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Form	9	9	U

Department of the Treasury Internal Revenue Service

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 2 Π Open to Public Inspection

Α	For th	e 2017 calendar year, or tax year beginning and	ending		
в	Check if applicab	C Name of organization EVERYTOWN FOR GUN SAFETY SUPPORT FUND		D Employer identif	ication number
	Addr	ess Tho			
	Name	ge Doing business as		26-1	598353
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit		er 324-8250
	termin ated			G Gross receipts \$	28,193,788.
	Amen	INDER NY 10162		H(a) Is this a group r	
	Appli			for subordinates	
	pendi	^{ing} P.O. BOX 4184, NEW YORK, NY 10163		H(b) Are all subordinates i	
1	Tax-ex	empt status: X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) c	or 52		a list. (see instructions)
		te: WWW.EVERYTOWNRESEARCH.ORG		H(c) Group exemption	
ĸ	Form o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Yea		M State of legal domicile: DE
P	art I	Summary			
a	1	Briefly describe the organization's mission or most significant activities: EVERS	YTOWN	FOR GUN SAF	ETY SUPPORT
Activities & Governance		FUND INC. PUBLISHES GROUNDBREAKING RESEAR			
erná	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of mo	re than 25% of its net a	ssets.
iove		Number of voting members of the governing body (Part VI, line 1a)			5
8		Number of independent voting members of the governing body (Part VI, line 1b)			5
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			31
ivit	6	Total number of volunteers (estimate if necessary)			0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.
			-	Prior Year	Current Year
an		Contributions and grants (Part VIII, line 1h)	······	17,461,732.	
Revenue		Program service revenue (Part VIII, line 2g)		37,100.	
Bei		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,551.	25,427.
	0.000001 1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 17,510,383.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,896,262.	27,966,607. 3,225,774.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		2,890,202.	5,225,774.
(0	1012273		An and South Contraction	2,189,743.	6,060,656.
Expenses	162	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	····· –	257,480.	385,640.
per	b	Total fundraising expenses (Part IX, column (D), line 25) 508, 54	11.		505,010.
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,172,456.	4,591,173.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,515,941.	14,263,243.
		Revenue less expenses. Subtract line 18 from line 12		1,994,442.	13,703,364.
or				eginning of Current Year	End of Year
Net Assets Fund Baland		Total assets (Part X, line 16)		5,585,677.	20,896,593.
t As d B	21	Total liabilities (Part X, line 26)		581,769.	2,197,312.
		Net assets or fund balances. Subtract line 21 from line 20		5,003,908.	18,699,281.
111111111111111	13.000 St. 210.001	Signature Block			
		Ities of perjury, I deplare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true,	correc	t, and complete the claration of preparer (other than officer) is based on all information of whi	ich prepare		
		h Try			8
Sig	n	Signature of officer		Date	
Her	е	JOHN FEINBLATT, PRESIDENT Type or print name and title			
				Date Check	II PTIN
Dala	. 1	Print/Type preparer's name Preparer's signature		IIIVIB If	
Paid		CHARLES POMO Mach VINV		self-employe	
	oarer Only	Firm's name GELLER & COMPANY LLC Firm's address P.O. BOX 1510		Firm's EIN 🕨	13-4149326
038	only	NEW YORK, NY 10150		Dhana na / 2	12)583-6000
Mar	the I			Phone no. (2	37
	01 11-2	RS discuss this return with the preparer shown above? (see instructions)	<u></u>		X Yes No Form 990 (2017)
1320		EE SCHEDULE O FOR ORGANIZATION MISSION ST		ENT CONTINUA	

2art III Statement of Program Service Accomplishments Cincki Eschede Contains a megores or note to any line in this Part III Bitely describe the expanzation's mesories EVERTYOWN FOR QUIN SAPETY SUPPORT FUND INC. PUBLISHES GROUNDEREAKING RESEARCH REPORTS IN AN EFFORT TO EDUCATE THE PUBLIC ABOUT THE DETERTIMENTAL EFFECTS OF ILLEGAL GUNS AND TO HELP REDUCE GUN VIOLENCE. ID did to erganization undertake any significant program services during the year which were not listed on the prof-form 900 400-627 □ ves [X If "Yes, 'describe these new services on Schedule 0. □ ves [X Describe the organization's program service acompletiments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and rownow. if my, for each program service accompletiments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and rownow. if my, for each program service approach. Support THE 2017 TAX YEAR, PEVENTYON FOR GUN SAPETY SUPPORT FUND SUPPORTED A COALITION OF U.S. MAYORS (MAYORS AGAINST ILLEGAL GUNS) IN EDUCATING THE PUBLIC AND OTHER POLICYMARERS ABOUT THE CADSES OF GUN VIOLENCE AND EVIDENCE-BASED POLICIES THAT CAN HELP REDUCE TT. THROUGHOUT THE YEAR, THE ORGANIZATION CONDUCTED ORTGINAL RESEARCH AND PUBLISHED REPORTS AND FACT SHEETS AVAILABLE IN FULL AT TRAUMA INFORMED TRAINING THROUGH THE SUPLYOR NETWORK DELIVERED TRAUMA INFORMED TRAINING THROUGH THE SUPLYOR NETWORK DELIVERED TRAUMA INFORMED TRAINING THROUGH THE SUPLYOR NETWORK DELIVERED	art III] Statement of Program Service Accomplishments Dicket (foculate a response or note tany line in this Part III Bitter (decide the organizations metation: BYDERYTOWN FOR GUN SAFETY SUPPORT FUND INC. PUBLISHES GROUNDEREAKING RESEARCH REPORTS IN AN EFFORT TO EDUCATE THE PUBLIC ABOUT THE Did the organization undertake any significant program services during the year which were not listed on the proform 900 e06 E27 If 'Yaa,' describe these new services on Schedule O. Did the organization indentative any significant changes in how it conducts, any program services? Ives [X] If 'Yaa,' describe these hanges on Schedule O. Describe thoose nonparticitors program services? Ives [X] If 'Yaa,' describe these changes on Schedule O. Describe the organization's program service accompliation to a cach organization's program service accompliation's for each organ services and research accompliation's for each organ service accomplistic accompliation's foreent accompliation's foreent	orm	EVERYTOWN FOR GUN SAFETY SUPPORT FUND 1990 (2017) INC 26-1598353 Pag
Bieley describe the organization # mission: EVERTYONN FOR GUN SAPETY SUPPORT FUND INC. PUBLISHES GROUNDBREAKING RESEARCH REPORTS IN AN EFFORT TO EDUCATE THE PUBLIC ABOUT THE DETRIMENTAL EFFECTS OF ILLEGAL GUNS AND TO HELP REDUCE GUN VIOLENCE. ID dthe organization undertake any significant program services during the year which were not listed on the prior from 990 or 900-E2? IV 'vs, 'describe these changes on Schedule O. Db dthe organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(2) and 501(c)(4) organizations are organization's program service expenses. Section 501(c)(2) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, teach program service acomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(2) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, teach program service appriced is [conc] (Expenses 1 22,549,676. Including period t] 3,225,774.) [noreset] DURING THE 2017 TAX YEAR, EVERYTOWN FOR GUN SAFETY SUPPORT FUND SUPPORTED A COALITION OF U.S. MAYORS (MAYORS AGAINST ILLEGAL GUNS) IN SUPPORTED A COALITION OF U.S. MAYORS (MAYORS AGAINST ILLEGAL GUNS) IN THROUGHOUT THE YEAR, THE ORGANIZATION CONDUCTED ORTGINAL RESEARCH AND PUBLISHED REPORTS AND FACT SHEETS AVAILABLE IN FULL AT the Work EVERTWOWNESEARCH.ORG, EVERYTOWN S SURVIYOR NETWORK DELLVERED TRANUMA INFORMED TRAINING THROUGH THE SURVIYOR SELLOWS NEIP FORGARM, WHI IS AILMED AT SUPPORTING SURVIYORS FILLOWS SPOKE AT OVER 1.75 EVENTS Ib [conc] (Expenses] including period s]] [Normat]] [Normat	Biology describe the organization's mission: EVERNITOWN FOR GUIN SAFETY SUPPORT FUND INC. PUBLISHES GROUNDBREAKING RESEARCH REPORTS IN AN EFFORT TO EDUCATE THE PUBLIC ABOUT THE DETRIMENTAL EFFECTS OF ILLEGAL GUNS AND TO HELP REDUCE GUN VIOLENCE. Old the organization undertake any significant program services during the year which were not listed on the pror form 980 or 990-62? Ives [X] If "Yes," describe these may services on Schedule 0. Ives [X] Ives [X] Bott the organization crease conducting, or make significant charges in how it conducts, any program services? Ives [X] If "Yes," describe these changes on Schedule 0. Describe the organization's program service appoints. Section for oreach organs mervice accomplishments for each of its three largest program services; as measured by expenses. Section for organization's program service appoints. If West, "describe these changes on Schedule 0. Describe the organization's program service appoints. 3,225,774.) (nearest IDURING THE 2017 TAX YEAR, "SUPPROT FUND FOR GUN SAFETY SUPPORT FUND SUPPORTED A COALITION OF U.S. MAYORS (MAYORS AGAINST ILLEGAL GUNS) IN SUPPORTED A COALITION OF U.S. MAYORS (MAYORS AGAINST ILLEGAL GUNS) IN VIOLENCE AND EVIDENCE-BASED POLICIES THAT CAN HELP REDUCE IT. THROUGHOUT THE YEAR, THE ORGANIZATION CONDUCTED ORIGINAL RESEARCH AND PUBLISHED REPORTS AND FACT SHEETS AVAILABLE IN FULL AT WWW.EVERYTOWNRESEARCH.ORG. EVERYTOWN'S SURVIVOR NETWORK NEES YOURS STORES THE SUPPORT FUELS. Iduatin INFORMED AT SUPPORTING SURVIVOR SUPPORT THE SUPPO		
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SEE SCHEDULE O FOR CONTINUATION(S)	002 11-28-17 SEE SCHEDULE O FOR CONTINUATION(S) 2	40	
	2	32002	
	1112 737725 26-1598353 2017.05000 EVERYTOWN FOR GUN SAFETY SU 26-159		2

