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>144</u>	 	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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
<u>145</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>146</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>147</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>148</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>149</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>150</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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
151		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number

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
157		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

20-8802884

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	STOCK - VARIOUS	\$ 1,000,203.	01/05/18
32	STOCK - VARIOUS	\$ 50,607.	08/15/18
163	STOCK - VARIOUS	\$ 8,289.	12/31/18
		\$	
		\$	
		\$	
		\$	

Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 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

_____	_____
_____	_____
_____	_____

(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

_____	_____
_____	_____
_____	_____

(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

_____	_____
_____	_____
_____	_____

(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

_____	_____
_____	_____
_____	_____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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
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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 ▶ \$ **25,949,522.**
- 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 ▶ \$ **8,842,516.**
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ **17,107,006.**
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ **25,949,522.**
- 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-.
2018 FUND	SAINT PAUL , MN 55104	74-3238362	50,000.	0.
A NEW DAY FOR NM - DAYAN HOCHMAN-VI	ALBUQUERQUE , NM 87113	82-4553308	2,500.	0.
A STRONG NEW MEXICO	ALBUQUERQUE , NM 87107	46-5473431	5,500.	0.
A STRONGER MICHIGAN	WASHINGTON , DC 20005	82-4509198	610,000.	0.
ABBASFORM	ALBUQUERQUE , NM 87123	82-5410969	2,500.	0.
ALLIANCE FOR PROGRESS	DES MOINES , IA 50265	81-3686955	300,000.	0.

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

SEE PART IV FOR CONTINUATION

832041 11-08-18

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="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(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) 2018

****Public Disclosure Copy****
EVERYTOWN FOR GUN SAFETY ACTION FUND,

Schedule C (Form 990 or 990-EZ) 2018 **INC.**

20-8802884 Page 3

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?	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		X

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 2018, EVERYTOWN FOR GUN SAFETY ACTION FUND MADE CONTRIBUTIONS TO CANDIDATES AND POLITICAL COMMITTEES AS WELL AS COMMUNICATIONS 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 AND WHO WILL ENFORCE STRONGER GUN SAFETY LAWS.

Schedule C (Form 990 or 990-EZ) 2018

Part IV Supplemental Information (continued)

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

2018 FUND

1600 UNIVERSITY AVENUE WEST SUITE 309 SAINT PAUL , MN 55104

A NEW DAY FOR NM - DAYAN HOCHMAN-VIGIL

7224 COPPER GRASS COURT NORTHEAST ALBUQUERQUE , NM 87113

A STRONG NEW MEXICO

2015 DIETZ PLACE NORTHWEST ALBUQUERQUE , NM 87107

A STRONGER MICHIGAN

1225 I STREET NW SUITE 1100 WASHINGTON , DC 20005

ABBASFORM

1727 SOPLO ROAD SOUTHEAST ALBUQUERQUE , NM 87123

ALLIANCE FOR PROGRESS

513 COLONIAL CIRCLE WEST DES MOINES , IA 50265

PART I-C CONTINUATION:

ANDREA ROMERO FOR NM HOUSE DISTRICT 46

1101 HICKOX STREET SANTA FE , NM 87505

EIN: 47-5375611 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

ANGELA4KS

19769 W 107TH STREET OLATHE , KS 66061

EIN: 82-1675747 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

ANNA FOR FLORIDA

PO BOX 536154 ORLANDO , FL 32853

EIN: 82-1783386 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

ATKINSON LEADERSHIP PAC

4165 FUSELIER DRIVE NORTH LAS VEGAS , NV 89032

EIN: 46-3064999 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

BECERRA FOR ATTORNEY GENERAL 2018

777 S. FIGUEROA STREET STE 4050 LOS ANGELES , CA 90017

EIN: 81-5215738 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

BRIAN EGOLF SPEAKER FUND

PO BOX 27066 ALBUQUERQUE , NM 87125

EIN: 82-1094444 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

CAMPAIGN TO ELECT BILLIE HELEAN

2003 SE SOUTHERN BLVD SE STE 102-34 RIO RANCHO , NM 87124

EIN: 82-4282545 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

CAMPAIGN TO ELECT JULIA RATTI

PO BOX 4228 SPARKS, NV 89432

EIN: 87-0803736 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

CINDY NEIGHBOR FOR KANSAS

10405 W 52ND TERRACE SHAWNEE , KS 66203

EIN: 81-1891920 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

CITIZENS FOR ALEX VAN DYKE

3309 EFFINGHAM STREET MANHATTAN , KS 66503

EIN: 82-5270980 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

CITIZENS FOR BETTER TOMORROW

1327 H STREET STE. 300 LINCOLN , NE 68508

EIN: 81-3711726 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

CITIZENS FOR KEVIN RANKER

PO BOX 92 DEER HARBOR , WA 98243

EIN: 26-2438684 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

COLORADANS CREATING OPPORTUNITIES

PO BOX 100292 DENVER , CO 80250

EIN: 47-2607588 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

COLORADANS FOR FAIRNESS

PO BOX 102766 DENVER , CO 80210

EIN: 81-4420090 COL (D) AMOUNT: 400000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT AARON FORD

PO BOX 96003 LAS VEGAS , NV 89193

EIN: 27-1373046 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT ALEXIS JIMENEZ

2010 SE BLACK HILLS RD SE RIO RANCHO , NM 87124

EIN: 83-1348483 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

COMMITTEE TO ELECT ANDREW STODDARD

218 E 8135 S SANDY , UT 84070

EIN: 82-4060400 COL (D) AMOUNT: 750. 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 DAVID WATTERS

19 MAPLE STREET DOVER , NH 03820

EIN: 26-2910228 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT DREW HANSEN

P. O. BOX 2140 POULSBO , WA 98370

EIN: 45-3489418 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT ELIZABETH THOMSON

1216 WESTERFIELD DRIVE NE ALBUQUERQUE , NM 87112

EIN: 45-4989745 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT HOUSE DEMOCRATS

P.O. BOX 1292 CONCORD , NH 03301

EIN: 02-0162350 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT JOY GARRATT

10308 MARIN DRIVE NORTHWEST ALBUQUERQUE , NM 87114

EIN: 82-3061789 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

COMMITTEE TO ELECT KEVIN VAN DE WEGE

10 SABLE COURT SEQUIM , WA 98382

EIN: 20-0522366 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT LINDA CAVAZOS

2470 ST. ROSE PARKWAY SUITE 106-B HENDERSON , NV 89074

EIN: 82-4707182 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT MARK WHITE

1661 AARON BRENNER DRIVE SUITE 300 MEMPHIS , TN 38120

EIN: 20-0976482 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT MARY CATHERINE ROBERSON

910 N. GRANT STREET APT 1 DANVILLE , IL 61832

EIN: 82-3514933 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT MATTHEW MCQUEEN

7 AVENIDA VISTA GRANDE B7- 120 SANTA FE , NM 87508

EIN: 46-4775783 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT MICAELA LARA CADENA

2869 WEST CALLE SUR LAS CRUCES , NM 88005

EIN: 81-3432008 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT NICOLE CANNIZZARO

7901 COCOA BEACH CIRCLE LAS VEGAS , NV 89128

EIN: 47-4860402 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

COMMITTEE TO ELECT OSVALDO FUMO

601 LAS VEGAS BLVD. SOUTH LAS VEGAS , NV 89101-6623

EIN: 47-4627257 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT RACHEL PRUSAK

PO BOX 42307 PORTLAND , OR 97242

EIN: 82-4740359 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT SANDRA JAUREGUI

7582 LAS VEGAS BLVD. SOUTH #118 LAS VEGAS , NV 89123

EIN: 47-5675506 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT STEVEN YEAGER

10120 W FLAMINGO RD STE 4162 LAS VEGAS , NV 89147

EIN: 46-4680743 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

CRAIG KENNEDY - STATE SENATE

101 W 31ST ST YANKTON , SD 57078

EIN: 81-2574990 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

DAYMON ELY FOR NM HOUSE DISTRICT 23

659 APPLEWOOD RD CORRALES , NM 87048

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

DEANA FROERER, SENATE RACE CANDIDATE

PO BOX 94 HUNTSVILLE , UT 84317

EIN: 81-1186391 COL (D) AMOUNT: 750. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

DEBBIE ARMSTONG FOR NEW MEXICO

2015 DIETZ PLACE NORTHWEST ALBUQUERQUE , NM 87107

EIN: 46-5422275 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

DEMOCRATIC ATTORNEYS GENERAL ASSOCIATION INC.

1401 H STREET NW #750 WASHINGTON , DC 20005

EIN: 13-4220019 COL (D) AMOUNT: 450000. COL (E) AMOUNT: 0.

DEMOCRATIC GOVERNORS ASSOCIATION

1225 I STREET NW SUITE 1100 WASHINGTON , DC 20005

EIN: 52-1304889 COL (D) AMOUNT: 1600000. COL (E) AMOUNT: 0.

DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE

1225 I STREET NW SUITE 1250 WASHINGTON , DC 20005

EIN: 52-1870839 COL (D) AMOUNT: 100000. COL (E) AMOUNT: 0.

DEMOCRATIC MUNICIPAL OFFICIALS

1774 W. GREENLEAF AVE CHICAGO , IL 60626

EIN: 03-0393091 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

DEMOCRATIC PARTY OF GEORGIA

501 PULLIAM STREET SW SUITE 400 ATLANTA , GA 30312

EIN: 58-0910903 COL (D) AMOUNT: 500000. COL (E) AMOUNT: 0.

DEMOCRATIC STATE COMMITTEE (DELAWARE)

PO BOX 2065 WILMINGTON , DE 19899

EIN: 51-0119764 COL (D) AMOUNT: 6000. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

DIANE LEWIS CAMPAIGN COMMITTEE

PO BOX 25261 SALT LAKE CITY , UT 84125-0261

EIN: 46-4095767 COL (D) AMOUNT: 750. COL (E) AMOUNT: 0.

