

EXTENDED TO NOVEMBER 15, 2021

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning and ending

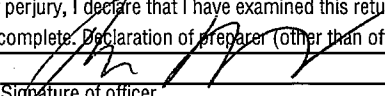
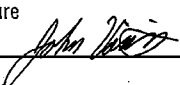
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.		D Employer identification number 20-8802884
	Doing business as		E Telephone number 646-324-8250
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 4184	G Gross receipts \$ 20,855,235.	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
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10163		H(c) Group exemption number ▶
	F Name and address of principal officer: JOHN FEINBLATT P.O. BOX 4184, NEW YORK, NY 10163		
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 TO PROMOTE 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 2020 (Part V, line 2a)	5	207	
	6 Total number of volunteers (estimate if necessary)	6	2266844	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year 80,682,875.	Current Year 20,288,442.
	9 Program service revenue (Part VIII, line 2g)		3,863,854.	111,541.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		245,008.	90,157.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	2,500.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		84,791,737.	20,492,640.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		374,381.	694,246.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,064,186.	14,966,989.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		1,602,939.	260,464.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,852,879.			
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		41,164,785.	36,359,184.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		58,206,291.	52,280,883.
	19 Revenue less expenses. Subtract line 18 from line 12		26,585,446.	-31,788,243.
	20 Total assets (Part X, line 16)		Beginning of Current Year 43,454,304.	End of Year 10,937,524.
	21 Total liabilities (Part X, line 26)		1,679,103.	1,700,566.
22 Net assets or fund balances. Subtract line 21 from line 20		41,775,201.	9,236,958.	

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 11/9/21		
	JOHN FEINBLATT, PRESIDENT Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name JOHN VOINSKI	Preparer's signature 	Date 11/8/2021	Check if self-employed <input type="checkbox"/> PTIN P01479822
	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 2020)Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **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.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Taxpayer identification number (TIN) 20-8802884
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 4184	
	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 1

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

MIKE BROUILLARD 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 TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year **2020** 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. 1-2020)

Part III	Statement of Program Service Accomplishments
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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 TO PROMOTE GUN SAFETY LEGISLATION AND INITIATIVES AND REDUCE GUN VIOLENCE THROUGH THE EDUCATION OF POLICY-MAKERS, THE PRESS, AND THE PUBLIC ABOUT THE CONSEQUENCES OF GUN VIOLENCE AND ORGANIZING COMMUNITIES IN

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 ☒ 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 ☒ 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 \$ **42,290,208.** including grants of \$ **694,246.**) (Revenue \$)
2020 WAS AN UNPRECEDENTED YEAR IN WHICH THE UNITED STATES WAS CHALLENGED BY THE DUAL PUBLIC HEALTH CRISES OF THE CORONAVIRUS PANDEMIC AND THE GUN VIOLENCE EPIDEMIC. BUT THROUGH IT ALL, THE GUN SAFETY MOVEMENT MADE EXTRAORDINARY PROGRESS. EVERYTOWN FOR GUN SAFETY ACTION FUND LED THAT PROGRESS BY SUPPORTING THE WORK OF STATE LEGISLATORS WHO FOUGHT HARD AND PASSED COMMON-SENSE GUN SAFETY LAWS IN UNLIKELY PLACES, WHILE ALSO SUCCESSFULLY URGING THE REJECTION OF DANGEROUS GUN LOBBY PRIORITY LEGISLATION, AND ADVOCATING FOR MEANINGFUL SUPPORT TO VITAL LOCAL GUN VIOLENCE INTERVENTION GROUPS. WE STOOD WITH RACIAL JUSTICE ADVOCATES TO DEMAND POLICE REFORM AND EXPOSED HOW THE PANDEMIC HAS EXACERBATED DOMESTIC GUN VIOLENCE, GUN SUICIDE AND UNINTENTIONAL SHOOTINGS. IN THE MIDST OF THE PANDEMIC, GRASSROOTS VOLUNTEERS WITH

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

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

4d Other program services (Describe on Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **42,290,208.**

Form **990** (2020)

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

Form 990 (2020)

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	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 donor-restricted endowments or in 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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
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	X
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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	91
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

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

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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 207		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X

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

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 on Schedule O.				
b Enter the number of voting members included on 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, 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 on 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, GA, HI, IL, KS, KY, MA, MD, MN**

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 on Schedule O)

19 Describe on 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 **▶**
MIKE BROUILLARD C/O GELLER ADVISORS LLC - 212-583-6000
PO BOX 1510, NEW YORK, NY 10150

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

Form 990 (2020)

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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 Subtotal								1,638,457.	0.	183,368.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,638,457.	0.	183,368.

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 **54**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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	4,872,721.
GELLER ADVISORS LLC PO BOX 1510, NEW YORK, NY 10150	FINANCIAL AND ADVISORY SERVICES	4,279,340.
VENABLE LLP, 750 E. PRATT STREET, SUITE 900, BALTIMORE, MD 21202	LEGAL SERVICES	2,275,206.
CHONG + KOSTER LLC, 1640 RHODE ISLAND NW, SUITE 600, WASHINGTON, DC 20036	ADVERTISING	1,757,196.
DELIVER STRATEGIES LLC PO BOX 100970, ARLINGTON, VA 22210	PRINTING	1,425,028.

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 **48**

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

Form 990 (2020)

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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	20,288,442.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 362,595.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a OTHER PROGRAM SERVICE		Business Code				
			900099	111,541.	111,541.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			111,541.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			71,225.			71,225.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
			381,527.				
	b Less: cost or other basis and sales expenses	7b	362,595.				
	c Gain or (loss)	7c	18,932.				
	d Net gain or (loss)			18,932.			18,932.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a FSA FORFEITURE REFUND		Business Code				
			900099	2,500.		2,500.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			2,500.			
12 Total revenue. See instructions				20,492,640.	111,541.	0.	92,657.

