

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2023

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.

Open to Public
Inspection

A For the 2023 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		
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10163		G Gross receipts \$ 60,673,508.
F Name and address of principal officer: JOHN FEINBLATT P.O. BOX 4184, NEW YORK, NY 10163		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.EVERYTOWN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2007 M State of legal domicile: DE	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE PRIMARY ACTIVITY OF EVERYTOWN FOR GUN SAFETY ACTION FUND IS 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 2023 (Part V, line 2a)	5	234
	6 Total number of volunteers (estimate if necessary)	6	1771647
	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 65,049,593.	Current Year 58,781,460.
	9 Program service revenue (Part VIII, line 2g)	280,468.	597,509.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	175,171.	748,982.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	185,760.	523,995.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	65,690,992.	60,651,946.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	998,300.	741,000.
	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)	18,227,964.	18,804,442.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	412,344.	740,205.
Expenses	b Total fundraising expenses (Part IX, column (D), line 25)	4,764,069.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	40,353,595.	35,046,030.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	59,992,203.	55,331,677.
	19 Revenue less expenses. Subtract line 18 from line 12	5,698,789.	5,320,269.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 18,487,295.	End of Year 23,196,191.
	21 Total liabilities (Part X, line 26)	3,088,994.	2,419,202.
	22 Net assets or fund balances. Subtract line 21 from line 20	15,398,301.	20,776,989.

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 10-28-24	
	JOHN FEINBLATT, PRESIDENT Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name JOSEPH KLUEMPER	Preparer's signature 	Date 10/25/2024	Check if self-employed <input type="checkbox"/> PTIN P00739411
	Firm's name GELLER & COMPANY LLC	Firm's EIN 13-4149326		
	Firm's address P.O. BOX 1510 NEW YORK, NY 10150		Phone no. 212-583-6000	

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

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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

OMB No. 1545-0047

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

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

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.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, 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) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **MICHAEL BROUILLARD C/O GELLER & COMPANY LLC**
PO BOX 1510 - NEW YORK, NY 10150

Telephone No. **212-583-6000** Fax No. **646-998-8527**

- 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**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **23** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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-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.

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

Form **8868** (Rev. 1-2024)

LHA 323841 12-22-23
**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.

Form 990 (2023)

20-8802884 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE PRIMARY ACTIVITY OF EVERYTOWN FOR GUN SAFETY ACTION FUND IS 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 \$ 40,859,275. including grants of \$ 741,000.) (Revenue \$ 597,509.)
SEE SCHEDULE O.

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 40,859,275.

Form 990 (2023)

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

Form 990 (2023)

20-8802884 Page **3**

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> ? See instructions	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 Rev. Proc. 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. See instructions</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

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

Form 990 (2023)

20-8802884 Page **4**

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the 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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	116
b Enter the number of Forms W-2G included on 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.**

Form 990 (2023)

20-8802884 Page **5**

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 234		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the 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
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

Form 990 (2023)

20-8802884 Page **6**

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 on 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 on 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 on 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
MICHAEL BROUILLARD C/O GELLER & COMPANY LLC - 212-583-6000
PO BOX 1510, NEW YORK, NY 10150

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

[illegible]

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

Form 990 (2023)

20-8802884 Page **8**

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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								1,880,377.	0.	229,982.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,880,377.	0.	229,982.

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 **69**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GELLER & COMPANY LLC PO BOX 1510, NEW YORK, NY 10150	FINANCIAL AND ADVISORY SERVICES	4,531,789.
ANNE LEWIS STRATEGIES LLC, 650 MASSACHUSETTS AVENUE, NW SUITE 505,	FUNDRAISING STRATEGIC CONSULTING	2,750,868.
VENABLE LLP, 750 E. PRATT STREET, SUITE 900, BALTIMORE, MD 21202	LEGAL SERVICES	1,884,811.
HYATT REGENCY MCCORMICK PLACE CHICAGO, 2233 S MARTIN LUTHER KING DRIVE, CHICAGO,	LODGING AND ACCOMMODATION	1,240,802.
WATERFRONT STRATEGIES INC, 3050 K STREET NW SUITE 100, WASHINGTON, DC 20007	ADVERTISING	1,078,958.

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 **45**

Form **990** (2023)

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

Form 990 (2023)

20-8802884 Page **9**

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	58,781,460.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 21,562.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a CONFERENCE AND OTHER INCOME	Business Code	541900	302,159.	302,159.		
	b OTHER PROGRAM SERVICE		900099	295,350.	295,350.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f				597,509.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			748,986.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties				428,611.			428,611.
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				
b Less: cost or other basis and sales expenses		7b	21,558.				
c Gain or (loss)		7c	21,562.				
d Net gain or (loss)		-4.					
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 PRIOR YEAR REFUNDS	Business Code	900099	95,384.			95,384.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d				95,384.		
	12 Total revenue. See instructions				60,651,946.	597,509.	0.

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

Form 990 (2023)

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 ☐

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	741,000.	741,000.		
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	262,048.	87,524.	87,262.	87,262.
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	14,264,083.	12,302,466.	1,639,987.	321,630.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	441,735.	389,056.	42,992.	9,687.
9 Other employee benefits	2,697,376.	2,360,831.	291,375.	45,170.
10 Payroll taxes	1,139,200.	1,005,953.	109,863.	23,384.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,893,972.	1,612,648.	229,930.	51,394.
c Accounting	4,580,389.		4,580,389.	
d Lobbying	4,573,860.	4,573,860.		
e Professional fundraising services. See Part IV, line 17	740,205.			740,205.
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.)	3,531,796.	3,145,152.	317,708.	68,936.
12 Advertising and promotion	3,646,591.	1,419,591.		2,227,000.
13 Office expenses	845,426.	261,902.	582,824.	700.
14 Information technology	791,290.	472,496.	315,857.	2,937.
15 Royalties				
16 Occupancy	431,969.	431,969.		
17 Travel	3,134,489.	2,733,964.	349,353.	51,172.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,735,196.	1,542,011.	53,662.	139,523.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	294,333.	251,396.	34,855.	8,082.
23 Insurance	219,013.	12,020.	206,993.	
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 POLITICAL CONTRIBUTIONS	7,425,850.	7,425,850.		
b BANK & CREDIT CARD FEES	648,269.	550.	647,719.	
c POSTAGE AND PRINTING	630,063.	63,418.	3,950.	562,695.
d DATA ACQUISITION	340,056.	25,492.		314,564.
e All other expenses	323,468.	126.	213,614.	109,728.
25 Total functional expenses. Add lines 1 through 24e	55,331,677.	40,859,275.	9,708,333.	4,764,069.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