DONOVAN FOR ATTORNEY GENERAL

P. O. 364 BURLINGTON , VT 05402

EIN: 47-5062237 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

EFO LOUIS D. GREENWALD FOR ASSEMBLY

2240-15 RT. 70 CHERRY HILL , NJ 08002

EIN: 22-3565484 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

ELECT WILLIE MADRID FOR STATE REPRESENTATIVE

108 HENDRICH ROAD CHAPARRAL , NM 88081

EIN: 81-3529469 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

ELECTION FUND OF LORETTA WEINBERG

PO BOX 3392 TEANECK , NJ 07666

EIN: 22-3580789 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

EVERYTOWN FOR GUN SAFETY VICTORY FUND

PO BOX 4184 NEW YORK , NY 10163

EIN: 81-3928802 COL (D) AMOUNT: 7666688. COL (E) AMOUNT: 0.

FAMILY FRIENDLY PAC

114 NORTH MAIN STREET SUITE 203 CONCORD , NH 03301

EIN: 83-1563855 COL (D) AMOUNT: 100468. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

FLORIDA CONSUMERS FIRST

6619 SOUTH DIXIE HIGHWAY #148 MIAMI , FL 33143

EIN: 83-0694630 COL (D) AMOUNT: 75000. COL (E) AMOUNT: 0.

FLORIDA DEMOCRATIC PARTY

214 S. BRONOUGH STREET TALLAHASSEE , FL 32301

EIN: 59-0772903 COL (D) AMOUNT: 75000. COL (E) AMOUNT: 0.

FLORIDIANS FOR PRACTICAL SOLUTIONS

2618 CENTENNIAL PLACE TALLAHASSEE , FL 32308

EIN: 47-3047591 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

FORWARD FLORIDA

1427 PIEDMONT DR. E SUITE 2 TALLAHASSEE , FL 32308

EIN: 81-1474555 COL (D) AMOUNT: 250000. COL (E) AMOUNT: 0.

FORWARD NEW MEXICO

508 MORNINGSIDE DRIVE SE ALBUQUERQUE , NM 87106

EIN: 45-5012276 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

FRIENDS FOR ADAM MORFELD

1240 N. 33RD STREET LINCOLN , NE 68503

EIN: 46-1584407 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

FRIENDS FOR CHRISTINE

PO BOX 1565 LOS ALAMOS , NM 87544

EIN: 82-5289312 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

FRIENDS FOR FLOYD PROZANSKI

PO BOX 11511 EUGENE , OR 97440

EIN: 93-1153136 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

FRIENDS FOR JUSTIN JONES

8020 S. RAINBOW BLVD.SUITE 100-370 LAS VEGAS , NV 89139

EIN: 45-4636548 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

FRIENDS FOR KAREN 38

209 RIO VISTA ROAD PO BOX 516 MIMBRES , NM 88049

EIN: 47-5620928 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

FRIENDS FOR STEVE SISOLAK

29 BURNING TREE CT LAS VEGAS , NV 89113

EIN: 26-3267406 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

FRIENDS OF ANDY BILLIG

PO BOX 145 SPOKANE , WA 99210

EIN: 27-1127517 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF ANNA GRASSIE

146 BROCK STREET ROCHESTER , NH 03867

EIN: 83-0856316 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

FRIENDS OF BETH DOGLIO

PO BOX 222 OLYMPIA , WA 98507

EIN: 47-5314796 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

FRIENDS OF CARLA PILUSO

PO BOX 42307 PORTLAND , OR 97242

EIN: 30-0833393 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

FRIENDS OF DAVID FROCKT

PO BOX 2114 SEATTLE , WA 98111

EIN: 27-1548039 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF FELTES

PO BOX 623 CONCORD , NH 03302

EIN: 47-1093993 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

FRIENDS OF FRANK CHOPP

4130 1ST AVENUE SOUTH STE D SEATTLE , WA 98134

EIN: 32-0020852 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF GUY PALUMBO

10526 221ST PLACE SOUTHEAST SNOHOMISH , WA 98296

EIN: 45-4461584 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF HANS ZEIGER

PO BOX 73303 PUYALLUP , WA 98373

EIN: 27-0422184 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF JAY KAHN

135 DARLING ROAD KEENE , NH 03431

EIN: 81-2863851 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

FRIENDS OF JEN JORDAN, INC.

1290 PEACHTREE BATTLE AVENUE ATLANTA , GA 30327

EIN: 82-1362781 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF JENNIFER WILLIAMSON

P. O. BOX 42307 PORTLAND , OR 97242

EIN: 45-3593513 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

FRIENDS OF JON MORGAN

267 SOUTH ROAD BRENTWOOD , NH 03833

EIN: 82-2706647 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

FRIENDS OF KAREN CAMPER

4229 OXFORD SQUARE DRIVE MEMPHIS , TN 38116

EIN: 41-1043133 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF KEVIN CAVANAUGH

368 TORY ROAD MANCHESTER , NH 03104

EIN: 82-1117722 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

FRIENDS OF KEVIN RADER

120 SOUTH MONROE STREET TALLAHASSEE , FL 32301

EIN: 82-5295719 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

FRIENDS OF KWAME RAOUL

1507 E 53RD STREET STE 909 CHICAGO , IL 60615

EIN: 02-0728717 COL (D) AMOUNT: 11000. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

FRIENDS OF LAURIE JINKINS

P. O. BOX 2032 TACOMA , WA 98401

EIN: 27-2214467 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF MANKA

17221 NE 115TH CT REDMOND , WA 98052

EIN: 81-5223744 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF MASON DONOVAN

PO BOX 172 SALISBURY , NH 03268

EIN: 82-4961929 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

FRIENDS OF MICHELLE SAWYER MOGE

9B LESLEY CIRCLE DERRY , NH 03038

EIN: 83-0775696 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF NICOLE MACRI

PO BOX 9100 SEATTLE , WA 98109

EIN: 81-1159785 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF PATTY KUDERER

PO BOX 1545 BELLEVUE , WA 98009

EIN: 47-5315866 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF REUREN CARLYLE

PO BOX 9100 SEATTLE , WA 98109

EIN: 26-1852908 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

FRIENDS OF ROB WAGNER

PO BOX 42307 PORTLAND , OR 97242

EIN: 82-4973387 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

FRIENDS OF SHANNON CHANDLEY

3 HIGH MEADOW LANE AMHERST , NH 03031

EIN: 82-4779456 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

FRIENDS OF TANA SENN

PO BOX 771 MERCER ISLAND , WA 98040

EIN: 46-3757260 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF TINA KOTEK

7930 N. WABASH AVENUE PORTLAND , OR 97217

EIN: 20-4689019 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: 150000. COL (E) AMOUNT: 0.

GEORGIA RESPONSIBLE LEADERSHIP FUND

885 WOODSTOCK ROAD STE 430-244 ROSWELL, GA 30075-2274

EIN: 82-4760459 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

GIDEON LEADERSHIP PAC

37 SOUTH FREEPORT ROAD FREEPORT , ME 04032

EIN: 46-5701655 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

GOPAL FOR SENATE

106 APPLE STREET SUITE 106 TINTON FALLS , NJ 07724

EIN: 81-5063224 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

GUN VIOLENCE PREVENTION PAC

126 EAST WING STREET #205 ARLINGTON HEIGHTS , IL 60004

EIN: 46-2184316 COL (D) AMOUNT: 15000. COL (E) AMOUNT: 0.

HANSEN FOR LEGISLATURE

6230 GLENDALE ROAD LINCOLN , NE 68505

EIN: 46-3501563 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

HEATHER SANBORN FOR MAIN SENATE

82 FROST HILL ROAD PORTLAND , ME 04103

EIN: 82-3697680 COL (D) AMOUNT: 400. COL (E) AMOUNT: 0.

HENNESSEY FOR NH

4 WEBSTER TERRACE HANOVER , NH 03755

EIN: 81-2553661 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

HILLIARD FOR SD46

3120 COLHAM FERRY RD WATKINSVILLE , GA 30677

EIN: 82-4698000 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

HOLSCHER FOR KANSAS

12345 WESTGATE STREET OVERLAND PARK , KS 66213

EIN: 47-5179945 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

HOUSE DEMOCRATIC CAMPAIGN COMMITTEE

4130 1ST AVENUE SOUTH STE D SEATTLE , WA 98134

EIN: 91-6178946 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

HOUSE LEGISLATIVE CAMPAIGN FUND

PO BOX 2021 AUGUSTA , ME 04338

EIN: 22-2695893 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

IDAHO DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE

PO BOX 445 BOISE , ID 83702

EIN: 80-0260383 COL (D) AMOUNT: 7000. COL (E) AMOUNT: 0.

INDIANA HOUSE DEMOCRATIC CAUCUS

PO BOX 1671 INDIANAPOLIS , IN 46206

EIN: 52-1177393 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

INNOVATE FLORIDA PC

610 SOUTH BOULEVARD TAMPA , FL 33606

EIN: 46-3472497 COL (D) AMOUNT: 500000. COL (E) AMOUNT: 0.

JASON M ALLEN CAMPAIGN

139 EAST 5200 SOUTH WASHINGTON TERRACE , UT 84405

EIN: 83-0687838 COL (D) AMOUNT: 750. COL (E) AMOUNT: 0.

JOHN GORS FOR STATE HOUSE

507 BULOW STREET VERMILLION , SD 57069

EIN: 83-0993645 COL (D) AMOUNT: 200. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

JOHN MCCROSTIE FOR DISTRICT 16

7820 W. RIVERSIDE DRIVE GARDEN CITY , ID 83714

EIN: 46-4011282 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

KANSAS FOR A DEMOCRATIC HOUSE

PO BOX 2083 TOPEKA , KS 66601

EIN: 48-1078411 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

KANSAS FOR A PROGRESSIVE HOUSE

PO BOX 1052 TOPEKA , KS 66601

EIN: 82-1155952 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

KANSAS REPUBLICAN VALUES FUND

PO BOX 5976 TOPEKA , KS 66605

EIN: 81-1580529 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

KAREN CARES FOR NEW MEXICO

6523 JAZMIN PLACE NORTHWEST ALBUQUERQUE , NM 87114

EIN: 82-3447874 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

KATE BROWN COMMITTEE

PO BOX 42307 PORTLAND , OR 97242

EIN: 93-1127620 COL (D) AMOUNT: 750000. COL (E) AMOUNT: 0.