	1 990 (2017) INC 26-1598	353	Р	age 3
Pa	rt IV Checklist of Required Schedules			
		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	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? If "Yes," complete Schedule D, Part VII	11b		X
с	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? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form **990** (2017)

732003 11-28-17

3

INC

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20	1598353	Page 4

	990 (2017) INC 26-1598	3353	P	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	_		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2017)

732004 11-28-17

Form	990 (2017) INC 26-1598	353	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			0
	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 67			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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:			
а	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.)			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	

Form 990 ((2017)
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732005 11-28-17

EVERYTOWN	FOR	GUN	SAFETY	SUPPORT	FUND
INC					

Form 990 (2017)

26-1598353 Page 6

	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		<u></u>		Σ
Sec	tion A. Governing Body and Management					
					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with	any other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form					
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		
6	Did the organization have members or stockholders?				X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					+
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			10		+
	The governing body?	-	-	8a	x	
	Each committee with authority to act on behalf of the governing body?			8b		ť
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			9		
<u>````</u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
bec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)		No.	Τ.
^ -				10-	Yes	
	Did the organization have local chapters, branches, or affiliates?			10a		+
b	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		+
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the form?	11a	X	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				177	
	• • • • • • • • • • • • • • • • • • • •					┢
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	┢
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	in Schedule O how this was done			12c		\perp
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 approv	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		
b	Other officers or key employees of the organization			15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	/ith a			
	taxable entity during the year?			16a		12
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			1010		
17	List the states with which a copy of this Form 990 is required to be filed AL , AR , CA , FL , F	Т.Т	L.KS.KY.M	D. M7	. MC).
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-					
10		Geci		avalla	DIE	
	for public inspection. Indicate how you made these available. Check all that apply.	in Cak	adula O			
			,		! - 1	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	ntiict o	of interest policy, a	na tina	nciai	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	id records:			
20						
20	TARA PAONE C/O GELLER ADVISORS LLC - 212-583-6000					
20	TARA PAONE C/O GELLER ADVISORS LLC - 212-583-6000PO BOX 1510, NEW YORK, NY 101509 11-28-17SEE SCHEDULE O FOR FULL LIST OF STATES				n 990	

Form 990 (2	2017)	INC					26-15
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest (Compensated
	Employees, an	d Independe	ent Contra	ctors			

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

(R)

INC

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

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

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

(C)

(ח)

(E)

Т

(E)

		i ganization compensat		
X Check this box if neither the organization	nor any related	organization compensat	ed any current officer	director or trustee

(A)	(B)	(C)				(D)	(E)	(F)		
Name and Title	Average	(do	not c	Pos	ition	than (one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer ar	nd a d I	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir				ted		organization	(W-2/1099-MISC)	from the
	related	stee	trustee			cen se		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		loye	co ml				and related
	below	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Ĕ	ŝ	£	Ke	Hiç em	5			
(1) JOHN FEINBLATT	1.30	x		x				0.	0.	0.
PRESIDENT & DIRECTOR (2) RICHARD K. DESCHERER	0.50	^		^				0.	0.	0.
•-•	0.30	x		x				0.	0.	0
VICE PRESIDENT & DIRECTOR		^		^				0.	0.	0.
(3) IAN SHAPIRO	0.50								0	0
SECRETARY & DIRECTOR	0.00	X		X				0.	0.	0.
(4) ED SKYLER	0.20									•
TREASURER & DIRECTOR	0.10	X		X				0.	0.	0.
(5) MEGAN SHEEKEY	0.10									•
DIRECTOR		X						0.	0.	0.
(6) CHRISTOPHER KOCHER	40.00							1		
DIRECTOR, EVERYTOWN SURVIVOR NETWORK						Х		178,008.	0.	36,927.
(7) ERIC TIRSCHWELL	40.00							455 040		
DIRECTOR OF LITIGATION AND NATIONAL						Х		175,043.	0.	27,713.
(8) SARAH LYNN TOFTE	40.00							150 004		04 00F
RESEARCH DIRECTOR						Х		159,224.	0.	31,085.
(9) NOELLE HOWEY	40.00							1.4.0		24 227
DIRECTOR OF CULTURAL ENGAGEMENT	40.00					X		140,000.	0.	34,997.
(10) KONSTANTINA DINA DARIOTIS	40.00							100 000	0	24 412
DEPUTY DIRECTOR, SURVIVOR NETWORK OP						X		122,320.	0.	34,413.
		<u> </u>								
		<u> </u>								
720007 11 00 17										Earm 990 (2017)

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Form 990 (2017)

7.10	IN FOR G	JN	SZ	AFI	ETY	YS	SU	PPORT FUND	26-1	500	353		9
Form 990 (2017) INC Part VII Section A. Officers, Directors, Tru	stees Kev Em	nlov	000	an	d Hi	aho	et (Compensated Employe		590	555	P	age 8
(A) Name and title	(B) Average hours per week	(do box	not c	(C Pos heck	C) ition more rson i		one h an	(D) Reportable	(E) Reportable compensatio from related	on	an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr org and	pensa om th anizat d relat anizati	e ion :ed
1b Sub-total								774,595.		0.	16	5,1	35.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	/II, Section A							0. 774,595.		0.		5,1	0.
2 Total number of individuals (including but							no r	-),000 of reportab	-		- / -	5
compensation from the organization												Yes	No
3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>	, ,		,					U			3		x
4 For any individual listed on line 1a, is the s and related organizations greater than \$1								-	-		4	x	
5 Did any person listed on line 1a receive or rendered to the organization? <i>If "Yes," col</i>											5		X
Section B. Independent Contractors													
1 Complete this table for your five highest of the organization. Report compensation for										npens	ation f	rom	
(A) Name and busines	s address							(B) Description of s		С	(C comper		n
GELLER ADVISORS LLC PO BOX 1510, NEW YORK, N	IY 10150							FINANCIAL AN ADVISORY SER			57	2,3	61.
CAPITAL STRATEGIES, 1390 STE 108, MARINA DEL REY,	0 OLD H		BOI	RI	'IAl	NE,	,	FUNDRAISING					
CHONG + KOSTER LLC, 1640 SUITE 600, WASHINGTON, I	RHODE C C 20036		LAI	ND	NV	N,		ADVERTISING			243,693. 180,000.		
GROSSMAN MARKETING GROUP 30 COBBLE HILL ROAD, SOM	IERVILLE							PROMOTIONAL ITEMS			166,710.		
SS KS LLC, 136 MADISON A NEW YORK, NY 10016								TALENT INTEG SERVICE			14	3,6	69.
2 Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	d to		se lis 3	steo	d above) who received n	nore than			000	
											Form	990 ()	2017)

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INC

Form 990 (2017)

Ра	rt VI	Check if Schedule O cont		or poto to any lir	o in this Part VIII			
		check in Schedule O cont.			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	Membership dues	1b					
År, (c	Fundraising events	1c					
ilar İlar	c	B Related organizations	1d					
Sin',		e Government grants (contribut						
er (f	All other contributions, gifts, gran						
ië Đ		similar amounts not included abov		27,674,837.				
non Da		Noncash contributions included in lines		240,326.	27 (74 027			
0 @	r	Total. Add lines 1a-1f		1	27,674,837.			
đ	2 8	CONFERENCES AND OTHER		Business Code 541900	266,343.	266,343.		
, vic	2 c k	-		511500	200,010.	200,010.		
Ser								
am		-						
Program Service Revenue	e							
ሻ	f	All other program service reve	enue					
	ç	g Total. Add lines 2a-2f		►	266,343.			
	3	Investment income (including						
		other similar amounts)		24,878.			24,878.	
	4	Income from investment of tax						
	5	Royalties						
	6.	Cross ranta	(i) Real	(ii) Personal				
		a Gross rents b Less: rental expenses						
		Rental income or (loss)						
		b Net rental income or (loss)	L					
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	227,730.					
	k	Less: cost or other basis						
		and sales expenses	227,181.					
		Gain or (loss)						
		d Net gain or (loss)		····· •	549.			549.
ne	8 4	a Gross income from fundraising						
Other Revenue		including \$						
Be		contributions reported on line	,					
her		Part IV, line 18 D Less: direct expenses						
đ		Net income or (loss) from func		L ►				
		Gross income from gaming ac						
		Part IV, line 19						
	k	Less: direct expenses						
		Net income or (loss) from gam		►				
	10 a	a Gross sales of inventory, less	returns					
		and allowances						
		Less: cost of goods sold						
	Ċ	Net income or (loss) from sale						
		Miscellaneous Revenu	е	Business Code				
	11 a							<u> </u>
	k							
		a All other revenue						
		• Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			27,966,607.	266,343.	0.	25,427.
73200	9 11-2			····· P		· · · · · ·		Form 990 (2017)
					9			. ,