Form 990 (2023)

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	6,920,994.	1	2,570,651.
	2 Savings and temporary cash investments	7,856,147.	2	17,508,161.
	3 Pledges and grants receivable, net	50,000.	3	
	4 Accounts receivable, net	628,719.	4	634,965.
	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	526,195.	9	545,751.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	793,547.		
	b Less: accumulated depreciation	545,985.		
		338,604.	10c	247,562.
	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	453,097.	14	433,437.
15 Other assets. See Part IV, line 11	1,713,539.	15	1,255,664.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	18,487,295.	16	23,196,191.	
Liabilities	17 Accounts payable and accrued expenses	1,135,798.	17	981,685.
	18 Grants payable	30,000.	18	11,500.
	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	1,923,196.	25	1,426,017.
	26 Total liabilities. Add lines 17 through 25	3,088,994.	26	2,419,202.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,336,936.	27	20,776,989.
	28 Net assets with donor restrictions	61,365.	28	0.
	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	15,398,301.	32	20,776,989.
	33 Total liabilities and net assets/fund balances	18,487,295.	33	23,196,191.

Form **990** (2023)

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

Form 990 (2023)

20-8802884 Page **12**

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	60,651,946.
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,331,677.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,320,269.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,398,301.
5	Net unrealized gains (losses) on investments	5	108,419.
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	-50,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	20,776,989.

Part XII Financial Statements and Reporting

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

	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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	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	

Form **990** (2023)

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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), 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), 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).

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

Schedule B (Form 990) (2023)

Name of organization

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

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>26,741,749.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>8,400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>990,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>350,000.</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**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>13</u>		\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>14</u>		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>15</u>		\$ <u>145,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>16</u>		\$ <u>102,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>17</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>18</u>		\$ <u>100,000.</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**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>19</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>20</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>21</u>		\$ <u>90,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>22</u>		\$ <u>62,610.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>23</u>		\$ <u>54,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>24</u>		\$ <u>50,000.</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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 44,832.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>31</u>		\$ <u>44,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>32</u>		\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>33</u>		\$ <u>31,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>34</u>		\$ <u>29,985.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>35</u>		\$ <u>28,901.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>36</u>		\$ <u>26,417.</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**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		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>43</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>44</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>45</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>46</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>47</u>		\$ <u>21,410.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>48</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

20-8802884**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>49</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>50</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>51</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>52</u>		\$ <u>18,889.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>53</u>		\$ <u>17,875.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>54</u>		\$ <u>15,000.</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**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		\$ 14,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 13,641.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 13,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 12,553.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>61</u>		\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>62</u>		\$ <u>11,667.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>63</u>		\$ <u>11,160.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>64</u>		\$ <u>10,846.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>65</u>		\$ <u>10,256.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>66</u>		\$ <u>10,031.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

20-8802884**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>73</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>74</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>75</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>76</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>77</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>78</u>		\$ <u>10,000.</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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 9,763.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>91</u>		\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>92</u>		\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>93</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>94</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>95</u>		\$ <u>7,291.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>96</u>		\$ <u>6,993.</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**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>97</u>		\$ <u>6,490.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>98</u>		\$ <u>6,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>99</u>		\$ <u>6,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>100</u>		\$ <u>6,025.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>101</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>102</u>		\$ <u>6,000.</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**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>103</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>104</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>105</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>106</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>107</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>108</u>		\$ <u>5,847.</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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>109</u>		\$ <u>5,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>110</u>		\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>111</u>		\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>112</u>		\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>113</u>		\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>114</u>		\$ <u>5,375.</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**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>115</u>		\$ <u>5,318.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>116</u>		\$ <u>5,298.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>117</u>		\$ <u>5,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>118</u>		\$ <u>5,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>119</u>		\$ <u>5,220.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>120</u>		\$ <u>5,100.</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**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>121</u>		\$ <u>5,051.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>122</u>		\$ <u>5,025.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>123</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>124</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>125</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>126</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

20-8802884**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>127</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>128</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>129</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>130</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>131</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>132</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

20-8802884**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>133</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>134</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>135</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>136</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>137</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>138</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>139</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>140</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>141</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>142</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>143</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>144</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

20-8802884**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>145</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>146</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>147</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>148</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>149</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>150</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

20-8802884**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>151</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>152</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>153</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>154</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>155</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>156</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

20-8802884**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>157</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>158</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>159</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>160</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>161</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>162</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

20-8802884**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>163</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>164</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>165</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>166</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>167</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>168</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

20-8802884**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>169</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>170</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>171</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>172</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>173</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>174</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

20-8802884**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>175</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>176</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>177</u>		\$ <u>14,811,418.</u>	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.)

Name of organization

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

Employer identification number

20-8802884**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
66	STOCK DONATION	\$ 10,031.	02/23/23
177	STOCK DONATION	\$ 11,530.	12/31/23
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

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

Employer identification number

20-8802884**Part III**

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization	EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number	20-8802884
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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 \$ **11,240,732.**
- 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 \$ **3,814,882.**
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ **7,425,850.**
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ **11,240,732.**
- 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-.
APRIL FOR ALGONKIAN	PO BOX 651261	88-4352438	500.	0.
ARIZONA DEMOCRATIC PARTY	STERLING, VA 2016			
BODDYE FOR SUPERVISOR	PHOENIX, AZ 85012	86-0125308	5,000.	0.
	PO BOX 8285			
	WOODBIDGE, VA 22	83-1863961	750.	0.
BUDDY DYER CAMPAIGN	PO BOX 540322			
CAREN FITZPATRICK	ORLANDO, FL 32854	27-4760575	1,000.	0.
FOR SENATE	PO BOX 334			
CATHY MOORE FOR	NORTHFIELD, NJ 08	93-2686993	1,000.	0.
SEATTLE CITY COUNCI	PO BOX 27601			
	SEATTLE, WA 98165	92-3290613	300.	0.