KATHIE DARBY FOR UTAH HOUSE DISTRICT 9

4069 SOUTH 3600 WEST WEST HAVEN , UT 84401

EIN: 81-1641171 COL (D) AMOUNT: 750. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

KRIST FOR NEBRASKA

P.O. BOX 34517 OMAHA , NE 68134

EIN: 82-5401985 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

LAURA KELLY FOR KANSAS

234 SOUTHWEST GREENWOOD AVENUE TOPEKA , KS 66606

EIN: 82-3664997 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

LEADERSHIP FOR FLORIDA

610 SOUTH BOULEVARD TAMPA , FL 33606

EIN: 47-1818907 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

LEADERSHIP IN NEVADA

PO BOX 400672 LAS VEGAS , NV 89140

EIN: 47-4160254 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

LEMERT4STATERE

PO BOX 25672 FORT WAYNE , IN 46825

EIN: 83-1949293 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

LINDA HARRIOTT-GATHRIGHT

28 MARIAN LANE NASHUA , NH 03062

EIN: 83-3124750 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

LIZ MCCONNELL CANDIDATE FOR NH HOUSE

52 STEVENS DRIVE BRENTWOOD , NH 03833

EIN: 81-3843277 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

MACHAELA CAVANAUGH FOR LEGISLATURE

824 N. 74TH AVENUE OMAHA , NE 68114

EIN: 81-1815663 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

MARK MULLET FOR SENATE

2525 NE PARK DR #A ISSAQUAH , WA 98029

EIN: 46-3659056 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

MARKO FOR SENATE

119 1ST AVENUE SOUTH STE 320 SEATTLE , WA 98104

EIN: 26-0696977 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

MELANIE FOR NEW MEXICO

PO BOX 50328 ALBUQUERQUE , NM 87181

EIN: 82-3536656 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

MELISSA WINTROW

1711 RIDENBAUGH BOISE , ID 83702

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

MIDWEST ENTERPRISE GROUP

P.O. BOX 1632 DES MOINES , IA 50305

EIN: 26-0697178 COL (D) AMOUNT: 150000. COL (E) AMOUNT: 0.

MILLAR FOR STATE SENATE

5249 BROOKE FARM DRIVE DUNWOODY , GA 30038

EIN: 27-2469962 COL (D) AMOUNT: 2600. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

MINNESOTA VICTORY PAC

5922 EXCELSIOR BLVD. MINNEAPOLIS , MN 55416

EIN: 83-0854408 COL (D) AMOUNT: 200000. COL (E) AMOUNT: 0.

MOE PAC

5818 JONES PLACE NORTHWEST ALBUQUERQUE , NM 87120

EIN: 81-0694116 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

MONTANA DEMOCRATIC STATE CENTRAL COMMITTEE

PO BOX 802 HELENA , MT 59624

EIN: 81-0260238 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

NATALIE FOR NEW MEXICO

8705 HORACIO PLACE NORTHEAST ALBUQUERQUE , NM 87111

EIN: 81-1088398 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

NATHAN SMALL FOR STATE HOUSE

PO BOX 697 DONA ANA , NM 88032

EIN: 81-1988401 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

NEVADA FAMILIES FIRST

1225 EYE STREET NW SUITE 1100 WASHINGTON , DC 20005

EIN: 82-4680422 COL (D) AMOUNT: 1150000. COL (E) AMOUNT: 0.

NEVADA STATE DEMOCRATIC PARTY

2320 PASEO DEL PRADO #B107 LAS VEGAS , NV 89102

EIN: 88-0189294 COL (D) AMOUNT: 300000. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

NEW HAMPSHIRE DEMOCRATIC PARTY

105 N. STATE STREET CONCORD , NH 03301

EIN: 02-0125560 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

NEW HAMPSHIRE SENATE DEMOCRATIC CAUCUS

105 NORTH STATE STREET CONCORD , NH 03301

EIN: 02-0473096 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

NEW MEXICANS FOR MICHELLE INC

2015 DIETZ PL NW ALBUQUERQUE , NM 87107

EIN: 81-4620747 COL (D) AMOUNT: 11000. COL (E) AMOUNT: 0.

NEW MEXICO DEFENSE FUND

P.O. BOX 2383 SANTA FE , NM 87504

EIN: 45-5077813 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

NEW MEXICO FREEDOM PAC

P. O. BOX 27066 ALBUQUERQUE , NM 87125

EIN: 46-4473616 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

NEW MEXICO SENATE DEMOCRATS

313 MOON STREET NORTHEAST ALBUQUERQUE , NM 87108

EIN: 82-1045511 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

NEWMAN FOR STATE REPRESENTATIVE

25 CHARLOTTE AVENUE NASHUA , NH 03064

EIN: 83-1235123 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

NEWSOM FOR CALIFORNIA GOVERNOR 2018

1787 TRIBUTE ROAD SUITE K SACRAMENTO , CA 95815

EIN: 47-3030928 COL (D) AMOUNT: 12500. COL (E) AMOUNT: 0.

NEXT GENERATION LEADERSHIP

PO BOX 1981 BOISE , ID 83701

EIN: 46-1471400 COL (D) AMOUNT: 3000. COL (E) AMOUNT: 0.

NM HOUSE DEMOCRATIC CAMPAIGN COMMITTEE

PO BOX 27066 ALBUQUERQUE , NM 87125

EIN: 47-3966550 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

NM SENATE MAJORITY LEADER PAC

708 PASEO DE PERALTA SANTA FE , NM 87501

EIN: 82-1222921 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

NM WOMEN RISING

2300 BUENA VISTA DRIVE SOUTHEAST #126B ALBUQUERQUE , NM 87106

EIN: 81-2861509 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

OUR COLORADO VALUES

PO BOX 100033 DENVER , CO 80250

EIN: 81-4474149 COL (D) AMOUNT: 300000. COL (E) AMOUNT: 0.

PARKER FOR KANSAS

8323 WEST 108TH STREET APT F OVERLAND PARK , KS 66210

EIN: 47-5665664 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

PARTNERING FOR NEVADA'S FUTURE

1000 NORTH GREEN VALLEY PARKWAY STE 440 #362 HENDERSON , NV 89074

EIN: 46-4809944 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

PEOPLE FOR CHRISTINE ROLFES

19689 7TH AVENUE NORTHEAST POULSBO , WA 98370

EIN: 32-0172015 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

PEOPLE FOR GAIL CHASEY

508 MORNINGSIDE DRIVE SOUTHEAST ALBUQUERQUE , NM 87108

EIN: 81-2953490 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

PEOPLE FOR PEDERSEN

815 1ST AVENUE #111 SEATTLE , WA 98104

EIN: 20-3979617 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

PEOPLE FOR REBECCA SALDENA

PO BOX 20776 SEATTLE , WA 98102

EIN: 81-4617205 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

PROGRESS MICHIGAN POLITICAL ACTION FUND

215 S. WASHINGTON SQUARE SUITE 135 LANSING , MI 48933

EIN: 32-0441337 COL (D) AMOUNT: 250000. COL (E) AMOUNT: 0.

SEAN SHAW FOR FLORIDA

2618 CENTENNIAL PLACE TALLAHASSEE , FL 32308

EIN: 82-4757447 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

SENATE DEMOCRATIC CAMPAIGN COMMITTEE

PO BOX 2207 AUGUSTA , ME 04338

EIN: 01-0478979 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

SENATE DEMOCRATIC LEADERSHIP FUND

3321 SE 20TH AVENUE PORTLAND , OR 97202

EIN: 20-4673386 COL (D) AMOUNT: 50000. 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.

SENATOR CODEY ELECTION FUND, C/O TIM KING - BEDERSON LLP

347 MOUNT PLEASANT AVENUE SU200 WEST ORANGE , NJ 07052

EIN: 91-2068392 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

SHELLEY KLOBA FOR STATE HOUSE

PO BOX 2991 KIRKLAND , WA 98083

EIN: 81-2180654 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

SOUCY FOR SENATE

91 ALEXANDER DRIVE MANCHESTER , NH 03109

EIN: 46-0562207 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

SOUTH CAROLINA HOUSE DEMOCRATIC CAUCUS

BLATT BUILDING - ROOM 335A PO BOX 12049 COLUMBIA , SC 29211

EIN: 57-0969662 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

SOUTH DAKOTA DEMOCRATIC PARTY

PO BOX 1485 SIOUX FALLS , SD 57101

EIN: 46-0126758 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

STATE REPRESENTATIVE CHRISTINE TRUJILLO HD 25

1923 MADEIRA DRIVE NORTHEAST ALBUQUERQUE , NM 87110

EIN: 45-4639276 COL (D) AMOUNT: 2500. 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.

STEVE WOLFSON FOR DISTRICT ATTORNEY

1930 VILLAGE CENTER CIRCLE #3-301 LAS VEGAS , NV 89134

EIN: 20-1089312 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

STRONGER NEW MEXICO

223 N. GUADALUPE STREET NUM 611 SANTA FE , NM 87501

EIN: 82-4458288 COL (D) AMOUNT: 250000. COL (E) AMOUNT: 0.