Form 990 (2017) Part IX Statement of Functional Expenses

INC

	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 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	3,225,774.	3,225,774.		
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,				
6	trustees, and key employees Compensation not included above, to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	nerve and described in section $40\Gamma0(s)(2)(D)$				
7	Other salaries and wages	4,660,842.	4,305,544.	266,836.	88,462
8	Pension plan accruals and contributions (include	_,,	_,,		,
Ŭ	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,399,814.	1,302,351.	70,077.	27,386
10	Payroll taxes	, , -	, ,		,
11	Fees for services (non-employees):				
a					
b	Г	420,463.	286,187.	134,276.	
с	• ··· [600,971.		600,971.	
d					
е		385,640.			385,640
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1,477,960. 312,318.	1,454,568. 312,318.	23,392.	
12	Advertising and promotion	312,318.	312,318.		
13	Office expenses	139,272.	117,445.	19,117.	2,710.
14	Information technology				
15	Royalties				
16	Occupancy				4 2 4 2
17	Travel	876,793.	864,774.	7,676.	4,343.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	497,029.	460,655.	36,374.	
19	Conferences, conventions, and meetings	497,029.	400,055.	50,574.	
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	65,629.	65,629.		
22 23	. F	12,701.	05,025.	12,701.	
23 24	Other expenses. Itemize expenses not covered	12,7010		12,7010	
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		76,549.	76,549.		
b		69,872.	69,872.	0.	
c	BANK AND CREDIT CARD FE	31,925.	0.	31,925.	
d	DONATIONS PROCESSING FE	5,468.	5,468.		
е	All other expenses	4,223.	2,542.	1,681.	
25	Total functional expenses. Add lines 1 through 24e	14,263,243.	12,549,676.	1,205,026.	508,541
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 Figure if following SOP 98-2 (ASC 958-720)				Earm 990 (2017

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Form **990** (2017)

Form 990 (2017)

art 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
1	Cash - non-interest-bearing	2,522,342.	1	8,297,048
2	Savings and temporary cash investments	1,006,490.	2	3,031,056
3	Pledges and grants receivable, net	1,859,693.	3	9,526,085
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	126,149.	9	35,023
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
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	71,003.	14	7,38
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,585,677.	16	20,896,59
17	Accounts payable and accrued expenses	356,208.	17	2,051,72
18	Grants payable	225,561.	18	145,580
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	581,769.	26	2,197,312
	Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright [X] and			
	complete lines 27 through 29, and lines 33 and 34.	2 1 4 4 0 1 5		0 100 10
27	Unrestricted net assets	3,144,215.	27	9,173,19
28	Temporarily restricted net assets	1,859,693.	28	9,526,08
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	10 000 000
33	Total net assets or fund balances	5,003,908.	33	18,699,283
34	Total liabilities and net assets/fund balances	5,585,677.	34	20,896,593

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EVERYTOWN	FOR	GUN	SAFETY	SUPPORT	FUND
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Form	1990 (2017) INC	70-T:	220222	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,966		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,263	3,2	43.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,703		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,003	3,9	08.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-7	', 9:	91.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	18,699),2	81.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

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Department of the Treasury				Public Cha omplete if the orga 49	OMB No. 1545-0047 2017 Open to Public						
		he organizati		•	v/Form990 for instructi GUN SAFETY S				Employor	Inspection identification number	
Man		ine organizati		TIOWN FOR	GON SAFEII S	OFFOR	I FON	D		6-1598353	
Pa	rt I	Reason		Charity Status	(All organizations must co	omplete th	is part.) Se	ee instruction			
The	organ				(For lines 1 through 12, o						
1		A church, co	nvention of ch	nurches, or associati	on of churches describe	d in sectio	on 170(b)([.]	1)(A)(i).			
2	Ц				(Attach Schedule E (Forn						
3					anization described in s e						
4			-	zation operated in co	onjunction with a hospita	describe	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
5		city, and stat		ior the honefit of a o		d or oporo	tod by a a	overnmentel	unit dooorik	ad in	
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6					mental unit described in	section 1	70(b)(1)(A)	(v).			
7	X				antial part of its support 1				the general	public described in	
		section 170(b)(1)(A)(vi). (C	Complete Part II.)		-			-		
8		A community	trust describ	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)					
9		-		-	d in section 170(b)(1)(A)(-		-	-	
			or a non-land-	grant college of agri	culture (see instructions).	Enter the	name, cit	y, and state c	f the colleg	e or	
10		university:	on that narmy		a than 22 1/20/ of its our	nort from	oontributi	ana mambar	abia faca a	nd areas respire from	
10		-		• • • •	e than 33 1/3% of its sup act to certain exceptions,					•	
					e (less section 511 tax) fr						
				omplete Part III.)				·	-		
11	Ц	An organizati	on organized	and operated exclus	sively to test for public sa	afety. See	section 50	09(a)(4).			
12		-	-	-	sively for the benefit of, to	-			•		
				-	ed in section 509(a)(1) o					heck the box in	
а		7	-		of supporting organizatio supervised, or controlled		-		-	aivina	
a	L				egularly appoint or elect a	•					
			-	complete Part IV, S	• • • •	·····j-···j					
b		Type II. A s	upporting or	ganization supervise	d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	ving	
		control or r	nanagement o	of the supporting org	ganization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported	
		٦ ⁻		st complete Part IV							
С					ng organization operated s). You must complete l				ally integrate	ed with,	
d			•	.,.	porting organization oper				orted organi	zation(s)	
_					ization generally must sa				-		
		requiremen	t (see instruc	tions). You must co	mplete Part IV, Sections	A and D	, and Part	v .			
е					written determination from			а Туре I, Туре	e II, Type III		
					onally integrated support]	
T				n about the support	od organization(s)						
9		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
				ļ							
Tota											
		aperwork Re	duction Act I	Notice, see the Inst	ructions for Form 990 o	r 990-EZ.	732021 10-	-06-17 Sche	dule A (For	m 990 or 990-EZ) 2017	

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Schedule A (Form 990 or 990 EZ) 2017 INC

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,007,216.	5,323,805.	8,999,141.	17,461,732.	27,674,837.	60,466,731.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	1,007,216.	5,323,805.	8,999,141.	17,461,732.	27,674,837.	60,466,731.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						14,314,592.
6	Public support. Subtract line 5 from line 4.						46,152,139.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,007,216.	5,323,805.	8,999,141.	17,461,732.	27,674,837.	60,466,731.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	927.	745.	638.	4,051.	24,878.	31,239.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						60,497,970.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (I	line 6, column (f) di	vided by line 11, co	olumn (f))		14	76.29 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	73.52 %
1 6a	33 1/3% support test - 2017. If the c	organization did no	t check the box on	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	l organization		
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not cl	neck a box on line	13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anization	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	s >
					0	dulo A /Earm 000	

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 INC

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth f	tax year as a section	on 501(c)(3) oi	rganization,
	check this box and stop here						
Se	ction C. Computation of Pub	lic Support Pe	ercentage				
15	Public support percentage for 2017 ((line 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2016					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage	•			
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19 a	a 33 1/3% support tests - 2017. If the	-					
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t			
7320	23 10-06-17			15	Sch	edule A (Fori	n 990 or 990-EZ) 2017

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2017.05000 EVERYTOWN FOR GUN SAFETY SU 26-15981

Schedule A (Form 990 or 990-EZ) 2017 INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

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	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see inst	ructions).		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	y (see instruction	ŕ	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
732028	5 10-06-17 Schedule A 17	A (Form 990 or 9	90-EZ)	2017

	EVERYTOWN	FOR	GUN	SAFETY	SUPPORT	FUND
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Schee	dule A (Form 990 or 990 EZ) 2017 INC			26-1598353 _{Page} 6
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	1
Section	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Sche	dule A (Form 990 or 990-EZ) 2017 INC			6-1598353 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
с	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

EVERYTOWN FO	R GUN	SAFETY	SUPPORT	FUND
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Schedule A	(Form 990 or 990-E2		LOWIN FC	JR GUN	SAFETY	SUPPORT	FUND	26-1598353 Pa
Part VI	Supplemental	Information. Pr	ovide the ex	planations r	equired by Par	t II. line 10: Pa	rt II, line 17a or	17b; Part III, line 12;
	Part IV, Section A,	lines 1, 2, 3b, 3c, 4k	o, 4c, 5a, 6,	9a, 9b, 9c, 1	1a, 11b, and 1	1c; Part IV, Se	ction B, lines 1	and 2; Part IV, Section C
	line 1; Part IV, Sect	tion D, lines 2 and 3	; Part IV, See	ction E, lines	1c, 2a, 2b, 3a	, and 3b; Part '	V, line 1; Part V,	Section B, line 1e; Part
	Section D, lines 5, (See instructions.)	6, and 8; and Part V	, Section E,	lines 2, 5, ar	nd 6. Also com	plete this part	for any addition	al information.
	(See Instructions.)							
2028 10-06-	17						Schedule	A (Form 990 or 990-EZ
					20			
31112	737725 26	-1598353	2017	.05000	EVERYT	OWN FOR	GUN SAF	ETY SU 26-159