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

Schedule C (Form 990) 2023

SEE PART IV FOR CONTINUATION

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.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
not over \$500,000,	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000,	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(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) 2023

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 not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

GUN VIOLENCE AND WHO WILL ENFORCE STRONGER GUN SAFETY LAWS.

Part IV Supplemental Information (continued)

PART I-C CONTINUATION:

APRIL FOR ALGONKIAN

PO BOX 651261 STERLING, VA 20165

EIN: 88-4352438 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

ARIZONA DEMOCRATIC PARTY

2910 N CENTRAL AVE PHOENIX, AZ 85012

EIN: 86-0125308 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

BODDYE FOR SUPERVISOR

PO BOX 8285 WOODBRIDGE, VA 22195

EIN: 83-1863961 COL (D) AMOUNT: 750. COL (E) AMOUNT: 0.

BUDDY DYER CAMPAIGN

PO BOX 540322 ORLANDO, FL 32854

EIN: 27-4760575 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

CAREN FITZPATRICK FOR SENATE

PO BOX 334 NORTHFIELD, NJ 08225

EIN: 93-2686993 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

CATHY MOORE FOR SEATTLE CITY COUNCIL

PO BOX 27601 SEATTLE, WA 98165

EIN: 92-3290613 COL (D) AMOUNT: 300. COL (E) AMOUNT: 0.

CLARKE FOR SENATE

PO BOX 585 LAKE HOPATCONG, NJ 07849

Part IV Supplemental Information (continued)

EIN: 86-1234671 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO BACK ZACH

PO BOX 1515 LEESBURG, VA 20177

EIN: 93-1812830 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT DESHUNDRA

15903 BRAWNER DRIVE DUMFRIES, VA 22025

EIN: 92-1488413 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT EMILIE HUNT

2204 WILLIAM DRIVE VALPARAISO, IN 46385

EIN: 92-2145191 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT PATRICK CONNICK

PO BOX 208 GRETN, LA 70054

EIN: 64-0951214 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT ROYCE DUPLESSIS

1527 SOUTH RAMPART STREET NEW ORLEANS, LA 70113

EIN: 82-3342202 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

COMMITTEE TO ELECT SHAMAIYE HAYNES

2908 TUCKASEEGEE ROAD CHARLOTTE, NC 28208

EIN: 92-1038743 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

DALIA FOR SUPERVISOR

216 ASHTON DRIVE YORKTOWN, VA 23690

Part IV Supplemental Information (continued)

EIN: 83-4451415 COL (D) AMOUNT: 250. COL (E) AMOUNT: 0.

DEBORAH VILLIO CAMPAIGN

5440 DAVID DRIVE KENNER, LA 70065

EIN: 83-3134705 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE

1225 I STREET NW SUITE 1250 WASHINGTON, DC 20005

EIN: 52-1870839 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

DEMOCRATIC MAYORS ASSOCIATION

1660 L STREET NW SUITE 501 WASHINGTON, DC 20036

EIN: 52-1535470 COL (D) AMOUNT: 17500. COL (E) AMOUNT: 0.

DEMOCRATIC MUNICIPAL OFFICIALS

815 BLACK LIVES MATTER PLAZA NW STE 4128 S BUILDING WASHINGTON, DC 20005

EIN: 03-0393091 COL (D) AMOUNT: 20000. COL (E) AMOUNT: 0.

DEMOCRATIC STATE CENTRAL COMMITTEE OF LA

PO BOX 4385 BATON ROUGE, LA 70821

EIN: 72-0748953 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

DEMOCRATS FOR MOUNT OLIVE 2023

30 LAMERSON CIRCLE BUDD LAKE, NJ 07828

EIN: 92-3752194 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

DIANE AND JORDAN FOR LEONIA BOROUGH COUNCIL

95 VAN ORDEN AVENUE LEONIA, NJ 07605

Part IV Supplemental Information (continued)

EIN: 93-2356862 COL (D) AMOUNT: 200. COL (E) AMOUNT: 0.

DUSTIN J MILLER CAMPAIGN FUND

1565 SOUTH MARKET STREET OPELOUSAS, LA 70570

EIN: 81-1108444 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

EFO LOUIS D. GREENWALD FOR ASSEMBLY

2240-15 ROUTE 70 CHERRY HILL, NJ 08002

EIN: 22-3565484 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

ELECT ATOOSA REASER

PO BOX 651052 STERLING, VA 20165

EIN: 88-3064006 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

ELECT CHRISTY CLARK

PO BOX 3323 HUNTERSVILLE, NC 28070

EIN: 82-3957055 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

ELECT MERCEDES AGUIRRE

101 HARDWICK LANE WAYNE, NJ 07470

EIN: 93-2663748 COL (D) AMOUNT: 200. COL (E) AMOUNT: 0.

ELECT PAM STUART

704 228TH AVENUE NORTHEAST APT 263 SAMMAMISH, WA 98074

EIN: 92-3739124 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

ELECTION FUND OF LUCY WALTER COMMISSIONER

34 VAN DUYN DRIVE EWING, NJ 08618

Part IV Supplemental Information (continued)

EIN: 87-2755889 COL (D) AMOUNT: 200. COL (E) AMOUNT: 0.

EMERGE AMERICA

4 EMBARCADERO CENTER SUITE 1400 SAN FRANCISCO, CA 94111

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

ERIKA FOR LOUDOUN

PO BOX 4207 LEESBURG, VA 20177

EIN: 88-2297573 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

ERIN MENDENHALL FOR SALT LAKE CITY MAYOR

PO BOX 521385 SALT LAKE CITY, UT 84152

EIN: 83-4256525 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

EVERYTOWN FOR GUN SAFETY VICTORY FUND

PO BOX 4184 NEW YORK, NY 10163

EIN: 81-3928802 COL (D) AMOUNT: 7000000. COL (E) AMOUNT: 0.

FRIENDS FOR ELECT VICTORIA LUEVANOS

201 PRITCHARD ROAD VIRGINIA BEACH, VA 23452

EIN: 87-4620042 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF ANNE FOR AT LARGE

25 CATOCTIN CIRCLE SOUTHEAST SUITE 1637 LEESBURG, VA 20177

EIN: 92-3196655 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF BETH DAVIDSON

8 SUGARHILL ROAD NYACK, NY 10960

Part IV Supplemental Information (continued)

EIN: 92-2000934 COL (D) AMOUNT: 400. COL (E) AMOUNT: 0.