SUN PAC

10104 ROUND UP PLACE SOUTHWEST ALBUQUERQUE , NM 87121

EIN: 47-5363011 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

TEAM BARBARA SMITH WARNER

PO BOX 42307 PORTLAND , OR 97242

EIN: 61-1735255 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

THE COMMITTEE TO ELECT KRISTEE WATSON

35 MESQUITE VILLAGE CIRCLE HENDERSON , NV 89102

EIN: 82-4793111 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

THE COMMITTEE TO ELECT LUISA

4455 LOWER ROSWELL ROAD #683032 MARIETTA , GA 30068

EIN: 82-2214788 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

THE FRIENDS OF JENN ALFORD-TEASTER

PO BOX 472 BRADFORD , NH 03221

EIN: 82-4417064 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

TOM COX FOR KANSAS

13510 W 72ND STREET SHAWNEE , KS 66216

EIN: 81-3624235 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

TOM SHERMAN FOR STATE SENATE

1159 WASHINGTON ROAD RYE, NH 03870-2359

EIN: 81-2841560 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

TRUE BLUE PAC

708 PASEO DE PERALTA SANTA FE , NM 87501

EIN: 45-5088689 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

UTAH HOUSE DEMOCRATIC LEADERSHIP COUNCIL

PO BOX 155 SALT LAKE CITY , UT 84101

EIN: 87-0659402 COL (D) AMOUNT: 1250. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

VELASQUEZ CAMPAIGN COMMITTEE

3330 PRINCETON DRIVE NE ALBUQUERQUE , NM 87107

EIN: 82-1640329 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

VERMONT DEMOCRATIC PARTY

P. O. BOX 1220 MONTPELLIER , VT 05601

EIN: 03-0199446 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

WASHINGTON SENATE DEMOCRATIC CAMPAIGN

4130 1ST AVENUE SOUTH STE D SEATTLE , WA 98134

EIN: 46-2614068 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

WILLIAM BOLTON FOR SENATE

167 RESERVOIR ROAD PLYMOUTH , NH 03264

EIN: 82-5093664 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

WINNING PAC

2807 GEARY PL UNIT 2506 LAS VEGAS , NV 89109

EIN: 83-1113253 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

WOODARD FOR KANSAS

9051 RENNER BLVD APT 3002 LENEXA , KS 66219

EIN: 82-4099635 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

ZIA 52

4301 SUMMIT LANE LAS CRUCES , NM 88011

EIN: 81-0950640 COL (D) AMOUNT: 5500. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

ZUCKERMAN FOR VT

PO BOX 9354 SOUTH BURLINGTON , VT 05403

EIN: 47-5674951 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

CHARLOTTE WARREN FOR STATE REPRESENTATIVE

19 OAKWOOD DRIVE HALLOWELL, ME 04347

COL (D) AMOUNT: 400. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT RUDY MARTINEZ

PO BOX 164 BAYARD, NM 88023

COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT ANGELICA RUBIO

PO BOX 2155 LAS CRUCES , NM 88005

COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

DOREEN FOR STATE REP 52

4301 SUMMIT LANE LAS CRUCES , NM 88013

COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

FRIENDS OF CINDY ROSENWALD

101 WELLINGTON STREET NASHUA , NH 03064

COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

GALLAGHER FOR KANSAS

7804 MONROVIA STREET LENEXA , KS 66216

COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

JOANNE J. FERRARY

6100 MORNING SUN WAY LAS CRUCES , NM 88012

COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

KATHY WOLFE MOORE FOR STATE REPRESENTATIVE

3209 NORTH 131ST STREET KANSAS CITY, KS 66109

COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

LOU D'ALLESANDRO

332 ST JAMES AVENUE MANCHESTER , NJ 03102

COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

MARTHA FULLER CLARK

152 MIDDLE STREET PORTSMOUTH, NH 03801

COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

MELISSA ROOKER FOR STATE REPRESENTATIVE

4124 BROOKRIDGE DRIVE FAIRWAY, KS 66205-2756

COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

SHERYL4SD

PO BOX 191215 SIOUX FALLS , SD 57109

COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

WILLIAM COGSWELL SC 110

701 EAST BAY STREET, SUITE 310 CHARLESTON, SC 29403

COL (D) AMOUNT: 750. COL (E) AMOUNT: 0.

Part IV Supplemental Information (continued)

ROBIN SKUDLAREK

20 WOODBINE DRIVE LONDONDERRY, NH 03053

COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

PART III-A, LINE 1:

THE ORGANIZATION IS A 501(C)(4) ORGANIZATION THAT RECEIVED MORE THAN 90%
OF ITS ANNUAL DUES FROM PERSONS, FAMILIES, OR ENTITIES WHO EACH PAID
ANNUAL DUES OF \$165 OR LESS IN 2018.

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.**

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

OMB No. 1545-0047

2018

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).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ 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 7/25/06, 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) 2018

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	272,233.		98,795.	173,438.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				173,438.

Schedule D (Form 990) 2018

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 ☒

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EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.

Schedule D (Form 990) 2018

20-8802884 Page **4**

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	70,391,987.
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	825,731.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	825,731.
3	Subtract line 2e from line 1	3	69,566,256.
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	69,566,256.

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	69,022,144.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	825,731.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	825,731.
3	Subtract line 2e from line 1	3	68,196,413.
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	68,196,413.

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.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.**

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

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 <input checked="" type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> 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, O'BRIEN GARRETT - 1133 19TH STREET NW, SUITE 300, LISA PRESTA - 163 FOREST SIDE AVE, SAN FRANCISCO, CA 94127	IN-PERSON SOLICITATION		X	4,220,310.	239,934.	3,980,376.
JACKIE BROT-WEINBERG - 601 EAST 20TH STREET, 10F, NEW MKZ STRATEGIES & EVENTS, INC. - 1025 1ST STREET, SE, #103, SEA CHANGE STRATEGIES - 7409 BIRCH AVENUE, TAKOMA PARK, MD	MAIL SOLICITATION		X	1,601,435.	129,632.	1,471,803.
	IN-PERSON SOLICITATION		X	962,000.	42,236.	919,764.
	IN-PERSON SOLICITATION		X	166,701.	48,000.	118,701.
	IN-PERSON SOLICITATION		X	102,500.	7,500.	93,750.
	FUNDRAISING STRATEGIC CONSULTING		X	0.	46,049.	0.
Total				7,052,946.	513,351.	6,584,394.

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, 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, AK, DC, CT, GA, WA

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EVERYTOWN FOR GUN SAFETY ACTION FUND,

Schedule G (Form 990 or 990-EZ) 2018 **INC.**

20-8802884 Page **2**

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

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EVERYTOWN FOR GUN SAFETY ACTION FUND,

Schedule G (Form 990 or 990-EZ) 2018 **INC.**

20-8802884 Page **3**

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| 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: O'BRIEN GARRETT

(I) ADDRESS OF FUNDRAISER:

1133 19TH STREET NW, SUITE 300, WASHINGTON, DC 20036

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: LISA PRESTA

(I) ADDRESS OF FUNDRAISER: 163 FOREST SIDE AVE, SAN FRANCISCO, CA 94127

(I) NAME OF FUNDRAISER: JACKIE BROT-WEINBERG

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

(I) NAME OF FUNDRAISER: MKZ STRATEGIES & EVENTS, INC.

(I) ADDRESS OF FUNDRAISER: 1025 1ST STREET, SE, #103, WASHINGTON, DC 20003

(I) NAME OF FUNDRAISER: SEA CHANGE STRATEGIES

(I) ADDRESS OF FUNDRAISER: 7409 BIRCH AVENUE, TAKOMA PARK, MD 20912

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

ARRANGEMENT PROVIDES REIMBURSEMENT FOR EXPENSES OF \$22,851

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.**

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

OMB No. 1545-0047

2018

**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
ACT FOR WOMEN AND GIRLS 1900 N DINUBA BLVD SUITE A VISALIA, CA 93291	26-0287450	501C3	5,000.	0.			MARCH FOR OUR LIVES
ACTION TOGETHER NEW JERSEY, INC. 16B LATHROP AVE MADISON, NJ 07940	82-2499279	501C3	5,000.	0.			MARCH FOR OUR LIVES
ACTION TOGETHER SUNCOAST 7822 49TH AVE E BRADENTON, FL 34203	81-5164300	501C4	5,000.	0.			MARCH FOR OUR LIVES
ACTION UTAH 7984 GAMBEL DRIVE PARK CITY, UT 84098	82-0638284	501C4	35,973.	0.			GENERAL OPERATING SUPPORT
ALL SOULS COMMUNITY CHURCH OF WEST MICHIGAN - 2727 MICHIGAN ST NE - GRAND RAPIDS, MI 49506	38-3630764	501C3	5,000.	0.			MARCH FOR OUR LIVES
AMERICA VOTES 1155 CONNECTICUT AVE. NW, SUITE 600 WASHINGTON, DC 20036	26-4568349		50,000.	0.			2018 AMERICA VOTES NATIONAL PARTNER DUES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **78.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **87.**

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

Schedule I (Form 990) (2018)

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Schedule I (Form 990)

20-8802884

Page 1

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
AMERICAN FEDERATION OF TEACHERS - OKLAHOMA - 2915 N. CLASSEN BLVD, SUITE 420 - OKLAHOMA CITY, OK 73106	73-1123371		5,000.	0.			MARCH FOR OUR LIVES
AMERICAN STATE LEGISLATORS FOR GUN VIOLENCE PREVENTION, INC. - P.O. BOX 616, MADISON SQUARE STATION - NEW YORK, NY 10159-0616	47-2459996		5,000.	0.			GENERAL OPERATING SUPPORT
AMERICANS FOR DEMOCRATIC ACTION EDUCATION FUND - 1629 K ST NW SUITE 300 - WASHINGTON, DC 20006	52-1368977		5,000.	0.			MARCH FOR OUR LIVES
ARIZONANS FOR GUN SAFETY 9920 S RURAL ROAD, SUITE 108, #36 TEMPE, AZ 85284	86-0981306	501C3	5,000.	0.			MARCH FOR OUR LIVES
ARTS FOR PEACE OF ULSTER COUNTY, INC. - P. O. BOX 187 - NEW PALTZ, NY 12561	14-1819040		5,000.	0.			MARCH FOR OUR LIVES
ATHENS ANTI-DISCRIMINATION MOVEMENT - PO BOX 49096 - ATHENS, GA 30604	82-1709502		5,000.	0.			MARCH FOR OUR LIVES
BA RUDOLPH FOUNDATION P.O. BOX 21251 WASHINGTON, DC 20009	45-4005071	501C3	5,000.	0.			MARCH FOR OUR LIVES
BAYSIDE HOYAS INC. P.O. BOX 22 CHESTERTOWN, MD 21620	46-3011616		5,000.	0.			MARCH FOR OUR LIVES
BE SOMEONE WORLDWIDE 1260 FRUITVILLE PIKE LITITZ, PA 17543	47-3884654		5,000.	0.			MARCH FOR OUR LIVES