Schedule B (Form 990, 990-FZ. or 990-PF)

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

Employer identification number

Name of the organizat	ion
	EVE
	TNIC

EVERYTOWN FOR GUN SAFETY SUPPORT FUND

INC Organization type (check one): 26-1598353

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization EVERYTOWN FOR GUN SAFETY SUPPORT FUND INC

Employer identification number

26-1598353

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$ <u>6,999,006.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>5,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>2,063,632.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>2,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,338,768.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017
723452 11-01	22		000, 000 LZ, 01 000-FF) (2017

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization EVERYTOWN FOR GUN SAFETY SUPPORT FUND INC

Employer identification number

26-1598353

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$8 881,294.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$768,476.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$7,623,661.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-0		Schedule B (Form 3	990, 990-EZ, or 990-PF) (2017)

VERY: NC	IOWN FOR GUN SAFETY SUPPORT FUND		26-1598353
Part II	Noncash Property (see instructions). Use duplicate copies of Part II		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK - VARIOUS	_	
9		\$240,326	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
3453 11-01	-17 24	- ·	 orm 990, 990-EZ, or 990-PF

Schedule B	(Form 990, 990-EZ, or 990-PF) (2017)			Page 4				
Name of orga	inization			Employer identification number				
EVERYT	OWN FOR GUN SAFETY SUP	PORT FUND						
INC				26-1598353				
Part III	Exclusively religious, charitable, etc., con	tributions to organizations describe	d in section 501(c)(7), (8),	or (10) that total more than \$1,000 for				
	the year from any one contributor. Complete							
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition		or less for the year. (Enter this into. or	ice.)				
(a) No.								
from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Part I								
		(e) Transfer of g						
		(e) transfer of g	int int					
		nd 71D : 4	Relationship of transferor to transferee					
	Transferee's name, address, and ZIP + 4							
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Faili								
			[
			[
-	(e) Transfer of gift							
	(e) Transfer of gift							
	Transferee's name, address, a	Relationshin of tr	ansferor to transferee					
		[
(a) No.								
`from Part I	(b) Purpose of gift	(c) Use of gift	ft (d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Part I	()	(0) 000 01 girt	(4) 2 66	Seription of non-girt io nord				
L								
		(e) Transfer of g	ift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				
			- • • •					
723454 11-01-	17	25	Schedul	e B (Form 990, 990-EZ, or 990-PF) (2017)				
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(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527 Department of the Treasury Complete if the organization is described below. ▲ Attach to Form 990 or Form 990-EZ. Department of the Treasury Department of the organization and the latest information. Department of the Treasury Department of the Treasury Department of the organization is described below. ▲ Attach to Form 990 or Form 990-EZ. Department of the Treasury Department of the organization is described below. ▲ Attach to Form 990 or Form 990-EZ. Department of the Treasury Department of the organization is described below. ▲ Attach to Form 990 or Form 990-EZ. Department of the Treasury Department of the Treasury Department of the Organization and the latest information. Department of the Treasury Department of the Treasur	SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1	545-0047	
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ So to www.irs.gov/Form990 for instructions and the latest information. Depart to Public Inspection Socion 501(c)(3) organizations: Complete Parts I:A and B. Do not complete Part I:C. Socion 501(c)(3) organizations: Complete Parts I:A and B. Do not complete Part I:A. Socion 501(c)(3) organizations: Complete Parts I:A and B. Do not complete Part I:A. Socion 501(c)(3) organizations: Complete Part I:A only. If the organization answered "Yes," on Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Socion 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II:B. Socion 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II:B. Do not complete Part II:B. Socion 501(c)(3) organizations: Complete Part III. Socion 501(c)(4), (5), or (6) organizations: Complete Part III. Socion 501(c)(4), (5), or (6) organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization is exempt under section 501(c)(3). Employer identification number <u>Socients 501(c)(3)</u> Employer identification number exection 501(c)(2). Socient 501(c)(c)(3) Socient 501(c)(c)(3). Socient 501(c)(c)(3). Socient 501(c)(c)(3). Employer identification is exempt under section 501(c)(3). Employer identification is exempt under section 501(c)(3). Socient 501(c)(c)(3). Socient 50	(Form 990 or	990-EZ)		-	-		20	17
Department Description Supervisor Superv							20	17
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 IA and B. Do not complete Part IC. Section 501(c) (other than section 501(c)(3) organizations: Complete Part IA 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 than tave filed Form 5768 (election under section 501(t)): Complete Part II-B. Section 501(c)(3) organizations than tave filed Form 5768 (election under section 501(t)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3) organizations than tave filed Form 5768 (election under section 501(t)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3) organizations: Complete Part III. Name of organizations is complete Part III. Name of organization EVEXTOWN FOR GUN SAFETY SUPPORT FUND INC Part I-A Complete If the organization is exempt under section 501(c) or is a section 527 organization. Part I-B Complete If the organization is exempt under section 501(c)(3). I Enter the amount of any excise tax incurred by the organization managers under section 501(c)(3). I Enter the amount of any excise tax incurred by organization managers under section 501(c)(3). I Enter the amount of any excise tax incurred by organization managers under section 501(c)(3). I Enter the amount of any excise tax incurred by organization managers under section 501(c)(3). I Enter the amount of any excise tax incurred by organization managers under section 501(c)(3). I Enter the amount of any excise tax incurred by organization for section 527 exempt function activities \$ Section 501(c)(3). I Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount of the filing organization for section 527 exem	Department of the Treasury							
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• 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 onjy. (1) the organization answered 'Yes,' on Form 990, Part VI, 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-B. Do not complete Part II-B. • Section 501(c)(4) (5) or (6) organizations is that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. • Section 501(c)(4) (5) or (6) organizations: Complete Part III. • Section 501(c)(4), (5) or (6) organizations: Complete Part III. Name of organization EVERYTOWN FOR GUN SAFETY SUPPORT FUND Employer identification number 26-1598353 Part I-B Complete If the organization is direct and indirect political campaign activities in Part IV. 2 2 2 2 3 Volunteer hours for political campaign activities 2 2 1 1 Part I-B Complete If the organization is exempt under section 501(c)(3). 1 1 2 2 3 Volunteer hours for political campaign activities 2 3 1 2 2 2 3 1 2 2 2 3 3 <td>-</td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td>	-					1		
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-B. Do not complete Part II-A. • 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) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 99			•	•	. Do not complete Pa	art I-B.		
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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? \$ 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Yes Yes Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization is exempt under section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 \$ 2 Enter the amount of the filing organization is exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ \$ 4 Did the filing organization listed, enter the amount paid from the filing 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's funds. Also enter the amount of political contributions received and promyties and	Dort I P	Complete if the er	ronization is avampt und	or agation E01(a)	(2)			
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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 \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 4 Did the filing organization file Form 1120-POL for this year? \$ 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, 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 (a) Name (b) Address (c) EIN (d) Amount paid from promptly and directly delivered to a separate political organization's funds. If none, enter -0								
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 \$ \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities > \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b > \$ 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. (e) Amount of political contributions received and promytly and directly delivered to a separate political organization's funds. If none, enter -0. (e) Amount of political contributions received and promytly and directly delivered to a separate political organization's funds. If none, enter -0. (e) Amount of political contributions received and promytly and directly delivered to a separate political organization's funds. If none, enter -0. (e) Amount of political contributions received and promytly and								
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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 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 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, 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. (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's funds. If none, enter -0.								
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ 4 Did the filing organization file Form 1120-POL for this year? ▶ \$ 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. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0			panization is exempt und	er section 501(c)	. except section	501(c	:)(3).	
 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 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, 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 organization. 					· •	· ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
exempt function activities						• • <u>-</u>		
 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 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 delivered to a separate political organization. 				-		₽ €		
 line 17b Did the filing organization file Form 1120-POL for this year? Finter 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 committee (part or a separate political organization) filing organization's funds. If none, enter -0. 						• •		
 4 Did the filing organization file Form 1120-POL for this year? 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 funds. If none, enter -0 political organization. 						▶ \$		
 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 funds. If none, enter -0 enter the aseparate political organization. 						·· · -	Ves	No
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.								
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(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.								
filing organization's funds. If none, enter -0 funds. If none, enter -0	political ac	ction committee (PAC). If	additional space is needed, provi	de information in Part	IV.			
filing organization's funds. If none, enter -0 funds. If none, enter -0		(a) Name	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of	political
delivered to a separate political organization.		.,					contributions red	ceived and
political organization.					funds. If none, en	:er -0		,
If none, enter -0								
						T		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	
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Schedule C (Form 990 or 990-EZ) 2017