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

Form 990 (2020)

20-8802884 Page **10****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 **X**

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	694,246.	694,246.		
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	212,553.	71,476.	70,538.	70,539.
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	11,390,489.	10,105,366.	1,032,505.	252,618.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	318,911.	284,809.	29,049.	5,053.
9 Other employee benefits	2,116,123.	1,890,077.	198,653.	27,393.
10 Payroll taxes	928,913.	852,705.	59,164.	17,044.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,283,363.	2,005,823.	215,461.	62,079.
c Accounting	4,321,340.		4,321,340.	
d Lobbying	4,700,442.	4,700,442.		
e Professional fundraising services. See Part IV, line 17	260,464.			260,464.
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.)	5,318,684.	5,008,540.	212,740.	97,404.
12 Advertising and promotion	6,068,966.	6,068,966.		
13 Office expenses	562,534.	230,088.	332,446.	
14 Information technology	568,621.	415,420.	151,941.	1,260.
15 Royalties				
16 Occupancy	406,485.	406,485.		
17 Travel	496,938.	489,584.	1,243.	6,111.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	493,081.	446,958.	1,335.	44,788.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	325,195.	285,564.	30,766.	8,865.
23 Insurance	133,069.	6,305.	126,764.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a POSTAGE AND PRINTING	5,472,438.	3,720,469.	4,729.	1,747,240.
b POLITICAL CONTRIBUTIONS	2,172,100.	2,172,100.		
c EMAIL ACQUISITION	1,583,661.	1,440,169.		143,492.
d POLLING & SURVEYS	994,554.	994,554.		
e All other expenses	457,713.	62.	349,122.	108,529.
25 Total functional expenses. Add lines 1 through 24e	52,280,883.	42,290,208.	7,137,796.	2,852,879.
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)

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

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20-8802884 Page **11****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	7,853,447.	1	4,401,761.
	2 Savings and temporary cash investments	29,616,468.	2	1,687,663.
	3 Pledges and grants receivable, net	3,916,369.	3	2,345,681.
	4 Accounts receivable, net	430,248.	4	591,416.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	390,711.	9	620,635.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	793,547.		
	b Less: accumulated depreciation	234,902.		
		663,777.	10c	558,645.
	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	583,284.	14	731,723.
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	43,454,304.	16	10,937,524.	
Liabilities	17 Accounts payable and accrued expenses	1,679,103.	17	1,700,566.
	18 Grants payable		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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	1,679,103.	26	1,700,566.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	37,832,832.	27	6,871,033.
	28 Net assets with donor restrictions	3,942,369.	28	2,365,925.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	41,775,201.	32	9,236,958.
	33 Total liabilities and net assets/fund balances	43,454,304.	33	10,937,524.

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

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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 ☒ **X**

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,492,640.
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,280,883.
3	Revenue less expenses. Subtract line 2 from line 1	3	-31,788,243.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41,775,201.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-750,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,236,958.

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 on 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 on 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

2020

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 foundationCheck 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>	N/A	\$ <u>7,087,562.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	N/A	\$ <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>	N/A	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	N/A	\$ <u>502,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	N/A	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	N/A	\$ <u>500,000.</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
7	N/A	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 250,090.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 155,000.	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
13	N/A	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A	\$ 134,563.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A	\$ 100,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	N/A	\$ 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
19	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A	\$ 55,374.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A	\$ 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
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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	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	N/A	\$ 48,621.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	N/A	\$ 48,027.	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
31	N/A	\$ 21,085.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	N/A	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	N/A	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	N/A	\$ 19,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	N/A	\$ 15,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	N/A	\$ 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
37	N/A	\$ 11,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	N/A	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	N/A	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	N/A	\$ 10,771.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	N/A	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	N/A	\$ 10,008.	Person <input 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
43	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	N/A	\$ 10,000.	Person <input checked="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	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	N/A	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	N/A	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	N/A	\$ 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
55	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	N/A	\$ 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
61	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	N/A	\$ 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
67	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	N/A	\$ 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
73	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	N/A	\$ 6,573,496.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
8	STOCK DONATION	\$ 250,090.	07/21/20
14	STOCK DONATION	\$ 131.	01/07/20
15	STOCK DONATION	\$ 50,040.	09/23/20
29	STOCK DONATION	\$ 48,621.	10/02/20
42	STOCK DONATION	\$ 10,008.	09/02/20
74	STOCK DONATION	\$ 3,705.	12/31/20

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

2020**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 ▶ \$ **15,838,641.**
- 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 ▶ \$ **13,666,541.**
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ **2,172,100.**
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ **15,838,641.**
- 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-.
A STRONG NEW MEXICO PAC	P.O. BOX 7553 ALBUQUERQUE, NM 8	46-5473431	5,000.	0.
ALLISON HEIMES FOR LEGISLATURE	ELKHORN, NE 68022	APPLIED FOR	500.	0.
AMY BRADLEY FOR NH STATE REPRESENTA	MANCHESTER, NH 03104	APPLIED FOR	350.	0.
ANGELA4KS	OLATHE, KS 66061	82-1675747	500.	0.
ARIZONA DEMOCRATIC PARTY	PHOENIX, AZ 85012	86-0125308	50,000.	0.
BETTER COLORADO ALLIANCE	PO BOX 100033 DENVER, CO 80250	83-2505764	50,000.	0.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

SEE PART IV FOR CONTINUATION

032041 12-02-20

EVERYTOWN FOR GUN SAFETY ACTION FUND,

Schedule C (Form 990 or 990-EZ) 2020 **INC.**

20-8802884 Page **2**

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 (grassroots 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) 2017	(b) 2018	(c) 2019	(d) 2020	(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) 2020

EVERYTOWN FOR GUN SAFETY ACTION FUND,

Schedule C (Form 990 or 990-EZ) 2020 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?	1 X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	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:

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) 2020

EVERYTOWN FOR GUN SAFETY ACTION FUND,

Schedule C (Form 990 or 990-EZ) 2020 INC.

20-8802884 Page 4

Part IV Supplemental Information (continued)

PART I-C CONTINUATION:

A STRONG NEW MEXICO PAC

P.O. BOX 7553 ALBUQUERQUE, NM 87794

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

ALLISON HEIMES FOR LEGISLATURE

1410 NORTH 208TH STREET ELKHORN, NE 68022

EIN: 99-9999999 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

AMY BRADLEY FOR NH STATE REPRESENTATIVE

895 BRIDGE STREET MANCHESTER, NH 03104

EIN: 99-9999999 COL (D) AMOUNT: 350. COL (E) AMOUNT: 0.

ANGELA4KS

19769 W 107TH STREET OLATHE, KS 66061

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

ARIZONA DEMOCRATIC PARTY

2910 N CENTRAL AVE PHOENIX, AZ 85012

EIN: 86-0125308 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

BETTER COLORADO ALLIANCE

PO BOX 100033 DENVER, CO 80250

EIN: 83-2505764 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

BLUE HORIZON PAC

PO BOX 60221 OKLAHOMA CITY, OK 73146

Schedule C (Form 990 or 990-EZ) 2020

Part IV Supplemental Information (continued)

EIN: 84-2920896 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

BRENDA MCKENNA FOR SENATE DISTRICT 9

860 ALAMOS RD CORRALES, NM 87048

EIN: 84-5132589 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

BRIAN EGOLF SPEAKER FUND

PO BOX 27066 ALBUQUERQUE, NM 87125

EIN: 82-1094444 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

CAMPAIGN TO ELECT ANNE ALLEN WESTBROOK

134 EAST 45TH STREET SAVANNAH, GA 31405

EIN: 84-5035746 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

CAMPAIGN TO ELECT JULIA RATTI

PO BOX 4228 SPARKS, NV 89432

EIN: 87-0803736 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

CAMPAIGN TO ELECT MELANIE LEVESQUE NH STATE SENATE

2 MCDANIELS DRIVE BROOKLINE, NH 03033

EIN: 82-3969924 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

COMMITTEE FOR A STRONGER GEORGIA

20 TENNESSEE STREET RINGGOLD, GA 30736

EIN: 85-1267686 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT BETHANY HALL-LONG

127 SAINT AUGUSTINE COURT MIDDLETOWN, DE 19709

Part IV Supplemental Information (continued)

EIN: 51-0397756 COL (D) AMOUNT: 1000. 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: 5000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT DAVID BENTZ

7 DASHER AVENUE BEAR, DE 19701

EIN: 47-4582170 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT DAVID WATTERS

19 MAPLE STREET DOVER, NH 03820

EIN: 26-2910228 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT DEBBIE HARRINGTON.