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BETTER BOYS INITIATIVE INC. 3472 KING BRADFORD DR. APT D BATON ROUGE, LA 70816	47-3014684		5,000.	0.			MARCH FOR OUR LIVES
BLUEGRASS ACTIVIST ALLIANCE 3012 BLEINHEIM WAY LEXINGTON, KY 40503	82-4191070		10,000.	0.			MARCH FOR OUR LIVES
BOARD OF TRUSTEES OF THE GLIDE FOUNDATION - 330 ELLIS STREET, SUITE 414 - SAN FRANCISCO, CA 94102	94-1156481	501C3	5,000.	0.			MARCH FOR OUR LIVES
BOOK CLUBS 4 CHANGE 2073 MAGNOLIA WAY WALNUT CREEK, CA 94595	47-4825844	501C3	5,000.	0.			MARCH FOR OUR LIVES
BRIDGES USA, INC. 477 N. 5TH STREET MEMPHIS, TN 38105	23-7081488	501C3	5,000.	0.			MARCH FOR OUR LIVES
BUCKS COUNTY (PA) CHAPTER, THE LINKS, INCORPORATED - PO BOX 1072 - DOYLESTOWN, PA 18901	59-3811405	501C4	5,000.	0.			MARCH FOR OUR LIVES
CALIFORNIA FEDERATION OF TEACHERS 2550 N. HOLLYWOOD WAY SUITE 400 BURBANK, CA 91505	94-1271864	501C5	5,000.	0.			MARCH FOR OUR LIVES
CEEDS OF PEACE P. O. BOX 235696 HONOLULU, HI 96823	47-5670073	501C3	5,000.	0.			MARCH FOR OUR LIVES
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY - 2021 SPERRY AVE SUITE 9 - VENTURA, CA 93003	77-0578864		5,000.	0.			MARCH FOR OUR LIVES

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CHALLENGE DAY 2520 STANWELL DRIVE, SUITE 160 CONCORD, CA 94520	94-3386810	501C3	5,000.	0.			MARCH FOR OUR LIVES
CHICAGO WORKERS COLLABORATIVE 37 SOUTH ASHLAND AVE. CHICAGO, IL 60607	26-1470308	501C3	5,000.	0.			MARCH FOR OUR LIVES
CHRIST CHURCH EPISCOPAL 2320 LANE STREET LAREDO, TX 78043	74-1238419	501C3	5,000.	0.			MARCH FOR OUR LIVES
CITIZENS POWER NETWORK, INC. 1102 CHANSLOR AVENUE RICHMOND, CA 94801	82-2650694		5,000.	0.			MARCH FOR OUR LIVES
CLINTON FIRST UNITED METHODIST CHURCH - 621 S 3RD STREET - CLINTON, IA 52732	42-0716334		5,000.	0.			MARCH FOR OUR LIVES
COALITION FOR THE REDUCTION/ELIMINATION OF ETHNIC DISPARITIES - 464126 SR 200 - YULEE, FL 32097	11-3838344	501C3	5,000.	0.			MARCH FOR OUR LIVES
COALITION OF NEBRASKANS AGAINST GUN VIOLENCE INC. - 217 WEST B STREET - MCCOOK, NE 69001	47-5236959		5,000.	0.			MARCH FOR OUR LIVES
COMMUNITIES OF COLOR COALITION PO BOX 472 EVERETT, WA 98206-0472	42-1697145	501C3	5,000.	0.			MARCH FOR OUR LIVES
COMMUNITY FOUNDATION OF THE OZARKS, INC. - PO BOX 8960 - SPRINGFIELD, MO 65801	23-7290968		5,000.	0.			MARCH FOR OUR LIVES

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COMMUNITY SHARES OF GREATER CINCINNATI - 315 WEST COURT STREET - CINCINNATI, OH 45202	31-1445067	501C3	5,000.	0.			MARCH FOR OUR LIVES
CT AGAINST GUN VIOLENCE EDUCATION FUND, INC. - PO BOX 123 - RIDGEFIELD, CT 06877	06-1460665	501C3	20,000.	0.			MARCH FOR OUR LIVES
DALLAS FOUNDATION 3963 MAPLE AVENUE, SUITE 390 DALLAS, TX 75219	75-2890371		10,000.	0.			IN SUPPORT OF STUDENT MARCH ORG
DEREK HARRY GREELEY DBA ADATH EMANU-EL - 205 ELBO LANE - MOUNT LAUREL, NJ 08054	22-1851488	501C3	5,000.	0.			MARCH FOR OUR LIVES
DGREENHOUSE, INC. 729 SOUTH HIGHLAND AVENUE #2 OAK PARK, IL 60304	27-4414607	501C3	20,000.	0.			MARCH FOR OUR LIVES
ERIC REYES FOUNDATION 55 SPRINGTOWNE CENTER 325 VALLEJO, CA 94591	81-3958866	501C3	5,000.	0.			MARCH FOR OUR LIVES
FAITH LUTHERAN CHURCH 41 N PARK BLVD GLEN ELLYN, IL 60137	36-2428850	501C3	5,000.	0.			MARCH FOR OUR LIVES
FIRST BAPTIST CHURCH IN BEVERLY 221 CABOT STREET BEVERLY, MA 01915	04-2253860	501C3	5,000.	0.			MARCH FOR OUR LIVES
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - 431 COLUMBUS AVE - SANDUSKY, OH 44870	34-4443128	501C3	5,000.	0.			MARCH FOR OUR LIVES

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FIRST UNITED METHODIST CHURCH VERMILLION - 16 N. DAKOTA STREET - VERMILLION, SD 57069	46-0278422	501C3	5,000.	0.			MARCH FOR OUR LIVES
FONDREN PRESBYTERIAN CHURCH 3220 OLD CANTON ROAD JACKSON, MS 39216-4221	64-0333596	501C3	5,000.	0.			MARCH FOR OUR LIVES
FOOTHILLS COMMUNITY FOUNDATION 907 NORTH MAIN STREET ANDERSON, SC 29621	58-2453349	501C3	5,000.	0.			MARCH FOR OUR LIVES
FUND FOR THE CITY OF NEW YORK 121 AVENUE OF THE AMERICAS 6TH FLOOR NEW YORK, NY 10013	13-2612524	501C3	10,000.	0.			FISCAL SPONSOR FOR THE CROWN HEIGHTS MEDITATION CENTER
FUSE INNOVATION FUND 1402 THIRD AVE SUITE 406 SEATTLE, WA 98101	87-0800705	501C3	5,000.	0.			MARCH FOR OUR LIVES
GEARUP2LEAD 615 SOUTH SAQINAW STREET FLINT, MI 48502	47-2629774		5,000.	0.			MARCH FOR OUR LIVES
GEORGIA ALLIANCE FOR SOCIAL JUSTICE - 3213 LINDMOOR DRIVE - DECATUR, GA 30033	82-2204798	501C3	5,000.	0.			MARCH FOR OUR LIVES
GEORGIA COALITION AGAINST DOMESTIC VIOLENCE, INC. - 114 NEW STREET, SUITE B - DECATUR, GA 30030	58-1854952	501C3	16,000.	0.			GENERAL OPERATING SUPPORT
GEORGIA SHIFT INC. P.O. BOX 14701 AUGUSTA, GA 30919	46-5280771	501C3	5,000.	0.			MARCH FOR OUR LIVES

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GETSOME JOY LLC 269 E. 194TH STREET STE #2C BRONX, NY 10458	82-4673322		25,000.	0.			OPERATIONS AND PROGRAMS FUNDED
GRADUATE EMPLOYEES ORGANIZATION, LOCAL 6300 IFT/AFT AFL-CIO - 809 S 5TH STREET, GENEVA ROOM - CHAMPAIGN, IL 61820	37-1347073	501C5	5,000.	0.			MARCH FOR OUR LIVES
GRANITE STATE PROGRESS 4 PARK STREET, SUITE 207 CONCORD, NH 03301	26-4489456	501C4	5,000.	0.			MARCH FOR OUR LIVES
GREATER NEW ORLEANS UNIVERSITY OF KENTUCKY ALUMNI ASSOCIATION - 8211 PLUM STREET - NEW ORLEANS, LA 70118	61-0419015		5,000.	0.			MARCH FOR OUR LIVES
GUN SENSE VERMONT PO BOX 2533 WEST BATTLEBORO, VT 05303	46-2840914		5,000.	0.			MARCH FOR OUR LIVES
GUN VIOLENCE PREVENTION ACTION COMMITTEE - 126 E. WING STREET STE 205 - ARLINGTON, IL 60004	81-5180730	501C4	53,000.	0.			GENERAL OPERATING SUPPORT
GUN VIOLENCE PREVENTION CENTER OF UTAH - 406 E. BROADWAY #115 - SALT LAKE, UT 84111	87-0681784	501C3	5,000.	0.			MARCH FOR OUR LIVES
HARRISBURG CULTURAL AND SOCIAL SERVICES CENTER INC. DBA LINK - 1800 W. MAIN STREET - TUPELO, MS 38801	01-0558961	501C3	5,000.	0.			MARCH FOR OUR LIVES
HAZLETON INTEGRATION PROJECT, INC. 225 EAST 4TH STREET HAZLETON, PA 18201	45-3444683	501C3	5,000.	0.			MARCH FOR OUR LIVES

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IMHA WARRIORS INC. 4659 126TH DRIVE NORTH WEST PALM BEACH, FL 33411	81-3287426	501C3	5,000.	0.			MARCH FOR OUR LIVES
INDIVISIBLE CHARLOTTESVILLE P. O. BOX 4645 CHARLOTTESVILLE, VA 22905	82-1620202		5,000.	0.			MARCH FOR OUR LIVES
INDIVISIBLE EVANSVILLE, INC. 4099 PIGEON VALLEY ROAD BOONVILLE, IN 47601	82-0919714		5,000.	0.			MARCH FOR OUR LIVES
INDIVISIBLE KENTUCKY PO BOX 5591 LOUISVILLE, KY 40255	81-5257791		15,000.	0.			MARCH FOR OUR LIVES
INDIVISIBLE ST JOHNS 824 OAK ARBOR CIRCLE SAINT AUGUSTINE, FL 32084	81-5411087	501C3	5,000.	0.			MARCH FOR OUR LIVES
JOHN F. CRYAN ASSOCIATION 1964 MORRISON AVENUE UNION , NJ 07083	13-4320980	501C3	5,000.	0.			MARCH FOR OUR LIVES
LAKE SHORE BAPTIST CHURCH 5801 BISHOP DRIVE WACO, TX 76710	74-2769146		5,000.	0.			MARCH FOR OUR LIVES
LEAGUE OF WOMEN VOTERS OF FLORIDA EDUCATION FUND, INC. - 2507 CALLAWAY ROAD, SUITE 102A - TALLAHASSEE, FL 32303	59-1385724		10,000.	0.			MARCH FOR OUR LIVES
LEAGUE OF WOMEN VOTERS OF THE MT PLEASANT AREA - PO BOX 1352 - MOUNT PLEASANT, MI 48804	23-7017493	501C3	5,000.	0.			MARCH FOR OUR LIVES