732041 11-09-17

Sche	dule C (Form 990 or 990-EZ) 2017 INC			598353 Page 2						
Pa	t II-A Complete if the organization	on is exempt under section 501(c)(3) and fi	led Form 5768 (el	ection under						
	section 501(h)).									
A C	neck 🕨 🛄 if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	l group member's nam	e, address, EIN,						
	expenses, and share of excess lobbying expenditures).									
BC	B Check 🕨 🔲 if the filing organization checked box A and "limited control" provisions apply.									
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals						
1a	Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying)								
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	619,527.							
с	Total lobbying expenditures (add lines 1a and	d 1b)	619,527.							
d			11,930,149.							
е	Total exempt purpose expenditures (add line	s 1c and 1d)	12,549,676.							
	Lobbying nontaxable amount. Enter the amo		777,484.							
	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% o	f line 1f)	194,371.							
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.							
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.							
j	If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720	_							
	reporting section 4911 tax for this year?		L	YesNo						
	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									
	LODI									

b Lobbying ceiling amount (150% of line 2a, column(e)) 3,690,821 c Total lobbying expenditures 20,300. 799,676. 619,527. 1,439,503 d Grassroots nontaxable amount 82,598. 131,354. 206,815. 194,371. 615,138 e Grassroots ceiling amount 615,138 615,138 615,138	Lobbying Expenditures During 4-Year Averaging Period													
b Lobbying ceiling amount (150% of line 2a, column(e)) 3,690,821 c Total lobbying expenditures 20,300. 799,676. 619,527. 1,439,503 d Grassroots nontaxable amount 82,598. 131,354. 206,815. 194,371. 615,138 e Grassroots ceiling amount 9<		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total								
(150% of line 2a, column(e)) 3,690,821 c Total lobbying expenditures 20,300. d Grassroots nontaxable amount 82,598. 131,354. 206,815. 194,371. 615,138	2a Lobbying nontaxable amount	330,391.	525,414.	827,258.	777,484.	2,460,547.								
d Grassroots nontaxable amount 82,598. 131,354. 206,815. 194,371. 615,138 e Grassroots ceiling amount	, , ,					3,690,821.								
e Grassroots ceiling amount	c Total lobbying expenditures	20,300.		799,676.	619,527.	1,439,503.								
	d Grassroots nontaxable amount	82,598.	131,354.	206,815.	194,371.	615,138.								
	0					922,707.								
f Grassroots lobbying expenditures 20,300. 114,314. 134,614	f Grassroots lobbying expenditures	20,300.		114,314.		134,614.								

Schedule C (Form 990 or 990-EZ) 2017

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26-1598353 Page 3

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a))	(b)	
of the	olobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g h	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
b	Carryover from last year		2 b		
С	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 exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?				
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
Provi	de the descriptions required for Part I.A. line 1: Part I.B. line 4: Part I.C. line 5: Part II.A (affiliated arour	list). Part II.	∆ lines 1 :	and 2 (see	

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.

Schedule C (Form 990 or 990-EZ) 2017

732043 11-09-17

15131112 737725 26-1598353 2017.05000 EVERYTOWN FOR GUN SAFETY SU 26-15981

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60		Supp	lomont	ol Einor	aial State	monto		OMB No. 1545-0047
					swered "Yes" on			2017
(FOII	1990)	Part IV, line	e 6, 7, 8, 9, 10), 11a, 11b, 1	1c, 11d, 11e, 11f,	, 12a, or 12b.		Open to Public
	nent of the Treasury Revenue Service	►Go to www.ii		Attach to Fo		test information.		Inspection
-	e of the organization E	EVERYTOWN F					Emp	bloyer identification number 26-1598353
Par	t I Organizations	Maintaining Do	nor Advis	ed Funds o	or Other Simil	ar Funds or A	ccou	Ints.Complete if the
	organization answe	ered "Yes" on Form 9	90, Part IV, lii	ne 6.				·
				(a) D	onor advised fund	ds (b) Fun	ds and other accounts
1	Total number at end of ye	ear						
2	Aggregate value of contril	butions to (during yea	ar)					
3	Aggregate value of grants	s from (during year)						
4	Aggregate value at end of							
5	Did the organization inform			-				
	are the organization's pro							Yes II No
6	Did the organization inform	•	-		• •			
	for charitable purposes ar						-	
Par	impermissible private ben							
		Easements. Com	-	-		Form 990, Part IV,	line /	
1	Purpose(s) of conservatio		•			on of a bistoriaally	impor	tant land area
	Protection of natura	d for public use (e.g.,	recreation or	education)		on of a historically	•	
	Preservation of ope					on of a certified hi	storic	structure
2			n hold a qual	ified concerve	tion contribution	in the form of a co	noonu	ation easement on the last
2	day of the tax year.	n zu ir the organizatio	n neiu a quai			In the form of a co	ISEIVa	Held at the End of the Tax Year
а	Total number of conserva	tion easements					2a	
	Total acreage restricted b						2b	
	Number of conservation e						2c	
	Number of conservation e							
ŭ	listed in the National Regi						2d	
3	Number of conservation e							n during the tax
	year 🕨			,	5 ,	······································		
4	Number of states where p	- property subject to co	onservation ea	asement is loc	ated ►			
5	Does the organization have					nandling of		
	violations, and enforceme	ent of the conservatio	n easements	it holds?	-	-		Yes No
6	Staff and volunteer hours	devoted to monitorir	ng, inspecting	, handling of v	violations, and en	forcing conservation	on eas	ements during the year
	▶							
7	Amount of expenses incu	rred in monitoring, in	specting, han	dling of violat	ons, and enforcir	ng conservation ea	semer	nts during the year
	▶\$							
8	Does each conservation e	easement reported or	n line 2(d) abo	ve satisfy the	requirements of s	section 170(h)(4)(E	3)(i)	
	and section 170(h)(4)(B)(ii))?						Yes No
9	In Part XIII, describe how	-						
	include, if applicable, the	text of the footnote to	o the organiza	ation's financi	al statements that	t describes the org	ganizat	tion's accounting for
Der	conservation easements.	Maintaining Ca	lleations	4 A.4 11:04	aviaal Traaau	waa ay Othay	0:	
Par	t III Organizations	-				res, or Other a	Simii	ar Assets.
		ganization answered						
та	If the organization elected	•			•			
						n in furtherance of	public	service, provide, in Part XIII,
h	the text of the footnote to					a atatamant and b	مامعم	a boot works of art bistoriaal
b	-				-			e sheet works of art, historical
	relating to these items:	assets held for publi		Succation, of I		rance of public ser	vice, f	provide the following amounts
	(i) Revenue included on	Form 990 Part VIII	ine 1					\$
	(ii) Assets included in Fo							≁ \$
2	If the organization receive							*
-	the following amounts rec					- ·	P. 0 VIU	-
а	Revenue included on Forr							\$
	Assets included in Form 9							
	For Paperwork Reduction							- Schedule D (Form 990) 2017
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29 2017.05000 EVERYTOWN FOR GUN SAFETY SU 26-15981

EVERYTOWN I	FOR	GUN	SAFETY	SUPPORT	FUND
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. .	7110	WN FOR GUN	SALE	11 50	PPORI FUN	D	J6 1 ⊑	0025	2				
	dule D (Form 990) 2017 INC	Collections of A				har C			3 Page 2				
	rt III Organizations Maintaining C												
3	Using the organization's acquisition, accessi	ion, and other record	ds, check a	ny of the	following that are	a signific	ant use of its	collectio	n items				
	(check all that apply):												
а	Public exhibition	C			nange programs								
b	Scholarly research	e	e 📖 Ot	her									
С	5												
4													
5	During the year, did the organization solicit of							-					
	to be sold to raise funds rather than to be ma							Yes	No No				
Pai	t IV Escrow and Custodial Arran		ete if the o	rganizatio	n answered "Yes"	on Form	1 990, Part IV,	line 9, or					
	reported an amount on Form 990, Pa												
1a	Is the organization an agent, trustee, custod							٦	—				
	on Form 990, Part X?						L	Yes	└── No				
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	blowing tab	ole:									
								Amount					
	Beginning balance												
	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance					····· L	1f						
	Did the organization include an amount on F					•	L	Yes	No				
Pa	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i												
1 0		-	(b) Pric		(c) Two years bac	1	roo voare back		years back				
10	Designing of year balance	(a) Current year	(D) Prid	or year	(C) TWO years back		THE YEARS DACK	(e) i oui	years dack				
	Beginning of year balance												
	Contributions												
	Net investment earnings, gains, and losses												
	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of the cur	rent year end baland		column (a)) held as:								
	Board designated or quasi-endowment		_%										
	Permanent endowment	%											
С	Temporarily restricted endowment												
	The percentages on lines 2a, 2b, and 2c sho												
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	are held a	nd administered fo	or the or	ganization	г					
	by:								Yes No				
	(i) unrelated organizations												
	(ii) related organizations												
b	If "Yes" on line 3a(ii), are the related organiza							3b					
4	Describe in Part XIII the intended uses of the		owment fur	nds.									
Pa	t VI Land, Buildings, and Equipm						•						
	Complete if the organization answere							() > .					
	Description of property	(a) Cost or o basis (investr		(b) Cost basis () Accum deprecia		(d) Bool	< value				
1a	Land												
	Buildings												
с	Leasehold improvements												
d	Equipment												
	Other												
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 1	0c.)		🕨 📔		0.				