745 IDLEWYLD DRIVE MIDDLETOWN, DE 19709

EIN: 82-4022338 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT HOLSCHER

12345 WESTGATE STREET OVERLAND PARK, KS 66213

EIN: 84-2554053 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT HOUSE DEMOCRATS

P.O. BOX 1292 CONCORD, NH 03301

EIN: 02-0162350 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT JAVIER MARTINEZ

2955 MOYA ROAD NORTHWEST ALBUQUERQUE, NM 87104

Part IV Supplemental Information (continued)

EIN: 46-4936133 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT KATY DUHIGG

6028 KENSINGTON DRIVE NORTHWEST ALBUQUERQUE, NM 87107

EIN: 84-3850830 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT NEOMI FOR NM

PO BOX 894 LAS CRUCES, NM 88004

EIN: 84-2210817 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT PAM CORDOVA SENATE 30

PO BOX 94 BELEN, NM 87002

EIN: 84-3193567 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT PAUL BAUMBACH

313 DARWIN DRIVE NEWARK, DE 19711

EIN: 45-5522563 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT PETER WIRTH

708 PASEO DE PERALTA SANTA FE, NM 87501

EIN: 55-0890769 COL (D) AMOUNT: 5000. 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 ROBIN SKUDLAREK

20 WOODBINE DRIVE LONDONDERRY, NH 03053

Part IV Supplemental Information (continued)

EIN: 85-2694639 COL (D) AMOUNT: 350. 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: 5000. 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: 5000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT WILLIAM P. SOULES

5054 SILVER KING ROAD LAS CRUCES, NM 88011

EIN: 45-4989451 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

DEBBIE ARMSTONG FOR NEW MEXICO

2015 DIETZ PLACE NORTHWEST ALBUQUERQUE, NM 87107

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

DEBRA ALTSCHILLER FOR STRATHAM

15 APPLE WAY STRATHAM, NH 03885

EIN: 99-9999999 COL (D) AMOUNT: 350. COL (E) AMOUNT: 0.

DEMOCRATIC MUNICIPAL OFFICIALS

1774 W. GREENLEAF AVE CHICAGO, IL 60626

EIN: 03-0393091 COL (D) AMOUNT: 15000. COL (E) AMOUNT: 0.

DEMOCRATIC STATE COMMITTEE (DELAWARE)

PO BOX 2065 WILMINGTON, DE 19899

Part IV Supplemental Information (continued)

EIN: 51-0119764 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

DONOVAN FOR VERMONT

PO BOX 1662 BURLINGTON, VT 05402

EIN: 85-1059787 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

EFO LOUIS D. GREENWALD FOR ASSEMBLY

2240-15 RT. 70 CHERRY HILL, NJ 08002

EIN: 22-3565484 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

ELECT LUANN D'AGOSTINO

4 EATON PLACE NEWARK, DE 19711

EIN: 84-4098219 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

EMERGE AMERICA

351 CALIFORNIA STREET SUITE 930 SAN FRANCISCO, CA 94104

EIN: 90-0787684 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

EMPOWER NEW MEXICO

2955 MOYA ROAD NORTHWEST ALBUQUERQUE, NM 87104

EIN: 30-0888072 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

ENERGIZED FOR CHANGE PAC

PO BOX 523082 SPRINGFIELD, VA 22152

EIN: 83-3777742 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

ESCALARA PAC

PO BOX 27654 ALBUQUERQUE, NM 87125

Part IV Supplemental Information (continued)

EIN: 47-5072426 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

FRIENDS OF ETHAN CORSON

4061 WEST 62ND TERRACE MISSION, KS 66205

EIN: 84-2532205 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

EVERYTOWN FOR GUN SAFETY VICTORY FUND

PO BOX 4184 NEW YORK, NY 10163

EIN: 81-3928802 COL (D) AMOUNT: 1000000. COL (E) AMOUNT: 0.

FACTS MATTER PAC

2205 LOMBARD STREET PHILADELPHIA, PA 19146

EIN: 85-3212093 COL (D) AMOUNT: 8000. COL (E) AMOUNT: 0.

FAUST-GOUDEAU FOR SENATE

1130 N. PARKWOOD LANE WICHITA, KS 67208

EIN: 99-9999999 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FEATHERSTON FOR KANSAS

PO BOX 13447 OVERLAND PARK, KS 66282

EIN: 84-3238850 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FLORIDA DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE

2618 CENTENNIAL PLACE TALLAHASSEE, FL 32308

EIN: 81-5009959 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

FLORIDA DEMOCRATIC PARTY

214 S. BRONOUGH STREET TALLAHASSEE, FL 32301

Part IV Supplemental Information (continued)

EIN: 59-0772903 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

FORWARD NEW MEXICO

508 MORNINGSIDE DRIVE SE ALBUQUERQUE, NM 87106

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

FRIENDS FOR DEBRA HEFFERNAN

18 GRISTMILL COURT WILMINGTON, DE 19803

EIN: 27-2120159 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRIENDS FOR JOHN CARNEY

PO BOX 2162 WILMINGTON, DE 19899

EIN: 47-5070646 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS FOR STEPHANIE BARRY

5222 NEW KENT ROAD WILMINGTON, DE 19808

EIN: 83-0945833 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRIENDS FOR YVANNA CANCELA

2807 GEARY PL UNIT 2506 LAS VEGAS, NV 89109

EIN: 81-4619931 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

FRIENDS OF BECKY WHITELEY

PO BOX 405 CANTOOCOOK, NH 03229

EIN: 84-3537325 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF CAROL BLOOD

2812 JACK PINE STREET BELLEVUE, NE 68123

Part IV Supplemental Information (continued)

EIN: 46-3940468 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF CHARON

39 WOOD HILL ROAD PITTSFORD, NY 14534

EIN: 84-3708613 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF CINDY ROSENWALD