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LEGAL CHARITABLE FOUNDATION OF EL PASO - 500 EAST SAN ANTONIO, ROOM L-112 - EL PASO, TX 79901	26-1530532	501C3	5,000.	0.			MARCH FOR OUR LIVES
MANHATTAN ALLIANCE FOR PEACE AND JUSTICE EDUCATION FUND - P. O. BOX 1561 - MANHATTAN, KS 66505	48-1158002		5,000.	0.			MARCH FOR OUR LIVES
METRO JUSTICE EDUCATION FUND 1115 EAST MAIN STREET STE 207A ROCHESTER, NY 14609	16-1019619		5,000.	0.			MARCH FOR OUR LIVES
MID-WILLAMETTE NOW 6300 SW GRAND OAKS DRIVE B202 CORVALLIS, OR 97333	82-1366528	501C3	5,000.	0.			MARCH FOR OUR LIVES
MISSISSIPPI RISING COALITION 5 CHANDELEUR COVE OCEAN SPRINGS, MS 39564	81-2382364		5,000.	0.			MARCH FOR OUR LIVES
MONTANA HUMAN RIGHTS NETWORK PO BOX 1509 HELENA, MT 59624	81-0472423	501C3	10,000.	0.			MARCH FOR OUR LIVES
MORAL MOVEMENT AK 616 W. 10TH AVE ANCHORAGE, AK 99501	23-7444837		5,000.	0.			MARCH FOR OUR LIVES
NAMI TRI-VALLEY P O BOX 5563 PLEASANTON, CA 94566	72-1610675	501C3	5,000.	0.			MARCH FOR OUR LIVES
NATIONAL CONGRESS OF PARENTS AND TEACHERS - 1250 NORTH PITT ST - ALEXANDRIA, VA 22314	36-2169155		20,000.	0.			2018 LEGISLATIVE CONFERENCE

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NATIONAL COUNCIL OF JEWISH WOMEN ST. LOUIS SECTION - 295 NORTH LINDBERGH BLVD. - ST. LOUIS, MO 63141	43-0722936	501C3	5,000.	0.			MARCH FOR OUR LIVES
NCSL FOUNDATION FOR STATE LEGISLATURES - 7700 EAST FIRST PLACE - DENVER, CO 80230	74-2232576	501C3	12,500.	0.			2017 GOLD SPONSORSHIP
NEW FLORIDA MAJORITY EDUCATION FUND - 10800 BISCAYNE BLVD. SUITE 1050 - MIAMI, FL 33161	45-3956785	501C3	5,000.	0.			MARCH FOR OUR LIVES
NEW MEXICO VOICES FOR CHILDREN 625 SILVER AVE SW, SUITE 195 ALBUQUERQUE, NM 87102	85-0348301		10,000.	0.			MARCH FOR OUR LIVES
NEXTGEN CLIMATE ACTION 111 SUTTER STREET SAN FRANCISCO, CA 94104	46-1957345	501C4	207,000.	0.			TO SUPPORT "OUR LIVES OUR VOTE"
NORTH CAROLINIANS AGAINST GUN VIOLENCE EDUCATION FUND, INC. - P.O. BOX 51565 - DURHAM, NC 27717-1565	56-1897050	501C3	5,000.	0.			MARCH FOR OUR LIVES
NORTH DAKOTA WOMEN'S NETWORK 1120 COLLEGE DRIVE SUITE 100 BISMARCK, ND 58501	61-1501980	501C3	5,000.	0.			MARCH FOR OUR LIVES
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN STREET, SUITE 260 CHICO, CA 95928	68-0161455	501C3	5,000.	0.			MARCH FOR OUR LIVES
NORTHEASTERN PENNSYLVANIA YOUTH SHELTER - 935 NORTH WEBSTER AVE - SCRANTON, PA 18501	81-3748747		5,000.	0.			MARCH FOR OUR LIVES

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OKLAHOMANS FOR EQUALITY 621 E 4TH STREET TULSA, OK 74120	73-1300864		5,000.	0.			MARCH FOR OUR LIVES
OLD KING'S ORCHARD COMMUNITY CENTER - 815 N. CHURCH STREET - DECATUR, IL 62521	31-1646894	501C3	5,000.	0.			MARCH FOR OUR LIVES
ONE PENNSYLVANIA 1414 BRIGHTON RD PITTSBURGH, PA 15212	82-0714373		5,000.	0.			MARCH FOR OUR LIVES
OREGON DISTRICT 2 INDIVISIBLE 943 B STREET ASHLAND, OR 97520	82-0734754		5,000.	0.			MARCH FOR OUR LIVES
OREGON EDUCATION ASSOCIATION 6900 SW ATLANTA STREET PORTLAND, OR 97223	93-0243443	501C5	5,000.	0.			MARCH FOR OUR LIVES
OTIS WILSON CHARITABLE ASSOCIATION 40 E CHICAGO AVE SUITE 170 CHICAGO, IL 60611	36-3825363		5,000.	0.			MARCH FOR OUR LIVES
PALM SPRINGS UNIFIED SCHOOL DISTRICT - 980 E. TAHQUITZ CANYON WAY - PALM SPRINGS, CA 92262	52-1527179	501C3	5,000.	0.			MARCH FOR OUR LIVES
PARTNERS IN PREVENTION EDUCATION 408 7TH AVE SE OLYMPIA, WA 98501	20-8845738	501C3	5,000.	0.			MARCH FOR OUR LIVES
PASSAIC COUNTY EDUCATION ASSOCIATION - 401 HAMBURG TURNPIKE, SUITE 209 - WAYNE, NJ 07470	22-1918618		5,000.	0.			MARCH FOR OUR LIVES

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PEACE LOVE GIRLS 405 NW 17TH STREET DELRAY BEACH, FL 33444	90-0467699	501C3	5,000.	0.			MARCH FOR OUR LIVES
PEACEWORKS KANSAS CITY 4509 WALNUT STREET KANSAS CITY, MO 64111	43-1750571	501C4	5,000.	0.			MARCH FOR OUR LIVES
PENNSYLVANIA UNITED 841 CALIFORNIA AVE PITTSBURGH, PA 15212	82-3674888	501C4	5,000.	0.			MARCH FOR OUR LIVES
PLANNED PARENTHOOD OF THE PACIFIC SOUTHWEST - 1075 CAMINO DEL RIO SOUTH SUITE 200 - SAN DIEGO, CA 92108	95-6111785		5,000.	0.			MARCH FOR OUR LIVES
PRIDE COMMUNITY CENTER OF CENTRAL NEW YORK, INC. - PO BOX 6608 - SYRACUSE, NY 13217	16-1492433	501C3	5,000.	0.			MARCH FOR OUR LIVES
PROGRESSIVE MASSACHUSETTS INC. 15 COURT SQUARE, SUITE 650 BOSTON, MA 02108	46-1661182		5,000.	0.			MARCH FOR OUR LIVES
PROTECT MINNESOTA 285 DALE ST N SAINT PAUL, MN 55103	41-1733573		5,000.	0.			MARCH FOR OUR LIVES
PUBLIC HIGHER EDUCATION NETWORK OF MASSACHUSETTS, INC. - PO BOX 2249 - WORCESTER, MA 01613	26-2005130	501C3	5,000.	0.			MARCH FOR OUR LIVES
PULLEN MEMORIAL BAPTIST CHURCH 1801 HILLSBOROUGH STREET RALEIGH, NC 27605	56-0629332	501C3	5,000.	0.			MARCH FOR OUR LIVES

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REEL GRRLS 4408 DELRIDGE WAY SW #112 SEATTLE, WA 98106	83-0396300	501C3	5,000.	0.			MARCH FOR OUR LIVES
REMEMBERING DARIEN 184 FELLOWS STREET SOUTH PORTLAND, ME 04106	45-2373917	501C3	5,000.	0.			MARCH FOR OUR LIVES
RHODE ISLAND GUN VIOLENCE EDUCATION FUND - PO BOX 194 - NEWPORT, RI 02440	47-1510129		5,000.	0.			MARCH FOR OUR LIVES
RICHMOND PEACE EDUCATION CENTER 3500 PATTERSON AVENUE RICHMOND, VA 23221	52-1199043	501C3	5,000.	0.			MARCH FOR OUR LIVES
ROCKFORD URBAN MINISTRIES 201 7TH STREET ROCKFORD, IL 61104	36-2182099		5,000.	0.			MARCH FOR OUR LIVES
SOCIAL GOOD FUND, INC. 12651-5473 SAN PABLO AVENUE RICHMOND, CA 94805	46-1323531		10,000.	0.			MARCH FOR OUR LIVES
SOROPTIMIST INTERNATIONAL OF BENICIA - P O BOX 282 - BENICIA, CA 94510	94-2359493		5,000.	0.			MARCH FOR OUR LIVES
SOUTHERN UTE COMMUNITY ACTION PROGRAMS, INC. - P.O. BOX 800 - IGNACIO, CO 81137	84-0576978	501C3	5,000.	0.			MARCH FOR OUR LIVES
SOUTHWEST SUBURBAN ACTIVISTS 80 CAMBRIDGE COURT FRANKFORT, IL 60423	82-2919055		5,000.	0.			MARCH FOR OUR LIVES