Schedule D (Form 990) 2017

732052 10-09-17

EVERYTOWN FOR GUN SAFETY SUPPORT FU	JND
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Schedule D (Form 990) 2017 INC		2	6-1598353 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, lii	ne 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 e	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, lii	ne 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes" o	n Form 990, Part IV, lii	ne 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, lii	ne 11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

(9)
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

(8)

Sche	edule D (Form 990) 2017 INC				1598353 Page 4					
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	n Revenue per R	eturi	า.					
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	28,202,526.					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:									
а	Net unrealized gains (losses) on investments	2a								
b	Donated services and use of facilities	2b	245,919.							
С	Recoveries of prior year grants	2c								
d	Other (Describe in Part XIII.)	2d								
е	Add lines 2a through 2d			2e	245,919.					
3	Subtract line 2e from line 1			3	27,956,607.					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:									
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a								
b	Other (Describe in Part XIII.)	4b	10,000.							
С	Add lines 4a and 4b	4c	10,000.							
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	27,966,607.							
<u> </u>				-						
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem			Retu						
Pa		ents Wit		Retu	irn.					
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Retu						
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wit	h Expenses per		irn.					
1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wit	h Expenses per		irn.					
1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wit	h Expenses per		irn.					
1 2 a	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	h Expenses per		irn.					
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	h Expenses per		ırn. 14,507,153.					
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	h Expenses per		ırn. 14,507,153. 245,919.					
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per	1	ırn. 14,507,153.					
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per	1 2e	ırn. 14,507,153. 245,919.					
1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	h Expenses per 245,919.	1 2e	ırn. 14,507,153. 245,919.					
1 2 6 6 8 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	h Expenses per	1 2e	ırn. 14,507,153. 245,919. 14,261,234.					
1 2 a b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	h Expenses per 245,919. 2,009.	1 2e	rn. 14,507,153. 245,919. 14,261,234. 2,009.					
1 2 d e 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	h Expenses per 245,919. 2,009.	1 2e 3	ırn. 14,507,153. 245,919. 14,261,234.					

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	FUI	D I	RECOG	NIZES	THE	EFF	ECT	OF	INC	OME	TAX	PO	SITI	ONS	ONLY	IF	THO	DSE	TAX
POSI	TIC	ONS	ARE	MORE	LIKE	LY J	HAN	NOT	' OF	BEI	ING a	SUS	TAIN	IED.	EVER	YTOV	VN E	FOR	GUN
SAFE	ETY	SU	PPORT	FUND	DID	NOT	' HA	/E A	NY	UNCE	ERTA	IN	TAX	POSI	TION	s II	N 20)17	AND
THEF	REFO	ORE	THER	E WAS	NO	LIAE	BILIT	ΓY F	'OR	ANY	UNC	ERT.	AIN	TAX	POSI	LIOI	NS.		

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONATIONS PROCESSOR ERROR

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DEPRECIATION ADJUSTMENT

732054 10-09-17

10,000.

2,009.

Schedule D (Form 990) 2017	EVERYTOWN INC	GUN	SAFETY	SUPPORT	FUND	26-1598353	Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental In	formation (continued)						
						Schedule D (Form 9	90) 2017
732055 10-09-17			22				
		 	33				

SCHEDULE G	Suppleme	ental Information Regarding	. Eundroi	oing or Coming	Activitico	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if th	e organization answered "Yes" on	Form 990,	Part IV, line 17, 18,	or 19, or if the	2017
Department of the Treasury Internal Revenue Service	C	organization entered more than \$1 ▶ Attach to Form 990 ▶ Go to www.irs.gov/Form990) or Form 9	90-EZ.		Open to Public Inspection
Name of the organization		WN FOR GUN SAFETY				identification number
	INC				26-15	
	complete this par	Complete if the organization answe t.	ered "Yes"	on Form 990, Part IV,	line 17. Form 990)-EZ filers are not
 a Mail solicitation b X Internet and c Phone solicitation d X In-person solicitation 2 a Did the organization key employees lister 	ions email solicitations tations licitations on have a written o ed in Form 990, F highest paid indi	f Solicita g Special or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of non- tion of gove fundraising l (including professional	government grants ernment grants g events officers, directors, tru fundraising services	istees, or ? X	
(i) Name and address or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions	(iv) Gross receipts from activity	(v) Amount pa to (or retained b fundraiser listed in col. (i	by) to (or retained by)
CAPITAL STRATEGIES	- 13900		Yes No	-		
OLD HARBOR LANE, ST	,	IN-PERSON SOLICITATION	X	3,576,150.	228,0	3,332,945.
JACKIE BROT-WEINBER EAST 20TH STREET, 2		IN-PERSON SOLICITATION	x	1 220 650	10 0	1,282,650.
LISA PRESTA - 163 H		IN-FERSON SOLICITATION	^	1,330,650.	48,0	1,202,030.
AVE, SAN FRANCISCO		IN-PERSON SOLICITATION	x	1,328,750.	36,0	1,292,677.
MKZ STRATEGIES & EV	VENTS, INC.					
- 2108 MILITARY ROA	AD,	IN-PERSON SOLICITATION	x	114,500.	55,0	56,138.
Total	<u></u>		►	6,350,050.	367,0	5,964,410.
3 List all states in whitor or licensing.	ch the organizatio	on is registered or licensed to solicit	contributio	ns or has been notifie	d it is exempt fro	m registration

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2017

732081 09-13-17

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		lle G (Form 990 or 990-EZ) 2017 INC			26-	-1598353 Page 2
Pa	art	.	-			
		of fundraising event contributions and gr				pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
anı			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
õ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ect Ex	7	Food and beverages				
ā						
	8	Entertainment				
	9 10	Other direct expenses Direct expense summary. Add lines 4 through			►	
	11					
Pa	irt		answered "Yes" on Form	n 990, Part IV, line 19, c	r reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (add
anue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue	1	Gross revenue				
<u>ہ</u>	2	Cash prizes				
Expenses						
	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes %		
	6	Volunteer labor	No	└ No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a				L Yes No
b) If "	No," explain:				
10-		ere any of the organization's gaming licenses re	oveked suspended or t	orminated during the ta	x voor?	Yes No
		Yes," explain:		-	• • • • • • • • • • • • • • • • • • • •	
~		·, •, •, •, •, •, •, •, •, •, •, •, •, •,				
					0-1-1-0.7	
/320	82 0	9-13-17			Schedule G (FC	orm 990 or 990-EZ) 2017

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EVERYTOWN FOR GUN SAFETY SUPPORT F	гоир
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Schedule G (Form 990 or 990-EZ) 2017 INC	26-159	8353	Page
11 Does the organization conduct gaming activities with nonmembers?		Yes	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		_	
to administer charitable gaming?		Yes	N
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		Ba	
b An outside facility		Bb	
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 reve	nue?	Yes	🗌 No
b If "Yes," enter the amount of gaming revenue received by the organization > \$	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	Г		
retain the state gaming license?		_ res	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations organization's own exempt activities during the tax year ▶ \$	or spent in the		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v): and Part III. lines	9.9b.10)b. 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 F	UNDRAISERS:		
(I) NAME OF FUNDRAISER: CAPITAL STRATEGIES			
(I) ADDRESS OF FUNDRAISER:			
13900 OLD HARBOR LANE, STE 108, MARINA DEL REY, CA 902	92		
(I) NAME OF FUNDRAISER: JACKIE BROT-WEINBERG			
(I) ADDRESS OF FUNDRAISER: 601 EAST 20TH STREET, 10F, N	EW YORK . NY	z 10	010
⁷³²⁰⁸³ 09-13-17 S 36	Schedule G (Form 99	0 or 990	-EZ) 201
131112 737725 26-1598353 2017.05000 EVERYTOWN FOR GUN	I SAFETY SU	26-1	L5981

	EVERYTOWN	FOR	GUN	SAFETY	SUPPORT	FUND		
Schedule G (Form 990 or 990-EZ)	INC						26-1598353	Page 4

Part IV Supplemental Information (continued)

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

(I) ADDRESS OF FUNDRAISER: 2108 MILITARY ROAD, ARLINGTON, VA 22207

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

ARRANGEMENT PROVIDES REIMBURSEMENT FOR EXPENSES OF \$18,640

Schedule G (Form 990 or 990-EZ)