FRIENDS OF BONNIE LIMBIRD

2019 WEST 71ST STREET PRAIRIE VILLAGE, KS 66208

EIN: 83-3396359 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF DON SCOTT

355 CRAWFORD STREET #704 PORTSMOUTH, VA 23704

EIN: 84-1773321 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

FRIENDS OF DUSTIN REIDY

PO BOX 38174 ALBANY, NY 12203

EIN: 83-3410176 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF JARED BEHR

410 JERICHO TURNPIKE SUITE 200 JERICHO, NY 11753

EIN: 92-3426895 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF JESSICA SCHNEIDER

PO BOX 74262 NORTH CHESTERFIELD, VA 23236

EIN: 88-4368997 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF KAREN KEYS-GAMARRA

2688 LINDA MARIE DRIVE OAKTON, VA 22124

EIN: 92-2720750 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF LAURA JANE COHEN

PO BOX 273 BURKE, VA 22009

Part IV Supplemental Information (continued)

EIN: 92-0869653 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF LAURA TEKRONY

PO BOX 281 ALDIE, VA 20105

EIN: 92-0359776 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

FRIENDS OF MONICA FERGUSON

56 MERIWETHER TRAIL CONGERS, NY 10920

EIN: 92-3113310 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF RUTH WALTER

1 NORMANDY ROAD BRONXVILLE, NY 10708

EIN: 82-0901642 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF RYAN KENNEDY FOR HOPEWELL BOROUGH MAYOR

104 WEST BROAD STREET HOPEWELL, NJ 08525

EIN: 46-2398995 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF SHAWYN PATTERSON-HOWARD

405 SOUTH 3RD AVENUE MOUNT VERNON, NY 10550

EIN: 83-3690550 COL (D) AMOUNT: 1800. COL (E) AMOUNT: 0.

FRIENDS OF SYLVIA GLASS

20826 GLADWYNE COURT ASHBURN, VA 20147

EIN: 83-1586456 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

FRIENDS OF TINA KOTEK

PO BOX 42307 PORTLAND, OR 97242

Part IV Supplemental Information (continued)

EIN: 20-4689019 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

HEALEY DRISCOLL INAUGURAL COMMITTEE

202 BONHAM ROAD DEDHAM, MA 02026

EIN: 92-1079542 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

HENSON FOR VIRGINIA

PO BOX 4026 WOODBRIDGE, VA 22194

EIN: 88-0634041 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

JARRIS TAYLOR FOR DELEGATE

PO BOX 922 YORKTOWN, VA 23692

EIN: 92-3403158 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

JB INAUGURATION COMMITTEE 2023

611 PENNSYLVANIA AVE SE SUITE 143 WASHINGTON, DC 20003

EIN: 92-1359383 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

JENNIFER WOOFER FOR DELEGATE

801 COURT STREET SUITE 101 LYNCHBURG, VA 24504

EIN: 93-1695957 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

JEREMY RODDEN FOR HD90

1225 CHERRYTREE LANE CHESAPEAKE, VA 23320

EIN: 93-2054304 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

JOSHUA COLE FOR DELEGATE

1138 JAMES MADISON CIRCLE FREDERICKSBURG, VA 22405

Part IV Supplemental Information (continued)

EIN: 83-2479832 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

JULI BRISKMAN FOR SUPERVISOR

PO BOX 650343 STERLING, VA 20165

EIN: 83-1784874 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

JULIE FOR LENEXA

10121 HALSEY STREET LENEXA, KS 66215

EIN: 83-3387950 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

KANNAN FOR DELEGATE

22575 LEANNE TERRACE #308 ASHBURN, VA 20148

EIN: 87-4591353 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

KEANE AND DOLAN FOR NEW PROVIDENCE COUNCIL

54 MIDVALE DRIVE NEW PROVIDENCE, NJ 07974

EIN: 92-3461537 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

KELLY TOLAND INAUGURAL 2023

PO BOX 4507 OVERLAND PARK, KS 66204

EIN: 92-1094628 COL (D) AMOUNT: 3100. COL (E) AMOUNT: 0.

KHANOO & SHARMA FOR STATE OFFICE

109 WINDING HILL DRIVE HACKETTSTOWN, NJ 07840

EIN: 93-1563188 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

KIM FOR RENTON MAYOR

754 HOQUIAM PLACE NORTHEAST RENTON, WA 98059

Part IV Supplemental Information (continued)

EIN: 92-3380809 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

KINCANNON FOR KNOXVILLE

941 ELEANOR STREET KNOXVILLE, TN 37917

EIN: 83-1091101 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

LA LEGISLATIVE BLACK CAUCUS PAC

PO BOX 44244 BATON ROUGE, LA 70802

EIN: 68-0674388 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

LAUFER FOR DELEGATE

2539 SUMMIT RIDGE TRAIL CHARLOTTESVILLE, VA 22911

EIN: 88-2589512 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

LEIRION FOR LINCOLN MAYOR

1932 SOUTH 24TH STREET LINCOLN, NE 68502

EIN: 83-2568838 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

MARLA DECKER FOR HOBOKEN CITY COUNCIL WARD 2

1500 GARDEN STREET APT 2G HOBOKEN, NJ 07030

EIN: 93-1339519 COL (D) AMOUNT: 250. COL (E) AMOUNT: 0.

MARTY FOR DELEGATE

PO BOX 6366 LEESBURG, VA 20178

EIN: 92-1551840 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

MICHIGAN DEMOCRATIC STATE CENTRAL COMMITTEE

606 TOWNSEND STREET LANSING, MI 48933

Part IV Supplemental Information (continued)

EIN: 38-1323848 COL (D) AMOUNT: 20000. COL (E) AMOUNT: 0.

NADARIUS CLARK FOR DELEGATE

PO BOX 829 SUFFOLK, VA 23439

EIN: 86-1399122 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

NANCY FRY CAMPAIGN

5341 FLAMINGO PLACE COCONUT CREEK, FL 33073

EIN: 88-4343064 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

NATIONAL DEMOCRATIC COUNTY OFFICIALS

PO BOX 40238 WASHINGTON, DC 20016

EIN: 52-2120677 COL (D) AMOUNT: 15000. COL (E) AMOUNT: 0.