101 WELLINGTON STREET NASHUA, NH 03064

EIN: 83-0627490 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

FRIENDS OF ERIC MORRISON

223 WEST GENERAL GREY COURT NEWARK, DE 19702

EIN: 83-3855776 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRIENDS OF ERICA BEUMEL

1994 KLONDIKE RD WEST LAFAYETTE, IN 47906

EIN: 99-9999999 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 JAY KAHN

135 DARLING ROAD KEENE, NH 03431

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

FRIENDS OF JON MORGAN

267 SOUTH ROAD BRENTWOOD, NH 03833

Part IV Supplemental Information (continued)

EIN: 82-2706647 COL (D) AMOUNT: 2000. 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 KYLE EVANS GAY

2400 HEATHER ROAD WEST WILMINGTON, DE 19803

EIN: 84-2602212 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRIENDS OF LISA REYNOLDS

PO BOX 42307 PORTLAND, OR 97242-0307

EIN: 84-3261627 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF LIZ STEFANICS

P. O. BOX 720 CERRILLOS, NM 87010

EIN: 47-5465917 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

FRIENDS OF MARIE PINKNEY

334 VICTORIA BLVD NEWARK, DE 19702

EIN: 84-4070603 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRIENDS OF MARTHA PASCHKE

14 BROOKFIELD LANE GENEVA, IL 60134

EIN: 83-3201123 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF MAURA HIRSCHAUER

551 VIKING DRIVE BATAVIA, IL 60510

Part IV Supplemental Information (continued)

EIN: 84-3061452 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF NNAMDI CHUKWUOCHA

PO BOX 9350 WILMINGTON, DE 19809

EIN: 26-2519837 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRIENDS OF PHILIP SPAGNUOLO

58 WINTER STREET LACONIA, NH 03246

EIN: 83-4696915 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

FRIENDS OF RACHAEL KING

24 ROBIN WAY MAGNOLIA, DE 19962

EIN: 85-1705321 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

PERKINS KWOKA FOR NEW HAMPSHIRE

37 LANGDON STREET PORTSMOUTH, NH 03801

EIN: 47-4679141 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF SARAH MCBRIDE

2316 WEST 17TH STREET WILMINGTON, DE 19806

EIN: 84-2270392 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRIENDS OF SEAN LYNN

282 TROON ROAD DOVER, DE 19904

EIN: 46-5222196 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

FRIENDS OF SHANNON CHANDLEY

3 HIGH MEADOW LANE AMHERST, NH 03031

Part IV Supplemental Information (continued)

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

FRIENDS OF SUE PRENTISS

6 BATCHELDER AVENUE WEST LEBANON, NH 03784

EIN: 85-1225334 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS TO ELECT SCOTT HOTTENSTEIN

P.O. BOX 2328 RIVERVIEW, FL 33568

EIN: 82-3222008 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

GERALD P. ORTIZ Y PINO FOR STATE SENATE

400 12TH STREET NORTHWEST ALBUQUERQUE, NM 87102

EIN: 99-9999999 COL (D) AMOUNT: 2500. COL (E) AMOUNT: 0.

HOME MEANS NEVADA

401 SOUTH CURRY STREET CARSON CITY, NV 89703

EIN: 83-2554582 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

HOUSE DEMOCRATIC CAMPAIGN COMMITTEE - MO

3452 CRITTENDEN STREET ST. LOUIS, MO 63110

EIN: 81-4882899 COL (D) AMOUNT: 7500. COL (E) AMOUNT: 0.

HOUSE DEMOCRATIC CAUCUS

425 5TH AVENUE NORTH SUITE 550 NASHVILLE, TN 37243

EIN: 62-0911028 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

HOUSE DEMOCRATS PAC

PO BOX 9520 WILMINGTON, DE 19809

Part IV Supplemental Information (continued)

EIN: 01-0564528 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

JEANNE DIETSCH FOR NH SENATE

43 PINE STREET PETERBOROUGH, NH 03458

EIN: 81-2363236 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

JEFF STEINBORN FOR SENATE

978 JASMINE DRIVE LAS CRUCES, NM 88004

EIN: 85-2706185 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

JERRY STOGSDILL COMMITTEE TO ELECT

4414 TOMAHAWK ROAD PRAIRIE VILLAGE, KS 66208

EIN: 81-1604067 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

JO ELLA FOR KANSAS

P.O. BOX 14534 LENEXA, KS 66285

EIN: 83-4595437 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

KANSAS FOR WARD SENATE

3100 E. CLARK WICHITA, KS 67211

EIN: 84-3040699 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

KATHY WOLFE MOORE FOR REPRESENTATIVE

3209 NORTH 131ST STREET KANSAS CITY, KS 66109

EIN: 99-9999999 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

KATHERINE D. ROGERS

804 ALTON WOODS DRIVE CONCORD, NH 03301

Part IV Supplemental Information (continued)

EIN: 99-9999999 COL (D) AMOUNT: 350. COL (E) AMOUNT: 0.

KATIE FOR KANSAS

14016 SOUTH TOMAHAWK DRIVE OLATHE, KS 66062

EIN: 84-4359245 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

KRISTA GRIFFITH FOR DELAWARE

2207 CONCORD PIKE #119 WILMINGTON, DE 19803

EIN: 82-3133029 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

LARRY LAMBERT FOR STATE REPRESENTATIVE

18 YALE AVENUE CLAYMONT, DE 19703

EIN: 82-5248753 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

LEADING COLORADO FORWARD

PO BOX 102766 DENVER, CO 80250

EIN: 83-2522034 COL (D) AMOUNT: 65000. COL (E) AMOUNT: 0.

LINDSEY CONSTANCE FOR KANSAS

13913 73RD STREET SHAWNEE, KS 66216

EIN: 83-4578040 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT LIZ BECKER

10040 WEST CHEYENNE AVENUE #170-251 LAS VEGAS, NV 89129

EIN: 84-1826032 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT LOU D'ALLESANDRO

332 ST JAMES AVENUE MANCHESTER, NH 03102

Part IV Supplemental Information (continued)

EIN: 02-0519208 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

LOUIS RUIZ FOR BETTER GOVERNMENT

2914 N 46TH AVENUE KANSAS CITY, KS 66103

EIN: 99-9999999 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

MADAME PRESIDENT PAC

91 ALEXANDER DRIVE MANCHESTER, NH 03109

EIN: 84-1950689 COL (D) AMOUNT: 8000. COL (E) AMOUNT: 0.

MAINE HOUSE DEMOCRATIC CAMPAIGN COMMITTEE

P.O. BOX 2021 AUGUSTA, ME 04338

EIN: 22-2695883 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

MAJORITY FORWARD

PO BOX 1491 JEFFERSON CITY, MO 65102

EIN: 81-4537836 COL (D) AMOUNT: 7500. COL (E) AMOUNT: 0.