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(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
ST. JOHN'S EPISCOPAL CHURCH 211 N MONROE ST TALLAHASSEE, FL 32301	59-0624443		5,000.	0.			MARCH FOR OUR LIVES
ST. MARY'S EPISCOPAL CHURCH 501 GREEN STREET HADDON HEIGHTS, NJ 08035	22-2322356	501C3	5,000.	0.			MARCH FOR OUR LIVES
ST. MICHAEL'S EPISCOPAL CHURCH 12415 CANTRELL ROAD LITTLE ROCK, AR 72223	71-0691872		5,000.	0.			MARCH FOR OUR LIVES
ST. PAUL'S UNITED METHODIST CHURCH 58 WEST MAIN STREET MIDDLETOWN, NY 10940	14-1364694	501C3	5,000.	0.			MARCH FOR OUR LIVES
STUDENT GUN VIOLENCE SUMMIT PO BOX 9691 CORAL SPRINGS, FL 33075	83-1217065	501C4	30,000.	0.			GENERAL OPERATING SUPPORT
SUFFIELD YOUTH THEATER, INCORPORATED - 102 QUAIL RUN ROAD - SUFFIELD, CT 06078	81-4032513	501C3	5,000.	0.			MARCH FOR OUR LIVES
TEXAS AMERICAN FEDERATION OF TEACHERS - 3000 J. IH 35 STE 175 - AUSTIN, TX 78704	74-1771404	501C5	5,000.	0.			MARCH FOR OUR LIVES
THE BALTIMORE POLYTECHNIC INSTITUTE FOUNDATION, INC. - 1400 WEST COLD SPRING LANE - BALTIMORE, MD 21209	52-1604007	501C3	5,000.	0.			MARCH FOR OUR LIVES
THE CENTER OF WICHITA 800 NORTH MARKET STREET WICHITA, KS 67214	27-3339639		5,000.	0.			MARCH FOR OUR LIVES

Schedule I (Form 990)

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Schedule I (Form 990)

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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
THE EDUCATIONAL FUND TO STOP GUN VIOLENCE - 805 15TH STREET NW, SUITE 410 - WASHINGTON, DC 20005	52-1114375	501C3	5,000.	0.			AN EVENING TO STOP GUN VIOLENCE TABLE PURCHASE
THE GIRLS JUSTICE LEAGUE 4426 S. OSAGE AVE UNIT 1F PHILADELPHIA, PA 19104	46-0798392	501C3	5,000.	0.			MARCH FOR OUR LIVES
THE PEACE CENTER, INC. 102 WEST MAPLE AVENUE LANGHORNE, PA 19047	23-3047368	501C3	5,000.	0.			MARCH FOR OUR LIVES
THE SCOTT R. RILEY MEMORIAL FUND DBA KIND HEARTS - 2 OVERLOCK DRIVE - NORRISTOWN, PA 19403	90-0502044		5,000.	0.			MARCH FOR OUR LIVES
THE UNITED METHODIST CHURCH OF PORT WASHINGTON - 35 MIDDLE NECK ROAD - PORT WASHINGTON, NY 11050	11-1872392		5,000.	0.			MARCH FOR OUR LIVES
THE UNITED STATES CONFERENCE OF MAYORS - 1620 EYE STREET NW #400 - WASHINGTON, DC 20006	53-0196642	501C3	10,000.	0.			UCSM CONFERENCE SPONSORING
THE URBAN LEAGUE OF PHILADELPHIA 121 SOUTH BROAD STREET PHILADELPHIA, PA 19107	23-1429810		5,000.	0.			MARCH FOR OUR LIVES
THE VIRGINIA CIVIC ENGAGEMENT TABLE - PO BOX 8586 - RICHMOND, VA 23226	47-5354509		5,000.	0.			MARCH FOR OUR LIVES
TRI-ISLE RESOURCE CONSERVATION & DEVELOPMENT COUNCIL, INC. - PO BOX 338 - KAHULUI, HI 96733	99-0278397		5,000.	0.			MARCH FOR OUR LIVES

Schedule I (Form 990)

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
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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
UKIAH UNITED METHODIST CHURCH 270 N. PINES STREET UKIAH, CA 95482	94-1386717		5,000.	0.			MARCH FOR OUR LIVES
UNITARIAN UNIVERSALIST CONGREGATION OF SALEM - 5090 CENTER STREET NE - SALEM, OR 97317	93-0594534	501C3	5,000.	0.			MARCH FOR OUR LIVES
UNITARIAN-UNIVERSALIST CHURCH OF PORTSMOUTH - 292 STATE STREET - PORTSMOUTH, NH 03801	02-0231628	501C3	5,000.	0.			MARCH FOR OUR LIVES
UNITED CONGREGATIONS OF METRO-EAST P.O. BOX 166, 1657 FIFTH STREET MADISON, IL 62060	36-4409776		5,000.	0.			MARCH FOR OUR LIVES
UPSTATE COALITION FOR EQUALITY 31 TELLICO STREET SIMPSONVILLE, SC 29681	81-5276628	501C4	5,000.	0.			MARCH FOR OUR LIVES
URBAN CREATORS 2315 N. 11TH STREET PHILADELPHIA, PA 19133	46-4004947		15,000.	0.			GENERAL OPERATING SUPPORT
VALENCIA HIGH SCHOOL ASSOCIATED STUDENT BODY - 27801 N. DICKASON DRIVE - VALENCIA, CA 91355	95-6001532	501C3	5,000.	0.			MARCH FOR OUR LIVES
VALLEY OF THE FLOWERS UNITED CHURCH OF CHRIST - 3346 CONSTELLATION ROAD - LOMPOC, CA 93436	95-2274593	501C3	5,000.	0.			MARCH FOR OUR LIVES
VOLUSIA UNITED EDUCATORS, INC. 1381 EDUCATORS ROAD DAYTONA BEACH, FL 32124	59-2867778		5,000.	0.			MARCH FOR OUR LIVES

Schedule I (Form 990)

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
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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
WAVE EDUCATION FUND, INC. PO BOX 170393 MILWAUKEE, WI 53217	39-1917076		5,000.	0.			MARCH FOR OUR LIVES
WE LIVE, INC. 10246 GATE DRIVE INDIANAPOLIS, IN 46239	82-2664753		5,000.	0.			MARCH FOR OUR LIVES
WESTCHESTER MARTIN LUTHER KING, JR. INSTITUTE FOR NONVIOLENCE - 250 BRYANT AVENUE - WHITE PLAINS, NY 10605	13-3736064	501C3	10,350.	0.			MARCH FOR OUR LIVES
WESTERN KENTUCKY UNIVERSITY RESEARCH FOUNDATION, INC. - 1906 COLLEGE HEIGHTS BLVD. #11026 - BOWLING GREEN, KY 42101-1026	61-1358086	501C3	5,000.	0.			MARCH FOR OUR LIVES
WEUNITE. US INC. 3263 NW 61 STREET BOCA RATON, FL 33496	82-4663426		5,000.	0.			MARCH FOR OUR LIVES
WHATCOM PEACE & JUSTICE CENTER P.O. BOX 2444 BELLINGHAM, WA 98227	73-1718930	501C3	5,000.	0.			MARCH FOR OUR LIVES
WHOM IT CONCERNS, INC. 3648 SALARY STREET MONTGOMERY, AL 36110	26-4820519	501C3	5,000.	0.			MARCH FOR OUR LIVES
WOMEN FOR PROGRESS 393 CRESCENT AVE WYCKOFF, NJ 07481	82-1587952		5,000.	0.			MARCH FOR OUR LIVES
WOMEN MATTER 100 W. UNAKA AVE JOHNSON CITY, TN 37604	30-0966622	501C4	5,000.	0.			MARCH FOR OUR LIVES

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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
WOMEN'S CAMPAIGN INTERNATIONAL 3701 CHESTNUT STREET, 6 FLOOR PHILADELPHIA, PA 19104	23-2975823	501C3	5,000.	0.			MARCH FOR OUR LIVES
WOMEN'S MARCH FLORIDA 533 NE 3RD AVENUE, APT. 247 FORT LAUDERDALE, FL 33301	82-1382595	501C4	5,000.	0.			MARCH FOR OUR LIVES
WOMEN'S MARCH JACKSONVILLE 4300 SOUTH BEACH PKWY, UNIT 4314 JACKSONVILLE BEACH, FL 32250	82-1382595	501C4	5,000.	0.			MARCH FOR OUR LIVES
WOMEN'S MARCH LA FOUNDATION 11500 W. OLYMPIC BLVD #400 LOS ANGELES, CA 90064	81-4450467	501C4	5,000.	0.			MARCH FOR OUR LIVES
WOMEN'S MARCH ON WASHINGTON - INDIANA, INCORPORATED - 7820 ELLIPSE PARKWAY - FISHERS, IN 46038	82-3898805	501C3	5,000.	0.			MARCH FOR OUR LIVES
Y NOT U 2 INC 1800 KILLIAN LAKES DR., APT. 7302 COLUMBIA, SC 29203	46-2596177		5,000.	0.			MARCH FOR OUR LIVES
YOUNG WOMEN'S CHRISTIAN ASSOCIATION - 1018 JEFFERSON AVE - TOLEDO, OH 43604	34-4428265		5,000.	0.			MARCH FOR OUR LIVES
YOUNG WOMEN'S CHRISTIAN ASSOCIATION ST. JOSEPH - 304 N. 8TH STREET - SAINT JOSEPH, MO 64501	44-0552219	501C3	5,000.	0.			MARCH FOR OUR LIVES
YWCA OF SOUTHERN ARIZONA 525 N. BONITA AVENUE TUCSON, AZ 85745	86-0098937	501C3	5,000.	0.			MARCH FOR OUR LIVES

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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
SAFE SCHOOLS SAFE COMMUNITIES PO BOX 4187 SEATTLE, WA 98194	82-5334501		450,000.	0.			GENERAL OPERATING SUPPORT
KANSAS VALUES INSTITUTE PO BOX 97 LAWRENCE, KS 66044	45-2621342	501C4	815,000.	0.			GENERAL OPERATING SUPPORT
LEADING UPWARD, INC. PO BOX 275 CEDAR RAPIDS, IA 52406-0275	47-5677411	501C4	50,000.	0.			GENERAL OPERATING SUPPORT
RUN FOR SOMETHING ACTION FUND 202 EYE ST., NE #280 WASHINGTON, DC 20002	81-4761176	501C4	10,000.	0.			GENERAL OPERATING SUPPORT
THE ALASKA CENTER 921 WEST 6TH AVENUE, SUITE 200 ANCHORAGE, AK 99501	92-0090065	501C4	10,000.	0.			GENERAL OPERATING SUPPORT
UNITED FOR CLEAN POWER, INC. PO BOX 91024 WASHINGTON, DC 20090	47-2886317	501C4	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.