NEW JERSEY SENATE DEMOCRATIC MAJORITY

311 WEST HENRY STREET LINDEN, NJ 07036

EIN: 27-4757751 COL (D) AMOUNT: 20000. COL (E) AMOUNT: 0.

NJ DEMOCRATIC ASSEMBLY CAMPAIGN COMMITTEE

12 NORTH STATE ROUTE 17, SUITE 320 PARAMUS, NJ 07652

EIN: 20-4354327 COL (D) AMOUNT: 20000. COL (E) AMOUNT: 0.

ONE MINNESOTA INAUGURAL COMMITTEE

620 WESLEY COMMONS DRIVE SUITE 28 MINNEAPOLIS, MN 55427

EIN: 83-2517291 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

ONE TOUGH MOTHER

2277 MASSEY ROAD MEMPHIS, TN 38119

Part IV Supplemental Information (continued)

EIN: 84-3415092 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

PUJA FOR DULLES

PO BOX 393 ALDIE, VA 20105

EIN: 88-3381391 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

REAGAN FOR OLATHE

17673 WEST 156TH STREET OLATHE, KS 66062

EIN: 92-1814737 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

SHANTELL ROCK FOR WOODBRIDGE DISTRICT SCHOOLS

2459 BATTERY HILL CIRCLE WOODBRIDGE, VA 22191

EIN: 92-1299117 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

SHAPIRO-DAVIS INAUGURATION

1617 JFK BOULEVARD SUITE 1650 PHILADELPHIA, PA 19103

EIN: 92-1042075 COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.

SHAVONDA SUMTER FOR ASSEMBLY

190 VREELAND AVENUE PATERSON, NJ 07504

EIN: 45-1280348 COL (D) AMOUNT: 500. COL (E) AMOUNT: 0.

SIMONDS FOR DELEGATE

PO BOX 1952 NEWPORT NEWS, VA 23601

EIN: 82-2426732 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

STEVEN REED FOR MONTGOMERY

575 S LAWRENCE STREET MONTGOMERY, AL 36104

Part IV Supplemental Information (continued)

EIN: 83-2868560 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

SUPPORTERS OF STEPHANIE CRANDALL

10007 WINDING CREEK LANE FORT WAYNE, IN 46804

EIN: 92-1042688 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

SUSANNA JOHNSON FOR SHERIFF

9010 MARKET PLACE PMB 123 LAKE STEVENS, WA 98258

EIN: 92-0877803 COL (D) AMOUNT: 1200. COL (E) AMOUNT: 0.

TAMPA STRONG

701 SOUTH HOWARD AVENUE SUITE 106-813 TAMPA, FL 33606

EIN: 82-2106298 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

TANK FOR SHERIFF

3150 ORLEANS STREET UNIT 31338 BELLINGHAM, WA 98228

EIN: 92-0973977 COL (D) AMOUNT: 1200. COL (E) AMOUNT: 0.

VERLINA REYNOLDS-JACKSON FOR ASSEMBLY

705 GREENWOOD AVENUE TRENTON, NJ 08609

EIN: 82-4277728 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

VERMONT DEMOCRATIC PARTY

73 MAIN STREET SUITE 400 MONTPELIER, VT 05602

EIN: 03-0199446 COL (D) AMOUNT: 6000. COL (E) AMOUNT: 0.

VIRGINIA HOUSE DEMOCRATS

1021 EAST CARY STREET SUITE 1275 RICHMOND, VA 23219

Part IV Supplemental Information (continued)

EIN: 75-3164111 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

VIRGINIA SENATE DEMOCRATIC CAUCUS

PO BOX 842 RICHMOND, VA 23218

EIN: 54-1198977 COL (D) AMOUNT: 60000. COL (E) AMOUNT: 0.

CAMERONPAC

PO BOX 55399 METAIRIE, LA 70055

EIN: 47-1307698 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Employer identification number
20-8802884

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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) 2023

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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	427,961.		260,210.	167,751.
d Equipment	58,661.		58,661.	0.
e Other	306,925.		227,114.	79,811.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				247,562.

Schedule D (Form 990) 2023

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

Schedule D (Form 990) 2023

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, line 12, col. (B))		

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, line 13, col. (B))		

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) RIGHT OF USE ASSETS	1,255,664.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,255,664.

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) LEASE LIABILITIES	1,426,017.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,426,017.

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) 2023

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

Schedule D (Form 990) 2023

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	61,861,555.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	108,419.
b	Donated services and use of facilities	2b	1,151,190.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-50,000.
e	Add lines 2a through 2d	2e	1,209,609.
3	Subtract line 2e from line 1	3	60,651,946.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	60,651,946.

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	56,482,867.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,151,190.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,151,190.
3	Subtract line 2e from line 1	3	55,331,677.
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	55,331,677.

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 2D - OTHER ADJUSTMENTS:

ONE-TIME ADJUSTMENT FOR UNRECOVERED ACCOUNTS RECEIVABLE -50,000.

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CAPITAL STRATEGIES - 3111 VIA DOLCE #601, MARINA DEL REY, LISA PRESTA - 163 FOREST SIDE AVENUE, SAN FRANCISCO, CA	IN-PERSON SOLICITATION		X	10,754,831.	175,942.	10,578,889.
O'BRIEN GARRETT - 1200 G STREET NW, SUITE 700, JACKIE BROT-WEINBERG - 11 CYPRESS DRIVE, WOODBURY, NY	IN-PERSON SOLICITATION		X	1,152,285.	33,644.	1,118,641.
ALLEGIANCE FUNDRAISING LLC - PO BOX 9132, FARGO, ND 58160	FUNDRAISING STRATEGIC CONSULTING		X	798,963.	315,766.	483,197.
ANNE LEWIS STRATEGIES LLC - 650 MASSACHUSETTS AVENUE NW	FUNDRAISING STRATEGIC CONSULTING		X	321,910.	12,000.	309,910.
SEA CHANGE STRATEGIES LLC - 7409 BIRCH AVENUE, TAKOMA	FUNDRAISING STRATEGIC CONSULTING		X	265,273.	295,472.	-30,199.
BOYSENBERRY STRATEGIES LLC - 1804 BAY STREET SE, BLUE WAVE POLITICAL PARTNERS LLC - 401 SECOND AVENUE SOUTH	FUNDRAISING STRATEGIC CONSULTING		X	0.	377,705.	-377,705.
	FUNDRAISING STRATEGIC CONSULTING		X	0.	110,935.	-110,935.
	FUNDRAISING STRATEGIC CONSULTING		X	0.	45,600.	-45,600.
	IN-PERSON SOLICITATION		X	0.	12,000.	-12,000.
Total				13,293,262.	1,379,064.	11,914,198.