MARTIN HICKEY FOR SENATE DISTRICT 20

PO BOX 21608 ALBUQUERQUE, NM 87154

EIN: 84-2758903 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

MIMI STEWART WHIP PAC

313 MOON STREET NORTHEAST ALBUQUERQUE, NM 87123

EIN: 83-1870869 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

MOE PAC

5818 JONES PLACE NORTHWEST ALBUQUERQUE, NM 87120

Part IV Supplemental Information (continued)

EIN: 81-0694116 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

MURPHY FOR GOVERNOR 2021 INC

196 WEST STATE STREET TRENTON, NJ 08608

EIN: 85-3289051 COL (D) AMOUNT: 4900. COL (E) AMOUNT: 0.

NATIONAL CONFERENCE OF DEMOCRATIC MAYORS

1660 L STREET NW, SUITE 501 WASHINGTON, DC 20036

EIN: 52-1535470 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

NC DEMOCRATIC LEADERSHIP COMMITTEE BUILDING FUND

434 FAYETTEVILLE STREET SUITE 2020 RALEIGH, NC 27601

EIN: 85-2631459 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

NEIGHBORS FOR MOORE

PO BOX 742 MIDDLETOWN, DE 19709

EIN: 85-1748354 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

NEVADA ASSEMBLY DEMOCRATIC CAUCUS

2320 PASEO DEL PRADONSUITE B107 LAS VEGAS, NV 89101

EIN: 88-0205213 COL (D) AMOUNT: 90000. COL (E) AMOUNT: 0.

NEVADA SENATE DEMOCRATS

2320 PASEO DEL PRADO LAS VEGAS, NV 89101

EIN: 88-0316606 COL (D) AMOUNT: 90000. COL (E) AMOUNT: 0.

NEW HAMPSHIRE SENATE DEMOCRATIC CAUCUS

105 NORTH STATE STREET CONCORD, NH 03301

Part IV Supplemental Information (continued)

EIN: 02-0473096 COL (D) AMOUNT: 9000. COL (E) AMOUNT: 0.

NEW MEXICANS FOR PUBLIC SAFETY

PO BOX 27654 ALBUQUERQUE, NM 87125

EIN: 81-4306403 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

NEW MEXICO ACCOUNTABILITY PROJECT

518 SYCAMORE DRIVE SE ALBUQUERQUE, NM 87106

EIN: 82-3387729 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

NEW MEXICO DEFENSE FUND

P.O. BOX 2383 SANTA FE, NM 87504

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

NEW MEXICO SENATE DEMOCRATS

313 MOON STREET NORTHEAST ALBUQUERQUE, NM 87108

EIN: 82-1045511 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

NM HOUSE DEMOCRATIC CAMPAIGN COMMITTEE

PO BOX 27066 ALBUQUERQUE, NM 87125

EIN: 47-3966550 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

NM SENATE MAJORITY LEADER PAC

708 PASEO DE PERALTA SANTA FE, NM 87501

EIN: 82-1222921 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

NM WOMEN RISING

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

Part IV Supplemental Information (continued)

EIN: 81-2861509 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

OHIO HOUSE DEMOCRATIC CAUCUS BUILDING FUND

545 EAST TOWN STREET COLUMBUS, OH 43215

EIN: 47-3174375 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

OUR FUTURE PAC

27 SPRING STREET BURLINGTON, VT 05401

EIN: 99-9999999 COL (D) AMOUNT: 4000. COL (E) AMOUNT: 0.

PA FUND FOR CHANGE

2034 SOUTH COLORADO STREET PHILIDELPHIA, PA 19145

EIN: 82-4466214 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

PAM CURTIS FOR STATE REPRESENTATIVE

322 NORTH 16TH STREET KANSAS CITY, KS 66102

EIN: 46-4968788 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

PATRICIA PETTEY

5316 LAKEWOOD STREET KANSAS CITY, KS 66106

EIN: 99-9999999 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

PAUL A. BACA FOR NM SENATE

9 PERFECTO BELEN, NM 87002

EIN: 84-2232452 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

PEOPLE FOR GAIL CHASEY

508 MORNINGSIDE DRIVE SOUTHEAST ALBUQUERQUE, NM 87108

Part IV Supplemental Information (continued)

EIN: 81-2953490 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

PEOPLE FOR GROWING OUR ECONOMY

3406 BLUE HILL AVE GALLUP, NM 87301

EIN: 47-5256520 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

PEOPLE FOR MIMI STEWART

313 MOON STREET NORTHEAST ALBUQUERQUE, NM 87123

EIN: 85-0612998 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

PEOPLE FOR POPE

PO BOX 65692 ALBUQUERQUE, NM 87193

EIN: 84-3070475 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

PHIL MOORE CAMPAIGN

PO BOX 120502 WEST MELBOURNE, FL 32912

EIN: 84-3899290 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

POSKIN4KS

12924 HOWE DRIVE LEAWOOD, KS 66209

EIN: 84-2678915 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

REPRESENTATIVE MAJORITY LEADERSHIP OFFICE FUND

PO BOX 25385 ALBUQUERQUE, NM 87101

EIN: 59-3806150 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

ROYERS FOR NEBRASKA

15927 O CIRCLE OMAHA, NE 68135

Part IV Supplemental Information (continued)

EIN: 84-4453260 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

SADDLE PAC

PO BOX 27654 ALBUQUERQUE, NM 87125

EIN: 84-2801588 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

SENATE DEMOCRATIC CAMPAIGN COMMITTEE

PO BOX 2207 AUGUSTA, ME 04338

EIN: 01-0478979 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

SENATE DEMOCRATIC CAUCUS

PO BOX 198822 NASHVILLE, TN 37219

EIN: 62-1395070 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

SENATE MAJORITY PAC

700 13TH STREET NW, SUITE 600 WASHINGTON, DC 20005

EIN: 27-2896127 COL (D) AMOUNT: 100000. COL (E) AMOUNT: 0.

SIAH FOR SENATE

PO BOX 1711 SLIVER CITY, NM 88062

EIN: 84-3170146 COL (D) AMOUNT: 5000. 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

Part IV Supplemental Information (continued)

EIN: 57-0969662 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

SPIROS MANTZAVINOS FOR THE 7TH

124 WALLASEY ROAD WILMINGTON, DE 19808

EIN: 84-4179100 COL (D) AMOUNT: 600. COL (E) AMOUNT: 0.