732084 04-01-17

SCHEDULE I (Form 990)	Go	Grants and Other overnments, ar	er Assistan d Individual	ce to Organ Is in the Uni	izations, ted States		OMB No. 1545-0047
		lete if the organizatio					2017
Department of the Treasury			Attach to For				Open to Public
Internal Revenue Service			s.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organization EVERYTOWN INC	FOR GUN	SAFETY SUPP	ORT FUND				Employer identification number 26-1598353
Part I General Information on Grants a	nd Assistance						•
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?						
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Pa	t IV, line 21, for any
recipient that received more than S						,	· · · ·
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR GUN RESPONSIBILITY FOUNDATION - PO BOX 21712 -							
SEATTLE, WA 98111	46-4601368	501C3	25,000.	0.			GENERAL OPERATING SUPPORT
							GENERAL OPERATING SUPPORT
CALIFORNIA COMMUNITY FOUNDATION							OF OUTREACH AND
221 S. FIGUEROA STREET #400		504 50					ENGAGEMENT ACTIVITIES
LOS ANGELES, CA 90012	95-3510055	501C3	250,000.	0.			WITH THE EVANGELICAL
CONGRESSIONAL BLACK CAUCUS							
FOUNDATION, INC 1720							
MASSACHUSETTS AVENUE NW -	52-1160561	501C3	5,000.	0.			GENERAL OPERATING SUPPORT
WASHINGTON, DC 20036	52-1100501	50103	5,000.	0.			GENERAL OPERATING SUPPORT
CONGRESSIONAL HISPANIC CAUCUS INSTITUTE, INC 1128 16TH STREET							
NW - WASHINGTON, DC 20036	52-1114225	501C3	5,000.	0.			GENERAL OPERATING SUPPORT
	52 TTTT222		5,000.	0.			
COUNCIL OF STATE CHAMBERS OF COMMERCE - 515 KING STREET SUITE							2017 GOLD PARTNERSHIP
300 - ALEXANDRIA, VA 22314	35-0827885	501C6	12,500.	0.			SPONSOR
EQUALITY FEDERATION INSTITUTE 818 SW 3RD AVE #141							
PORTLAND, OR 97204-2405	81-0670151	501C3	10,000.	Ο.			GENERAL OPERATING SUPPORT
2 Enter total number of section 501(c)(3) a	nd government o	rganizations listed in th	ne line 1 table			•	▶ 11.
3 Enter total number of other organizations				······	·····		
LHA For Paperwork Reduction Act Notice	, see the Instruct						Schedule I (Form 990) (201

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

EVERYTOWN FOR GUN SAFETY SUPPORT FUND INC

Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	anizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERYTOWN FOR GUN SAFETY ACTION							
FUND INC PO BOX 4184 - NEW							
YORK, NY 10163	20-8802884	501C4	619,527.	0.			DIRECT LOBBYING ACTIVITY
							PROVIDE MENTAL HEALTH
GIVE AN HOUR NONPROFIT CORPORATION							SUPPORT TO MEMBERS OF TH
PO BOX 5918							SURVIVOR NETWORK
BETHESDA, MD 20824	61-1493378	501C3	154,086.	0.			INITIATIVE
,,			,	- •			SUPPORT OF ADMINISTRATIV
NATIONAL CENTER FOR VICTIMS OF							COSTS RELATED TO
CRIME, INC 2000 M STREET NW							DISTRIBUTION OF FUNDS TO
SUITE 480 - WASHINGTON, DC 20036	30-0022798	501C3	20,000.	0.			VICTIMS AND SURVIVORS OF
NATIONAL LGBTQ TASK FORCE							
1325 MASSACHUSETTS AVE NW SUITE 600	þ						CREATING CHANGE 2017
WASHINGTON, DC 20005	52-1624852	501C3	15,000.	٥.			CONFERENCE SPONSORSHIP
NEW VENTURE FUND							
1201 CONNECTICUT AVE NW SUITE 300							SUPPORT OF PEACEMAKER
WASHINGTON, DC 20036	20-5806345	501C3	250,000.	0.			PARTNERSHIP CAMPAIGN
SOUTH CAROLINA BAR FOUNDATION							
950 TAYLOR STREET	22 7101552	E0102	7 500	0			THE CHARLESTON FORUM
COLUMBIA, SC 29201	23-7181552	501C3	7,500.	0.			SPONSORSHIP - VISION
TRACE MEDIA							
PO BOX 4184							RESEARCH AND PUBLIC
NEW YORK, NY 10163	47-4175513	501C3	1,847,186.	0.			EDUCATION INITIATIVES
,							

Schedule I (Form 990)

EVERYTOWN FOR GUN SAFETY SUPPORT FUND INC

Schedule I (Form 990) (2017)

Page 2

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 MONITORS GRANT RECIPIENTS' USE OF GRANT FUNDS THROUGH

CONTEMPORANEOUS COMMUNICATIONS WITH GRANTEES AND THROUGH GRANTEE REPORTING

REQUIREMENTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT OF

OUTREACH AND ENGAGEMENT ACTIVITIES WITH THE EVANGELICAL COMMUNITY

	EVERYTOWN	FOR	GUN	SAFETY	SUPPORT	FUND		
Schedule I (Form 990)	INC						26-1598353	Page 2
Part IV Suppler	nental Information							

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL CENTER FOR VICTIMS OF CRIME, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF ADMINISTRATIVE COSTS

RELATED TO DISTRIBUTION OF FUNDS TO VICTIMS AND SURVIVORS OF THE LAS

VEGAS SHOOTING

732291 04-01-17

SC	Compensation Information		OMB No.	1545-00)47		
(Fo	orm 990) For certain Officers, Directors, Trustees, Key Employees, and Highes	t	20	17	/		
•	Compensated Employees						
Depa	Pepartment of the Treasury ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Ope						
	nal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information	on.	Inspe	ection			
Nam	ne of the organization EVERYTOWN FOR GUN SAFETY SUPPORT FUND		r identificati		mber		
	INC	26-	- <u>159835</u>	3			
Pa	art I Questions Regarding Compensation			-			
				Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on	Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for p	ersonal use					
	Travel for companions Payments for business use of persor	al residence					
	Tax indemnification and gross-up payments	n fees					
	Discretionary spending account Personal services (such as, maid, ch	auffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment of						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain $_{\dots}$		1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all director	rs,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the org						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related orga	nization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant						
	Form 990 of other organizations	ion 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:				v		
a					X X		
b					X		
С	Participate in, or receive payment from, an equity-based compensation arrangement?		4c				
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only social $501(a)(2)$ $501(a)(4)$ and $501(a)(20)$ argumizations must complete lines 5.0						
F	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any competition	eation					
5	contingent on the revenues of:	ISALIUIT					
~			5a		x		
	The organization? Any related organization?				X		
D D	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 competence of the section	sation					
U	contingent on the net earnings of:	ISATION					
а	The organization?		6a		x		
	Any related organization?				X		
~	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payr	nents					
•	not described on lines 5 and 6? If "Yes," describe in Part III		7		x		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		······				
2	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		······ j				
•	Regulations section 53.4958-6(c)?		9				
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.		edule J (Fori	n 990) 2017		

EVERYTOWN FOR GUN SAFETY SUPPORT FUND INC

26-1598353

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation			other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) CHRISTOPHER KOCHER ((i)	178,008.	0.	0.	7,349.	29,578.	214,935.	0.
DIRECTOR, EVERYTOWN SURVIVOR NETWORK	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	175,043.	0.	0.	6,667.	21,047.	202,757.	0.
	ii)	0.	0.	0.	0.	0.		0.
(3) SARAH LYNN TOFTE	(i)	159,224.	0.	0.	1,607.	29,479.	190,310.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(4) NOELLE HOWEY	(i)	140,000.	0.	0.	5,600.	29,397.	174,997.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	122,320.	0.	0.	5,073.	29,340.	156,733.	0.
DEPUTY DIRECTOR, SURVIVOR NETWORK OP (ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
(i	ii)							
((i)							
(i	ii)							
((i)							
(i	ii)							
((i)							
(i	ii)							
((i)							
(i	ii)							
((i)							
(i	ii)							
((i)							
(i	ii)							
((i)							
(i	ii)							
((i)							
(i	ii)							
((i)							
(i	ii)							
((i)							
	ii)							

Page 2

Schedule J (Form 990) 2017

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.

Schedule J (Form 990) 2017

SCHEDULE M (Form 990)	Noncash Contributions				
	Complete if the org	anizations a	answered "Yes" o	n Form 990, Part IV, lines	
Department of the Treasury	Attach to Form 990.				
Internal Revenue Service	Go to www.irs.gov/	Form990 fo	r the latest inform	nation.	
Name of the organization	INC	R GUN	SAFETY SU	PPORT FUND	
Part I Types of	Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 19	
1 Art - Works of art					
2 Art - Historical treas	sures				

Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 8 Intellectual property 240,326. Х 9 Securities - Publicly traded 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other... Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 20 Drugs and medical supplies Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other 🕨) 26 Other) (27 Other ►) (28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule M (F	orm 9	990) 2	2017
	describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,				
b	If "Yes," describe in Part II.				
	contributions?		2a		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		1		Х
b	If "Yes," describe the arrangement in Part II.				
	exempt purposes for the entire holding period?		0a		X
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for				

732141 09-07-17

15131112 737725 26-1598353 2017.05000 EVERYTOWN FOR GUN SAFETY SU 26-15981

29 or 30.