- 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, MA, MD, ME, MI, MO, MN, MS, NV, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

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

Schedule G (Form 990) 2023

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,
INC.

Schedule G (Form 990) 2023

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: 3111 VIA DOLCE #601, MARINA DEL REY, CA 90292

(I) NAME OF FUNDRAISER: LISA PRESTA

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

(I) NAME OF FUNDRAISER: O'BRIEN GARRETT

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER:

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

(I) NAME OF FUNDRAISER: JACKIE BROT-WEINBERG

(I) ADDRESS OF FUNDRAISER: 11 CYPRESS DRIVE, WOODBURY, NY 11797

(I) NAME OF FUNDRAISER: ALLEGIANCE FUNDRAISING LLC

(I) ADDRESS OF FUNDRAISER: PO BOX 9132, FARGO, ND 58160

(I) NAME OF FUNDRAISER: ANNE LEWIS STRATEGIES LLC

(I) ADDRESS OF FUNDRAISER:

650 MASSACHUSETTS AVENUE NW SUITE 505, WASHINGTON, DC 20001

(I) NAME OF FUNDRAISER: SEA CHANGE STRATEGIES LLC

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

(I) NAME OF FUNDRAISER: BOYSENBERRY STRATEGIES LLC

(I) ADDRESS OF FUNDRAISER: 1804 BAY STREET SE, WASHINGTON, DC 20003

(I) NAME OF FUNDRAISER: BLUE WAVE POLITICAL PARTNERS LLC

(I) ADDRESS OF FUNDRAISER:

401 SECOND AVENUE SOUTH SUITE 303, SEATTLE, WA 98104

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

THE AGREEMENT WITH ANNE LEWIS STRATEGIES LLC INCLUDED SERVICES TO PLACE
AND MANAGE DIGITAL ADVERTISING. THIS AGREEMENT INCLUDED SEPARATE
PROVISIONS FOR AD BUY EXPENSES TO BE PAID TO DIGITAL ADVERTISING
PLATFORMS AND THE VENDOR'S PROFESSIONAL FUNDRAISING FEES RELATED TO THE

Part IV Supplemental Information (continued)

PLANNING AND PLACEMENT OF THE ADS. EVERYTOWN PAID A MEDIA ADVERTISING FEE
OF \$256,205. EVERYTOWN ALSO HAD A SEPARATE AGREEMENT WITH ANNE LEWIS
STRATEGIES LLC FOR DATA ACQUISITION.

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

2023

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AFRICAN AMERICAN MAYORS ASSOCIATION - 660 N CAPITOL STE 450 - WASHINGTON, DC 20001	46-5593933	501C3	0.	15,000.			GENERAL OPERATING SUPPORT
AMERICA VOTES 1155 CONNECTICUT AVENUE NW STE 600 WASHINGTON, DC 20036	26-4568349	501C4	0.	45,000.			GENERAL OPERATING SUPPORT
BOARD OF LATINO LEGISLATIVE LEADERS - 815A BRAZOS #65 - AUSTIN, TX 78701	20-2075553	501C3	0.	25,000.			GENERAL OPERATING SUPPORT
CONGRESSIONAL BLACK CAUCUS POLITICAL EDUCATION AND LEADERSHIP INSTITUTE - 413 NEW JERSEY AVENUE SOUTHEAST - WASHINGTON, DC 20003	52-2270607	501C4	0.	30,500.			GENERAL OPERATING SUPPORT & ANNUAL POLICY CONFERENCE SPONSORSHIP
EQUALITY CALIFORNIA INC 555 W 5TH STREET FLOOR 35 LOS ANGELES, CA 90013	95-4708781	501C4	0.	10,000.			LA EQUALITY AWARDS 2023 SPONSORSHIP
HUMAN RIGHTS CAMPAIGN, INC. 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036	52-1243457	501C4	0.	10,000.			2023 HUMAN RIGHTS CAMPAIGN SPONSORSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **10.**
- 3** Enter total number of other organizations listed in the line 1 table **11.**

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS LEGISLATIVE BLACK CAUCUS FOUNDATION - PO BOX 10243 - SPRINGFIELD, IL 62791	36-4478169	501C3	0.	10,000.			GENERAL OPERATING SUPPORT
LGBTQ VICTORY INSTITUTE, INC 1225 I STREET NW SUITE 525 WASHINGTON, DC 20005	52-1835268	501C3	0.	10,000.			2023 NATIONAL PARTNERSHIP & GENERAL OPERATING SUPPORT
MASSACHUSETTS COALITION TO PREVENT GUN VIOLENCE, INC. - 11 BEACON STREET, SUITE 722 - BOSTON, MA 02108	84-5092934	501C3	0.	18,000.			GENERAL SUPPORT FOR MVP PROGRAM & 8TH ANNUAL PEACE MVP AWARDS SPONSORSHIP
NATIONAL BLACK CAUCUS OF STATE LEGISLATORS - 444 N. CAPITOL STREET NW, SUITE 622 - WASHINGTON, DC 20001	52-1218832	501C3	0.	15,000.			GENERAL OPERATING SUPPORT
NATIONAL HISPANIC CAUCUS OF STATE LEGISLATORS - 1444 I STREET NORTHWEST SUITE 900 - WASHINGTON, DC 20005	84-1168319	501C3	0.	35,000.			GENERAL OPERATING SUPPORT
NATIONAL LEAGUE OF CITIES 660 NORTH CAPITOL STREET NW, NO 4 WASHINGTON, DC 20001	53-0226780	501C4	0.	20,000.			NLC SPONSORSHIP FOR 2023 EVENT
NCSL FOUNDATION FOR STATE LEGISLATURES - 7700 EAST FIRST PLACE - DENVER, CO 80230	74-2232576	501C3	0.	50,000.			NATIONAL CAUCUS OF NATIVE AMERICAN LEGISLATORS SPONSORSHIP
OUR KIDS DESERVE BETTER 927 DOUGLAS AVENUE NASHVILLE, TN 37206	93-2605727	501C4	0.	10,000.			GENERAL OPERATING SUPPORT
ROAD TO MICHIGAN'S FUTURE PO BOX 12248 LANSING, MI 48901	84-4298056	501C4	0.	200,000.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE SCHOOLS, SAFE COMMUNITIES OREGON - 715 NW HOYT STREET 6536 - PORTLAND, OR 97228	88-3710827		0.	10,000.			DONATION TO BALLOT MEASURE COMMITTEE
STATE SOLUTIONS INC. 1747 PENNSYLVANIA AVENUE NW SUITE 2 WASHINGTON, DC 20006	45-3092150	501C4	0.	50,000.			MEMBERSHIP DUES
THE COUNCIL OF STATE GOVERNMENTS LTD - 1776 AVENUE OF THE STATES - LEXINGTON, KY 40511	36-6000818	501C3	0.	62,500.			CSG WEST ANNUAL MEETING SPONSORSHIP, GENERAL OPERATING SUPPORT & SSL RECEPTION IN RALEIGH
THE US CONFERENCE OF MAYORS 1620 I STREET NW WASHINGTON, DC 20006	53-0196642	501C3	0.	25,000.			GENERAL OPERATING SUPPORT
VOICES FOR A SAFER TENNESSEE 4117 HILLSBORO PIKE SUITE 103-320 NASHVILLE, TN 37215	92-3584070	501C4	0.	50,000.			GENERAL OPERATING SUPPORT
WOMEN IN GOVERNMENT RELATIONS, INC. - 908 KING STREET, SUITE 320 - ALEXANDRIA, VA 22314	52-1081459	501C6	0.	20,000.			WGR EMPOWERMENT NETWORK SPONSORSHIP