SUE FORD FOR NH

557 SUGAR HILL ROAD EASTON, NH 03580

EIN: 84-4822672 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

SYKES FOR SENATE

10227 THEDEN CIRCLE LENEXA, KS 66220

EIN: 81-3628870 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

TALLMAN FOR STATE SENATE

133 GRIEGOS ROAD NORTHWEST ALBUQUERQUE, NM 87107

EIN: 81-3571779 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

THE COMMITTEE TO ELECT COLE FINE

22214 WEST 119TH TERRACE OLATHE, KS 66061

EIN: 84-5190968 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

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 FRIENDS OF JENN ALFORD-TEASTER

PO BOX 472 BRADFORD, NH 03221

Part IV Supplemental Information (continued)

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

THE STEVE PAC

105 NORTH STATE STREET CONCORD, NH 03301

EIN: 83-3931703 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

TOM HOLLAND FOR KANSAS SENATE

PO BOX 165 BALDWIN CITY, KS 66006

EIN: 26-2582971 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

TOM SHERMAN FOR STATE SENATE

1159 WASHINGTON ROAD RYE, NH 03870

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: 5000. COL (E) AMOUNT: 0.

VARGAS FOR NEBRASKA

713 CANIGLIA PLAZA OMAHA, NE 68108

EIN: 47-4808487 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

VERMONT DEMOCRATIC PARTY

P. O. BOX 1220 MONTPELLIER, VT 50601

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

VOTE WEBER

5255 NORTHWEST 12TH STREET LINCOLN, NE 68521

EVERYTOWN FOR GUN SAFETY ACTION FUND,
Schedule C (Form 990 or 990-EZ) 2020 INC.

20-8802884 Page 4

Part IV Supplemental Information (continued)

EIN: 84-4541083 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.

WIN MINNESOTA FEDERAL PAC

1600 UNIVERSITY AVENUE W SUITE 309 SAINT PAUL, MN 55104

EIN: 74-3238362 COL (D) AMOUNT: 10000. 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.

ZETA PAC

PO BOX 27654 ALBUQUERQUE, NM 87125

EIN: 84-2583418 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020Open to Public
InspectionName 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 (for example, 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 FASB 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 FASB 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 FASB 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) 2020

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

Schedule D (Form 990) 2020

20-8802884 Page 2

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 make significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange program
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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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 Term 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)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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	793,547.		234,902.	558,645.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				558,645.

Schedule D (Form 990) 2020

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

Schedule D (Form 990) 2020

20-8802884 Page **3****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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... ☒

Schedule D (Form 990) 2020

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

Schedule D (Form 990) 2020

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	20,952,450.
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	1,209,810.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,209,810.
3	Subtract line 2e from line 1	3	19,742,640.
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	750,000.
c	Add lines 4a and 4b	4c	750,000.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	20,492,640.

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	53,490,693.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,209,810.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,209,810.
3	Subtract line 2e from line 1	3	52,280,883.
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	52,280,883.

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ONE-TIME ADJUSTMENT FOR UNRECOVERED ACCOUNTS RECEIVABLE 750,000.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2020

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
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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.

- | | |
|---|---|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input checked="" type="checkbox"/> Internet and email solicitations</p> <p>c <input checked="" type="checkbox"/> Phone solicitations</p> <p>d <input checked="" type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|

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 - 4712 ADMIRALTY WAY #670, MARINA O'BRIEN GARRETT - 1200 G STREET NW, SUITE 700, LISA PRESTA - 163 FOREST SIDE AVENUE, SAN FRANCISCO, CA	IN-PERSON SOLICITATION		X	3,752,761.	79,034.	3,673,727.
JACKIE BROT-WEINBERG - 601 EAST 20TH STREET, 10F, NEW SEA CHANGE STRATEGIES - 7409 BIRCH AVENUE, TAKOMA PARK, MD	FUNDRAISING STRATEGIC CONSULTING		X	1,194,593.	947,415.	247,178.
KEVIN MEEHAN - 1313 9TH STREET, UNIT 18, SANTA RAVINETT STRATEGIES - 1521 SUTTER STREET, APT. 407, SAN	IN-PERSON SOLICITATION		X	773,630.	8,405.	765,225.
	FUNDRAISING STRATEGIC CONSULTING		X	103,100.	2,856.	100,244.
	FUNDRAISING STRATEGIC CONSULTING		X	0.	86,647.	-86,647.
	FUNDRAISING STRATEGIC CONSULTING		X	0.	2,697.	-2,697.
	FUNDRAISING STRATEGIC CONSULTING		X	0.	7,500.	-7,500.
Total ▶				5,824,084.	1,134,554.	4,689,530.

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, AK, AR, CA, CO, CT, DC, FL, GA, 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, WA, WV, WI

EVERYTOWN FOR GUN SAFETY ACTION FUND,

Schedule G (Form 990 or 990-EZ) 2020 **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: _____

EVERYTOWN FOR GUN SAFETY ACTION FUND,

Schedule G (Form 990 or 990-EZ) 2020 **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:

4712 ADMIRALTY WAY #670, MARINA DEL RAY, CA 90292

(I) NAME OF FUNDRAISER: O'BRIEN GARRETT

(I) ADDRESS OF FUNDRAISER:

1200 G STREET NW, SUITE 700, WASHINGTON, DC 20005

EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.

Schedule G (Form 990 or 990-EZ)

20-8802884 Page 4

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: LISA PRESTA

(I) ADDRESS OF FUNDRAISER: 163 FOREST SIDE AVENUE, 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: SEA CHANGE STRATEGIES

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

(I) NAME OF FUNDRAISER: KEVIN MEEHAN

(I) ADDRESS OF FUNDRAISER:

1313 9TH STREET, UNIT 18, SANTA MONICA, CA 90401

(I) NAME OF FUNDRAISER: RAVINETT STRATEGIES

(I) ADDRESS OF FUNDRAISER:

1521 SUTTER STREET, APT. 407, SAN FRANCISCO, CA 94109

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

ARRANGEMENT PROVIDES REIMBURSEMENT FOR EXPENSES OF \$876,137

**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

2020

**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
ACTION UTAH 7984 GAMBEL DRIVE PARK CITY, UT 84098	82-0638284	501C4	50,000.	0.			GENERAL OPERATING SUPPORT
AFRICAN AMERICAN MAYORS ASSOCIATION - 80 M STREET SE SUITE 1 - WASHINGTON, DC 20003	46-5593933	501C3	15,000.	0.			GENERAL OPERATING SUPPORT
AMERICA VOTES 1155 CONNECTICUT AVE. NW SUITE 600 WASHINGTON, DC 20036	26-4568349	501C4	45,000.	0.			GENERAL OPERATING SUPPORT
BLACK CHURCH ACTION FUND 700 13TH STREET NW, SUITE 800 WASHINGTON, DC 20005	82-4887945	501C4	150,000.	0.			GENERAL OPERATING SUPPORT
NO ON LR 130 C/O MFPE 1232 E. 6TH AVE. HELENA, MT 59601	81-0169635	501C6	110,000.	0.			GENERAL OPERATING SUPPORT
PUT ALABAMA FIRST 301 WASHINGTON STREET NW #302 HUNTSVILLE, AL 35801	82-1477615	501C4	10,000.	0.			GENERAL OPERATING SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **3.**
- 3** Enter total number of other organizations listed in the line 1 table **7.**