20-8802884

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.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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Part I Questions Regarding Compensation

		Yes	No
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div style="width: 48%;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </div> </div>			
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	1b		
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?	2		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div style="width: 48%;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </div> </div>			
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?	4a		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
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?	5a		X
b Any related organization?	5b		X
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?	6a		X
b Any related organization?	6b		X
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	7		X
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	8		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Schedule J (Form 990) 2018

20-8802884

Page **2**

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

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

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

(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) MATTHEW MCTIGHE CHIEF OPERATIONS OFFICER	(i)	350,710.	0.	0.	10,656.	10,819.	372,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBORAH GRIGSBY WEIR SENIOR MANAGING DIRECTOR	(i)	288,320.	0.	0.	10,150.	31,200.	329,670.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KRISTEN CATHERINE FOLMAR COMMUNICATIONS DIRECTOR	(i)	186,299.	0.	0.	4,117.	1,708.	192,124.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEPHANIE GENT MANAGING DIRECTOR OF STRATEGY AND MA	(i)	178,948.	0.	0.	7,216.	10,729.	196,893.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CORI ANN HERBIG DIRECTOR OF STATE AFFAIRS	(i)	162,554.	0.	0.	5,770.	31,049.	199,373.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) WILLIAM ROSEN MANAGING DIRECTOR OF STATE POLICY &	(i)	164,770.	0.	0.	6,629.	21,264.	192,663.	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)							

Schedule J (Form 990) 2018

Part III	Supplemental Information
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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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Employer identification number
20-8802884

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	1,059,099.FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2018

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION RECEIVED EIGHT SEPARATE GIFTS OF PUBLICLY TRADED SECURITIES.

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.

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

OMB No. 1545-0047

2018

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:

LEGISLATION AND INITIATIVES AND REDUCING GUN VIOLENCE THROUGH THE
EDUCATION OF POLICYMAKERS, THE PUBLIC, AND THE MEDIA AND ORGANIZING
COMMUNITIES IN SUPPORT OF GUN SAFETY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PEOPLE WHO POSE A DANGER TO THEMSELVES OR OTHERS. THAT SUCCESS CARRIED
OVER INTO THE MIDTERM ELECTIONS, WHEN VOTERS ELECTED EVERYTOWN-BACKED
GUN SENSE CHAMPIONS UP AND DOWN THE BALLOT.

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

THE ORGANIZATION'S BYLAWS PROVIDE THAT THE ORGANIZATION'S BOARD OF
DIRECTORS WILL SERVE AS THE MEMBERS OF THE ORGANIZATION.

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

THE ORGANIZATION'S BYLAWS PROVIDE THAT THE ORGANIZATION'S BOARD OF
DIRECTORS WILL SERVE AS THE MEMBERS OF THE ORGANIZATION, WHO WILL ELECT THE
MEMBERS OF THE BOARD OF DIRECTORS.

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.

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

Schedule O (Form 990 or 990-EZ) (2018)

****Public Disclosure Copy****

Schedule O (Form 990 or 990-EZ) (2018)

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Name of the organization **EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.**

Employer identification number
20-8802884

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

AL,AR,CA,FL,HI,IL,KS,KY,MA,MD,MN,MO,MS,NC,NH,NJ,NM,NY,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 ADVISORS LLC AS NOTED IN PART VI, SECTION C, QUESTION 20.

COST SHARING AGREEMENT:

THE ORGANIZATION IS PARTY TO A COST SHARING AGREEMENT WITH EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.

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.

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

2018

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	EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	X	
NEVADANS FOR BACKGROUND CHECKS - 47-1392308 401 S. CURRY STREET CARSON CITY, NV 89703							
EVERYTOWN BALLOT VICTORY FUND - 47-2746416 P.O. BOX 4184 NEW YORK, NY 10163	EDUCATION AND ADVOCACY	DELAWARE	501(C)(4)	N/A	EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	X	
EVERYTOWN FOR GUN SAFETY VICTORY FUND - 81-3928802, P.O. BOX 4184, NEW YORK, NY 10163							
	POLITICAL ACTIVITY	DELAWARE	527	N/A	EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	X	

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

Schedule R (Form 990) 2018

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Schedule R (Form 990) 2018

20-8802884 Page **2**

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.**

Schedule R (Form 990) 2018

20-8802884 Page 3

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2018

Page 4

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.

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2018Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) EVERYTOWN FOR GUN SAFETY ACTION FUND, INC. Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 4184 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10163	D Employer identification number (Employees' trust, see instructions.) 20-8802884 E Unrelated business activity code (See instructions.) 900099
C Book value of all assets at end of year 16,388,864.		F Group exemption number (See instructions.) ▶ _____ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **PROVIDE PRE-TAX TRANSIT BENEFITS**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶ _____

J The books are in care of ▶ **TARA PAONE C/O GELLER ADVISORS LLC** Telephone number ▶ **212-583-6000**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		
14 Compensation of officers, directors, and trustees (Schedule K)		14
15 Salaries and wages		15
16 Repairs and maintenance		16
17 Bad debts		17
18 Interest (attach schedule) (see instructions)		18
19 Taxes and licenses		19
20 Charitable contributions (See instructions for limitation rules)		20
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion		23
24 Contributions to deferred compensation plans		24
25 Employee benefit programs		25
26 Excess exempt expenses (Schedule I)		26
27 Excess readership costs (Schedule J)		27
28 Other deductions (attach schedule)		28
29 Total deductions. Add lines 14 through 28		29 0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30 0.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31
32 Unrelated business taxable income. Subtract line 31 from line 30		32 0.

Form **8868**
(Rev. January 2019)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. EVERYTOWN FOR GUN SAFETY ACTION FUND INC	Employer identification number (EIN) or 20-8802884
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 4184	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10163	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

TARA PAONE C/O GELLER ADVISORS LLC

- The books are in the care of ▶ **PO BOX 1510 - NEW YORK, NY 10150**
Telephone No. ▶ **212-583-6000** Fax No. ▶ **212-583-6241**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year **2018** or
▶ ☐ tax year beginning _____, and ending _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2019)

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	74,099.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	74,099.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	73,099.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	15,351.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	15,351.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		
b	Other credits (see instructions)	45b		
c	General business credit. Attach Form 3800	45c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		
e	Total credits. Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46	15,351.	
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)	48	15,351.	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.	
50a	Payments: A 2017 overpayment credited to 2018	50a		
b	2018 estimated tax payments	50b	14,500.	
c	Tax deposited with Form 8868	50c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		
e	Backup withholding (see instructions)	50e		
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	50g		
51	Total payments. Add lines 50a through 50g	51	14,500.	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	52	0.	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	851.	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded	55		

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year		\$

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

PRESIDENT

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

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

CHARLES POMO

Charles Pomo

11/13/19

P00445956

Firm's name **GELLER & COMPANY LLC**

Firm's EIN **13-4149326**

P.O. BOX 1510

Firm's address **NEW YORK, NY 10150**

Phone no. **212-583-6000**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6		
3 Cost of labor	3		from line 5. Enter here and in Part I,		
4a Additional section 263A costs			line 2	7	
(attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to		Yes No
			property produced or acquired for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?		

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... ► 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A). 0.		Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Form **990-T** (2018)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form **990-T** (2018)

Form **2220**

Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0123

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

2018

Name **EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.**

Employer identification number
20-8802884

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)	1	15,351.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	15,351.
4	Enter the tax shown on the corporation's 2017 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	15,351.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☐ The corporation is using the annualized income installment method.
- 8 ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/18	06/15/18	09/15/18	12/15/18
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	3,838.	3,838.	3,837.	3,838.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11		12,500.	2,000.	
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				987.
13 Add lines 11 and 12	13		12,500.	2,987.	
14 Add amounts on lines 16 and 17 of the preceding column	14		3,838.	7,676.	
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	4,824.	2,987.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		3,838.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	3,838.	3,838.		851.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18		987.		

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2018)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2018 and before 7/1/2018	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2018 and before 10/1/2018	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2018 and before 1/1/2019	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2018 and before 4/1/2019	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 6\% (0.06)}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2019 and before 7/1/2019	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2019 and before 10/1/2019	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2019 and before 1/1/2020	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2019 and before 3/16/2020	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns		**AMOUNT WAIVED 74.		
	38	\$		0.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

****Public Disclosure Copy****
FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.					Identifying Number 20-8802884
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/18	3,838.	3,838.	61	.000136986	32.
06/15/18	3,838.	7,676.	18	.000136986	19.
07/03/18	-7,500.	176.	74	.000136986	2.
09/15/18	3,837.	4,013.			
09/15/18	-5,000.	-987.			
12/15/18	3,838.	2,851.			
12/15/18	-2,000.	851.	16	.000136986	2.
12/31/18	0.	851.	135	.000164384	19.
Penalty Due (Sum of Column F).					74.

* Date of estimated tax payment, withholding
credit date or installment due date.

Form **4562**
Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property) 990
▶ **Attach to your tax return.**
▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

OMB No. 1545-0172

2018
Attachment
Sequence No. **179**

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	1,000,000.
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	2,500,000.
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 2017 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 2019. 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	15,882.

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 2018	17	2,555.
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 2018 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		137,991.	7 YRS.	MQ	SL	8,148.
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 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 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	26,585.
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	

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EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.

Form 4562 (2018)

20-8802884 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

30 Total business/investment miles driven during the year (don't include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
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	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 Employees

Answer 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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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 2018 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2018 tax year					43 42,805.
44 Total. Add amounts in column (f). See the instructions for where to report					44 42,805.