Schedule I (Form 990)

EVERYTOWN FOR GUN SAFETY ACTION FUND,
INC.

20-8802884

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

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

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

PART I, LINE 2:

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: THE COUNCIL OF STATE GOVERNMENTS LTD

(H) PURPOSE OF GRANT OR ASSISTANCE: CSG WEST ANNUAL MEETING SPONSORSHIP,
GENERAL OPERATING SUPPORT & SSL RECEPTION IN RALEIGH SPONSORSHIP

**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

2023

Open to Public
Inspection

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

	Yes	No
1b	X	
2		X
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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

Schedule J (Form 990) 2023

20-8802884

Page **2**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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) CHARLES B. KELLY	(i)	390,613.	0.	0.	4,880.	36,077.	431,570.	0.
POLITICAL AFFAIRS SENIOR VICE PRESID	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MATTHEW MCTIGHE	(i)	387,280.	0.	8,798.	13,061.	12,421.	421,560.	0.
COO & EXECUTIVE VICE PRESI	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NICHOLAS SUPLINA	(i)	323,530.	0.	0.	0.	36,077.	359,607.	0.
LAW & POLICY SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ZOE L. SEGAL-REICHLIN	(i)	300,946.	0.	0.	11,320.	36,077.	348,343.	0.
OPERATIONS & GENERAL COUNSEL SENIOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STACEY MERA LIPSON	(i)	244,788.	0.	0.	9,792.	36,077.	290,657.	0.
COMMUNICATIONS CHIEF PUBLIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LINDSAY CLARIDA	(i)	224,422.	0.	0.	8,533.	25,667.	258,622.	0.
CHIEF ADVOCACY CAMPAIGN OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

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

PART I, LINE 1A:

FIRST CLASS TRAVEL WAS OCCASIONALLY USED BY THE PRESIDENT AND A LIMITED
NUMBER OF THE EXECUTIVE MANAGEMENT TEAM, IN ACCORDANCE WITH THE
ORGANIZATION'S DOCUMENTED TRAVEL & EXPENSE POLICY AND AS APPROVED BY THE
CHIEF FINANCIAL OFFICER. THE COSTS OF SUCH TRAVEL FOR BUSINESS PURPOSES
WERE PROPERLY EXCLUDED FROM TAXABLE COMPENSATION.

SCHEDULE O
(Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2023

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, DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS

2023 WAS A POWER-BUILDING YEAR FOR THE GUN VIOLENCE PREVENTION MOVEMENT
AND, IN THE WAKE OF TRAGEDY, WE FORGED NEW PATHS IN OUR FIGHT TO KEEP
OUR FAMILIES AND COMMUNITIES SAFE.

EVERYTOWN, MOMS DEMAND ACTION AND STUDENTS DEMAND ACTION VOLUNTEERS
BUILT ON THE 2022 PASSAGE OF THE BIPARTISAN SAFER COMMUNITIES ACT
(BSCA) BY SUCCESSFULLY URGING THE BIDEN-HARRIS ADMINISTRATION TO ISSUE
A GAME-CHANGING, NEW RULE CLARIFYING THE DEFINITION OF WHO IS "ENGAGED
IN THE BUSINESS" OF SELLING FIREARMS, AND THEREFORE REQUIRED TO GET A
LICENSE AND PERFORM BACKGROUND CHECKS ON ALL SALES. IN SEPTEMBER, THE
U.S. BUREAU OF ALCOHOL, TOBACCO, AND FIREARMS ("ATF") ANNOUNCED THE
"ENGAGED IN THE BUSINESS" PROPOSED RULE TO CLOSE THE ONLINE AND GUN
SHOW LOOPHOLE, MOVING THE NATION CLOSER TO BACKGROUND CHECKS ON ALL GUN
SALES. DURING THE COMMENT PERIOD, EVERYTOWN SUPPORTERS SUBMITTED OVER
238,000 COMMENTS IN FAVOR OF THE RULE. ON THE ONE YEAR ANNIVERSARY OF
PASSAGE OF BSCA, PRESIDENT BIDEN SPOKE AT THE NATIONAL SAFER

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization	EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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COMMUNITIES SUMMIT IN HARTFORD, CONNECTICUT, WHICH WAS HOSTED BY
EVERYTOWN, MOMS DEMAND ACTION, STUDENTS DEMAND ACTION, AND OTHERS,
HIGHLIGHTING THE PROGRESS WE'VE MADE IN THE LAW'S FIRST YEAR.