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

Schedule I (Form 990) 2020

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

Schedule I (Form 990)

20-8802884

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 ALASKA CENTER 921 WEST 6TH AVENUE SUITE 200 ANCHORAGE, AK 99501	92-0090065	501C4	10,000.	0.			GENERAL OPERATING SUPPORT
THE COUNCIL OF STATE GOVERNMENTS LTD. - 701 E. 22ND STREET, SUITE 110 - LOMBARD, IL 60148	36-6000818	501C3	22,500.	0.			GENERAL OPERATING SUPPORT
THE GOOD LAND COMMITTEE, INC. 111 E KILBOURN AVE, SUITE 500 MILWAUKEE, WI 53202	82-3050235	501C6	250,000.	0.			2020 DEMOCRATIC NATIONAL CONVENTION
THE UNITED STATES CONFERENCE OF MAYORS - 1620 EYE STREET, N.W. 4TH FLOOR - WASHINGTON, DC 20006	53-0196642	501C3	20,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

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Name of the organization

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

Employer identification number

20-8802884**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.☐ First-class or charter travel☐ Housing allowance or residence for personal use☐ Travel for companions☐ Payments for business use of personal residence☐ Tax indemnification and gross-up payments☐ Health or social club dues or initiation fees☐ Discretionary spending account☐ Personal services (such as maid, chauffeur, chef)**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the 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.☐ Compensation committee☐ Written employment contract☐ Independent compensation consultant☐ Compensation survey or study☐ Form 990 of other organizations☐ Approval by the board or compensation committee**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment?**b** Participate in or receive payment from a supplemental nonqualified retirement plan?**c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**b** Any related organization?

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

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

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

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

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

Schedule J (Form 990) 2020

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

Schedule J (Form 990) 2020

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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 COO;ACTING PRESIDENT THROUGH 3/19/20	(i)	351,750.	0.	3,329.	11,400.	12,274.	378,753.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHARLES B. KELLY SENIOR POLITICAL ADVISOR	(i)	323,460.	0.	0.	4,560.	28,934.	356,954.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NICHOLAS SUPLINA MANAGING DIRECTOR OF LAW AND POLICY	(i)	275,000.	0.	0.	0.	34,612.	309,612.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ZOE L. SEGAL-REICHLIN GENERAL COUNSEL	(i)	229,619.	0.	0.	9,200.	34,612.	273,431.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DEBORAH GRIGSBY WEIR SENIOR MANAGING DIRECTOR	(i)	225,350.	0.	0.	0.	26,278.	251,628.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STEPHANIE GENT MANAGING DIR. OF DIGITAL STRATEGY	(i)	229,949.	0.	0.	9,223.	12,274.	251,446.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III	Supplemental Information
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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.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

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- ▶ 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	362,595.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 V, 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

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Schedule M (Form 990) 2020

EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.

Schedule M (Form 990) 2020

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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

2020**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 REDUCE GUN VIOLENCE THROUGH THE
EDUCATION OF POLICY-MAKERS, THE PRESS, AND THE PUBLIC ABOUT THE
CONSEQUENCES OF GUN VIOLENCE AND ORGANIZING COMMUNITIES IN SUPPORT OF
GUN SAFETY.

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

SUPPORT OF GUN SAFETY.

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

MOMS DEMAND ACTION AND STUDENTS DEMAND ACTION PIVOTED TO DIGITAL
ADVOCACY, TRADING THEIR USUAL RALLIES FOR VIRTUAL MEETINGS THAT WERE
OFTEN EVEN BIGGER. IN AN EFFORT TO DEEPEN LOCAL RELATIONSHIPS,
EVERYTOWN LAUNCHED MAIG U, A VIRTUAL TRAINING SERIES FOR MAYORS AND
THEIR STAFF ON LOCAL GUN SAFETY AND GUN VIOLENCE PREVENTION EFFORTS.
OUR ANNUAL TRAINING CONFERENCE, GUN SENSE UNIVERSITY, WAS BIGGER THAN
EVER BEFORE WITH MORE THAN 2,000 ATTENDEES WHO JOINED VIRTUALLY IN
AUGUST. ADDITIONALLY, OUR VOLUNTEERS HELPED ELECT THE STRONGEST GUN
SAFETY PRESIDENTIAL TICKET IN HISTORY, USHERED IN A GUN SENSE MAJORITY
IN THE SENATE AND PRESERVED A GUN SENSE MAJORITY IN THE U.S. HOUSE OF
REPRESENTATIVES. EVERYTOWN AWARDED MORE THAN 3,000 CANDIDATES THE MOMS
DEMAND ACTION GUN SENSE CANDIDATE DISTINCTION IN 2020, INCLUDING
CANDIDATES IN 49 STATES AND WASHINGTON D.C. AND, A RECORD NUMBER OF
MOMS DEMAND ACTION VOLUNTEERS RAN FOR OFFICE THEMSELVES AND WON,
PROVING THAT OUR MOVEMENT ALSO SERVES AS A POLITICAL BOOT CAMP FOR THE
NEXT GENERATION OF LEADERS. A SURGE IN GUN SALES DURING THE PANDEMIC,

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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

Employer identification number
20-8802884

AN INCREASE IN CITY GUN VIOLENCE AND A SERIES OF MASS SHOOTINGS AS THE U.S. REOPENED GAVE THE ISSUE OF GUN SAFETY NEW URGENCY, AND EVERYTOWN SHOWED POLICYMAKERS, THE MEDIA AND THE PUBLIC THAT THE GUN SAFETY MOVEMENT IS STRONGER THAN EVER AND CAPABLE OF HELPING PASS COMMON-SENSE LAWS WITH BIPARTISAN SUPPORT.

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.

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.

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

Employer identification number
20-8802884

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

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

THE BOARD OF DIRECTORS AND THE PRESIDENT HAVE INSTITUTED AN ANNUAL REVIEW AND APPROVAL PROCESS FOR COMPENSATION OF OFFICERS AND KEY EMPLOYEES. THIS PROCESS TAKES INTO ACCOUNT THE ORGANIZATION'S FINANCIAL POSITION AND EVALUATES AVERAGE SALARIES USING COMPARABLE INTERNAL AND EXTERNAL DATA TO ENSURE THAT COMPENSATION IS REASONABLE. OFFICERS WHOSE COMPENSATION IS UNDER REVIEW DO NOT PARTICIPATE IN THE REVIEW AND APPROVAL PROCESS. THE APPROVAL PROCESS INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

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

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

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.

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

Employer identification number
20-8802884

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

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 5,008,540.

MANAGEMENT AND GENERAL EXPENSES 212,740.

FUNDRAISING EXPENSES 97,404.