THE WORK DIDN'T STOP THERE. THANKS TO HARD FOUGHT ADVOCACY OF
EVERYTOWN, ALONGSIDE MOMS DEMAND ACTION AND STUDENTS DEMAND ACTION
VOLUNTEERS, IN STATEHOUSES ACROSS THE COUNTRY, LAWMAKERS PASSED A
RECORD-BREAKING 130 GUN SAFETY POLICIES WHILE BLOCKING 95 PERCENT OF
THE GUN LOBBY'S DANGEROUS AGENDA, AND ALLOCATING \$693 MILLION TO GUN
VIOLENCE PREVENTION EFFORTS.

IN VIRGINIA, AFTER EVERYTOWN STRATEGICALLY ENGAGED AND INVESTED IN THE
STATE, GUN SENSE LEGISLATORS TOOK CONTROL OF THE VIRGINIA HOUSE OF
DELEGATES AND MAINTAINED THEIR MAJORITY IN THE VIRGINIA SENATE.
NOTABLY, MOMS DEMAND ACTION VOLUNTEERS HAD A RESOUNDING VICTORY IN THE
VIRGINIA ELECTION, NOW MAKING UP NEARLY 20 PERCENT OF THE VIRGINIA
HOUSE DEMOCRATIC CAUCUS.

OVERALL, IN 2023, 162 MOMS DEMAND ACTION VOLUNTEERS RAN FOR OFFICE IN
28 STATES, WITH 96 WINNING THEIR ELECTIONS, SHOWING THE POWER OF MOMS
DEMAND ACTION VOLUNTEERS GOING FROM ADVOCATING FOR GOOD POLICY TO
WRITING IT.

AS MOMS DEMAND ACTION EMBARKED ON ITS 10TH YEAR OF ADVOCACY, WE
WELCOMED MORE VOLUNTEERS AND SUPPORTERS TO OUR MOVEMENT THAN EVER
BEFORE, WHICH WAS ON FULL DISPLAY DURING OUR 10TH ANNUAL TRAINING
CONFERENCE, GUN SENSE UNIVERSITY, THE FIRST IN-PERSON SINCE THE
PANDEMIC. THERE, VICE PRESIDENT HARRIS JOINED FOR A SWEEPING

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

Employer identification number
20-8802884

CONVERSATION ABOUT THE POWER OF THE GUN SAFETY MOVEMENT AND ILLINOIS
GOVERNOR J.B. PRITZKER AND OTHER STATE GUN SENSE LEADERS JOINED
VOLUNTEERS ON STAGE TO SIGN LANDMARK LEGISLATION TO HOLD THE GUN
INDUSTRY ACCOUNTABLE INTO LAW AND CELEBRATE THE ILLINOIS SUPREME
COURT'S RULING TO UPHOLD THE STATE'S ASSAULT WEAPONS BAN, WHICH WAS
PASSED IN THE WAKE OF THE HIGHLAND PARK SHOOTING TRAGEDY.

OUR MOVEMENT IS LARGER AND MORE DIVERSE THAN EVER BEFORE, AND WE
CONTINUED TO SHOW AMERICANS FROM ALL WALKS OF LIFE THAT WE CAN MAKE
LIFE-SAVING PROGRESS WHEN WE WORK TOGETHER.

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.

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

Employer identification number
20-8802884

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

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

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

FORM 990, PART VI, 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, NC, NH, NJ, NM, NY, OR, PA, SC, TN, UT, VA
WV, WI

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

Employer identification number
20-8802884

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

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AND FORM 990S AVAILABLE TO THE PUBLIC ON ITS WEBSITE OR UPON REQUEST. ADDITIONALLY, THE ORGANIZATION'S FORM 1023 IS AVAILABLE UPON REQUEST. ALL REQUESTS FOR REVIEWING THE ORGANIZATION'S DOCUMENTS CAN BE ADDRESSED TO THE ORGANIZATION IN CARE OF GELLER & COMPANY LLC, AS NOTED IN PART VI, SECTION C, QUESTION 20.

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

OTHER CHANGES IN NET ASSETS -50,000.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS DIRECTLY EXERCISE OVERSIGHT OF THE AUDIT OF FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR.

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

2023

**Open to Public
Inspection**

Name of the organization EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	Employer identification number 20-8802884
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
EVERYTOWN FEDERAL VICTORY FUND - 85-4276951 PO BOX 4184 NEW YORK, NY 10163	POLITICAL ACTIVITY	DELAWARE	527	N/A	EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	X	
EVERYTOWN FOR GUN SAFETY VICTORY FUND - 81-3928802, PO BOX 4184, NEW YORK, NY 10163	POLITICAL ACTIVITY	DELAWARE	527	N/A	EVERYTOWN FOR GUN SAFETY ACTION FUND, INC.	X	
EVERYTOWN FOR GUN SAFETY VICTORY FUND STATE COMMITTEE LLC - 85-2959895, PO BOX 4184, NEW YORK, NY 10163	POLITICAL ACTIVITY	DELAWARE	527	N/A	EVERYTOWN FOR GUN SAFETY VICTORY FUND	X	

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

Schedule R (Form 990) 2023

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

Schedule R (Form 990) 2023

20-8802884 Page 2

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

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

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

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

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

Schedule R (Form 990) 2023

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) EVERYTOWN FOR GUN SAFETY VICTORY FUND	B	7,000,000.	CASH
(2)			
(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]

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

Depreciation and Amortization
(Including Information on Listed Property)

990

OMB No. 1545-0172

2023Attachment
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	1,160,000.
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	2,890,000.
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 2022 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 2024. 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	91,043.

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 2023	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		

Section B - Assets Placed in Service During 2023 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 2023 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	91,043.
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 (2023)

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 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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.

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year:					
MOBILE APP	071023	205,000.		36M	34,167.
MOBILE APP	110323	172,613.		36M	9,590.
43 Amortization of costs that began before your 2023 tax year				STMT 1	43
					159,533.
44 Total. Add amounts in column (f). See the instructions for where to report				44	203,290.

FORM 4562

PART VI - AMORTIZATION

STATEMENT 1

(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
WEBSITE	08/01/19	181,300.	197	42M	176,983.	4,317.
MOBILE APP	10/15/19	450,375.	197	42M	418,207.	32,168.
WEBSITE	08/03/20	228,000.		42M	157,429.	65,143.
MOBILE APP	09/01/20	74,334.		42M	49,555.	21,238.
MOBILE APP	08/23/21	110,000.		36M	48,889.	36,667.
TOTAL TO FORM 4562, LINE 43						159,533.