TOTAL EXPENSES 5,318,684.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 5,318,684.

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

ONE-TIME ADJUSTMENT FOR UNRECOVERED ACCOUNTS RECEIVABLE -750,000.

COST SHARING AGREEMENT:

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

THE PURPOSE OF THE COST SHARING AGREEMENT IS TO MINIMIZE DUPLICATIVE EXPENSES AND TO CARRY OUT THE ORGANIZATIONS' MISSIONS IN AN ECONOMICAL AND EFFICIENT MANNER, WHICH INCLUDES THE SHARING OF EMPLOYEES WHOSE SKILLS AND KNOWLEDGE WILL ASSIST BOTH ORGANIZATIONS, CONSISTENT WITH EACH ORGANIZATION'S TAX EXEMPT PURPOSE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020

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Inspection**

Name of the organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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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
NEVADANS FOR BACKGROUND CHECKS - 47-1392308 401 S. CURRY STREET CARSON CITY, NV 89703	EDUCATION AND ADVOCACY	NEVADA	501(C)(4)	N/A	EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	X	
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) 2020

Part III

Part IV

Schedule R (Form 990) 2020

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

Schedule R (Form 990) 2020

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) NEVADANS FOR BACKGROUND CHECKS	C	55,374.	CASH
(2) EVERYTOWN FOR GUN SAFETY VICTORY FUND	B	1,000,000.	CASH
(3)			
(4)			
(5)			
(6)			

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

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

[illegible]

Part VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R. See instructions.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
36	WEBSITE	08/01/19	197	42M	HY	43	181,300.				181,300.	21,583.		51,800.	73,383.
37	MOBILE APP	10/15/19	197	42M	HY	43	450,375.				450,375.	32,170.		128,679.	160,849.
38	FURNITURE	07/01/19	SL	7.00		16	223,158.				223,158.	15,940.		31,880.	47,820.
39	COMPUTER EQUIPMENT	07/01/19	SL	3.50		16	58,661.				58,661.	8,380.		16,760.	25,140.
40	LEASEHOLD IMPROVEMENTS	07/01/19	SL	7.17		16	271,343.				271,343.	18,922.		37,844.	56,766.
41	LEASEHOLD IMPROVEMENTS - ORIGINALLY 137,991	07/01/19	SL	7.17		16	137,991.				137,991.	9,623.		19,246.	28,869.
42	LEASEHOLD IMPROVEMENTS - ASSET 17 LEASE EXTENDED	08/01/19	SL	7.00		16	5,238.				5,238.	312.		748.	1,060.
43	WEBSITE	08/03/20		42M	HY	42	228,000.				228,000.			27,143.	27,143.
44	MOBILE APP	09/01/20		42M	HY	42	74,334.				74,334.			7,079.	7,079.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						1,630,400.				1,630,400.	106,930.		321,179.	428,109.
	OTHER														
15	(D)WEBSITE	07/01/14	197	36M	HY	43	263,093.				263,093.	263,093.		0.	263,093.
22	(D)WEBSITE	07/01/15	197	36M	HY	43	6,500.				6,500.	6,500.		0.	6,500.
23	(D)WEBSITE	07/01/15	197	36M	HY	43	13,750.				13,750.	13,750.		0.	13,750.
24	(D)WEBSITE	07/01/15	197	36M	HY	43	13,000.				13,000.	13,000.		0.	13,000.
25	(D)WEBSITE	07/01/15	197	36M	HY	43	36,825.				36,825.	36,825.		0.	36,825.
26	(D)WEBSITE	07/01/15	197	36M	HY	43	6,500.				6,500.	6,500.		0.	6,500.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
27	(D)WEBSITE	07/01/15	197	36M	HY	43	10,250.				10,250.	10,250.		0.	10,250.
28	(D)WEBSITE	07/01/15	197	36M	HY	43	25,345.				25,345.	25,345.		0.	25,345.
29	(D)WEBSITE	07/01/15	197	36M	HY	43	32,860.				32,860.	32,860.		0.	32,860.
30	(D)WEBSITE	07/01/15	197	36M	HY	43	82,800.				82,800.	82,800.		0.	82,800.
31	(D)WEBSITE	07/31/15	197	36M	HY	43	15,000.				15,000.	15,000.		0.	14,583.
32	(D)WEBSITE	07/31/15	197	36M	HY	43	14,000.				14,000.	14,000.		0.	13,611.
33	(D)WEBSITE	07/01/13	197	36M	HY	43	32,000.				32,000.	32,000.		0.	32,000.
	* 990 PAGE 10 TOTAL OTHER						551,923.				551,923.	551,923.		0.	551,117.
	* 990 PAGE 10 TOTAL -						2,182,323.				2,182,323.	658,853.		321,179.	979,226.
	FURNITURE & FIXTURES														
34	FURNITURE	02/01/17	SL	7.00		16	9,273.				9,273.	3,864.		1,325.	5,189.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						9,273.				9,273.	3,864.		1,325.	5,189.
	OTHER														
16	(D)COMPUTER EQUIPMENT	04/30/14	SL	3.00	HY	17	6,331.				6,331.	6,331.		0.	6,331.
19	FURNITURE	05/31/14	SL	7.00		16	74,493.				74,493.	59,418.		10,642.	70,060.
21	(D)COMPUTER EQUIPMENT	08/01/15	SL	3.00	HY	17	15,335.				15,335.	15,335.		0.	15,335.
	* 990 PAGE 10 TOTAL OTHER						96,159.				96,159.	81,084.		10,642.	91,726.
	* 990 PAGE 10 TOTAL -						105,432.				105,432.	84,948.		11,967.	96,915.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						2,287,755.				2,287,755.	743,801.		333,146.	1,076,141.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,985,421.			0.	1,985,421.	743,801.			1,041,919.
	ACQUISITIONS						302,334.			0.	302,334.	0.			34,222.
	DISPOSITIONS/RETIRED						573,589.			0.	573,589.	573,589.			572,783.
	ENDING BALANCE						1,714,166.			0.	1,714,166.	170,212.			503,358.
	ENDING ACCUM DEPR LESS DISPOSITIONS											503,358.			
	ENDING BOOK VALUE											1,210,808.			

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

2020Attachment
Sequence No. **179**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.

FORM 990 PAGE 10

20-8802884

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

1	Maximum amount (see instructions)	1	1,040,000.
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	2,590,000.
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 2019 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 2021. 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	118,445.

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 2020	17	
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 2020 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2020 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	118,445.
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	

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

Form 4562 (2020)

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.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year ...												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	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.

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year:					
WEBSITE	080320	228,000.		42M	27,143.
MOBILE APP	090120	74,334.		42M	7,079.
43 Amortization of costs that began before your 2020 tax year					179,673.
44 Total. Add amounts in column (f). See the instructions for where to report					213,895.