OMB No. 1545-0047 2017

	_		_	_
Ор	ən	То	Pι	ıbli
			tio	-

	Inspection
Employer	identification nu

(d) Method of determining noncash contribution amounts

	Inspection
er	identification number
~	

26-1598353

EVERYTOWN FOR GUN SAFETY SUPPORT FUN

26-1598353 Page **2**

Schedule M (Form 990) 2017 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

INC

PUBLICLY TRADED SECURITIES

Schedule M (Form 990) 2017

732142 09-07-17

2017.05000 EVERYTOWN FOR GUN SAFETY SU 26-15981

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

INC

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. EVERYTOWN FOR GUN SAFETY SUPPORT FUND

Supplemental Information to Form 990 or 990-EZ



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

EDUCATE THE PUBLIC ABOUT THE DETRIMENTAL EFFECTS OF ILLEGAL GUNS AND TO

HELP REDUCE GUN VIOLENCE.

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

ACROSS THE COUNTRY REACHING AN ESTIMATED COLLECTIVE IN-PERSON AUDIENCE

OF OVER 100,000 PEOPLE. THE ORGANIZATION ALSO FORMED A LITIGATION TEAM

AND DEVELOPED A STRATEGY FOR ADVANCING GUN SAFETY IN THE COURTS,

CHALLENGING DANGEROUS GUN LOBBY-SPONSORED LAWS AND DEFENDING

LIFE-SAVING LAWS AND REGULATIONS. THE ORGANIZATION ALSO LED THE WEAR

ORANGE CAMPAIGN FOR GUN VIOLENCE AWARENESS, IN WHICH MORE THAN 215,000

PEOPLE PARTICIPATED ONLINE AS PART OF THE THIRD ANNUAL NATIONAL GUN

VIOLENCE AWARENESS DAY ON JUNE 2ND.

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

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

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

THE ORGANIZATION'S BYLAWS PROVIDE THAT THE DIRECTORS ARE ENTITLED TO VOTE FOR THE ELECTION OF DIRECTORS. AS NOTED ABOVE, NEITHER THE ORGANIZATION'S CERTIFICATE OF INCORPORATION NOR ITS BYLAWS PROVIDES FOR MEMBERS, AND, AS A NON-STOCK CORPORATION, THE ORGANIZATION HAS NO STOCKHOLDERS. DELAWARE LAW, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17

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15131112 737725 26-1598353 2017.05000 EVERYTOWN FOR GUN SAFETY SU 26-15981

Schedule O (Form 990 or 990-EZ) (2017) Page 2									
Name of the organization	EVERYTOWN INC	FOR	GUN	SAFETY	SUPPORT	FUND	Employer identification number 26-1598353		

HOWEVER, DEEMS THE ORGANIZATION'S DIRECTORS TO BE THE ORGANIZATION'S

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

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

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

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

(LINE 11A) FORM 990 IS PROVIDED TO THE ENTIRE BOARD OF THE ORGANIZATION FOR REVIEW BEFORE THE RETURN IS SIGNED BY THE PRESIDENT.

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

WHEN CONDUCTING THE PERIODIC REVIEW, EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC., MAY, BUT NEED NOT, USE OUTSIDE ADVISORS. IF OUTSIDE EXPERTS ARE USED, THEIR USE SHALL NOT RELIEVE THE GOVERNING BOARD OF ITS RESPONSIBILITY FOR ENSURING THAT PERIODIC REVIEWS ARE CONDUCTED.

THE PERIODIC REVIEWS, AT A MINIMUM, INCLUDE THE FOLLOWING:

WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENT FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSE AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,CA,FL,HI,IL,KS,KY,MD,MA,MO,MN,MS,NH,NJ,NY,NC,OK,OR,PA,RI,SC,TN,UT,VA WV,WI,DE,NM,MI,GA

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization EVERYTOWN FOR GUN SAFETY SUPPORT FUND	Page 2 Employer identification number
INC	26-1598353
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS CERTIFICATE OF INCORPORATION,	BYLAWS, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUES	F. REQUESTS FOR
REVIEWING THE ORGANIZATION'S DOCUMENTS SHOULD BE ADDRESS	ED TO THE
ORGANIZATION IN CARE OF GELLER ADVISORS LLC AS NOTED IN	PART VI, SECTION C,
QUESTION 20.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
RECRUITING, BACKGROUND CHECKS. OFFICE LABOR, COMP STUDY:	
PROGRAM SERVICE EXPENSES	116,899.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	116,899.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	1,337,669.
MANAGEMENT AND GENERAL EXPENSES	23,392.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,361,061.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,477,960.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
DEPRECIATION ADJUSTMENT	2,009.
DONATIONS PROCESSOR ERROR	-10,000.
TOTAL TO FORM 990, PART XI, LINE 9	-7,991.
FORM 990, PART XII, LINE 2C:	
THE BOARD OF DIRECTORS DIRECTLY EXERCISE OVERSIGHT ON TH	E AUDIT OF
732212 09-07-17 Sche 49	edule O (Form 990 or 990-EZ) (2017)

⁴⁹ 15131112 737725 26-1598353 2017.05000 EVERYTOWN FOR GUN SAFETY SU 26-15981

lame of the organization EVERYTOWN FOR GUN SAFETY SUPPORT FUND INC	Employer identification number 26-1598353
FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT	ACCOUNTANT.
COST SHARING AGREEMENT:	
THE ORGANIZATION IS PARTY TO A COST SHARING AGREEMENT WIT	TH "EVERYTOWN
FOR GUN SAFETY ACTION FUND". THE PURPOSE OF THE COST SHAP	RING AGREEMENT
IS TO MINIMIZE DUPLICATIVE EXPENSES AND TO CARRY OUT THE	ORGANIZATIONS'
AISSIONS IN AN ECONOMICAL AND EFFICIENT MANNER, WHICH INC	CLUDES THE
SHARING OF EMPLOYEES WHOSE SKILLS AND KNOWLEDGE WILL ASS	IST BOTH
ORGANIZATIONS, CONSISTENT WITH EACH ORGANIZATION'S TAX EX	KEMPT PURPOSE.

Form 4562		iation and Information of Attach to your t	n Listed Prope		I	OMB No. 1545-0172
Internal Revenue Service (99)	io to www.irs.gov/F	orm4562 for instru	ctions and the late Business or activity to v			Sequence No. 179 Identifying number
EVERYTOWN FOR GUN SA	FETY SUPPO	RT FUND	Business of activity to v	which this form relate	:5	Identifying number
INC			FORM 990 1	PAGE 10		26-1598353
Part I Election To Expense Certain Pro	operty Under Section 1	79 Note: If you have	any listed property	, complete Part	V before y	
1 Maximum amount (see instructions)						510,000.
2 Total cost of section 179 property p						0 0 0 0 0 0 0 0
3 Threshold cost of section 179 prope						2,030,000.
4 Reduction in limitation. Subtract line						
5 Dollar limitation for tax year. Subtract line 4 from					· · · ·	
6 (a) Description of	of property	(0) (0)	st (business use only)	(c) Elected	cost	
- Listed property. Enter the amount fo	rom line 20		7			
7 Listed property. Enter the amount fi8 Total elected cost of section 179 pr		in column (c) linco	·····		8	
9 Tentative deduction. Enter the sma						
10 Carryover of disallowed deduction f						
11 Business income limitation. Enter th						
12 Section 179 expense deduction. Ac						
13 Carryover of disallowed deduction t						
Note: Don't use Part II or Part III below			I I		1	
Part II Special Depreciation Allo	wance and Other D	epreciation (Don't	include listed prope	erty.)		
14 Special depreciation allowance for o	qualified property (ot	her than listed prope	erty) placed in servi	ce during		
the tax year					14	
15 Property subject to section 168(f)(1)	election				15	
16 Other depreciation (including ACRS	,					
Part III MACRS Depreciation (Do	n't include listed pro	perty.) (See instruct	ions.)			
		Section A				
17 MACRS deductions for assets place	ed in service in tax ye	ears beginning befor	e 2017		17	
18 If you are electing to group any assets placed in						
	(b) Month and vear placed				ation Syste	em
(a) Classification of property	year placed in service	(business/investmen only - see instructio		(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	
Section C Acces	/ ts Placed in Service	During 2017 Tax V	oor Lloing the Alte	MM	S/L	tom
	IS Flaced III Service				<u> </u>	stem
20a Class life	-		10 \/ro		S/L S/L	
b 12-year c 40-year	/		12 yrs. 40 yrs.	MM	S/L S/L	
Part IV Summary (See instruction	s.)	I	_+o yi3.	101101	0/2	
21 Listed property. Enter amount from	lia a 00				21	
22 Total. Add amounts from line 12, lin					···· -·	
Enter here and on the appropriate li	-				22	0.
23 For assets shown above and placed	•	•	·			
portion of the basis attributable to s	-	-				
716251 01-25-18 LHA For Paperwork Re	eduction Act Notice		ructions. 51			Form 4562 (2017)

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		EVE	RYTOWN	FOR	GUN	SAF	ETY S	SUPP	ORT F	'UND					
Form 45	62 (2017)	INC												353	
Part \	Listed Propert recreation, or a			ertain otl	her vehio	cles, ce	ertain airc	raft, ce	ertain com	puters, a	ind prop	erty use	ed for en	itertainm	ent,
	Note: For any	,		sing the	e standa	rd mile	age rate o	or ded	ucting leas	se expen	se, com	plete on	ly 24a, 2	24b, colu	imns
	(a) through (c) o	of Section A,	, all of Section	B, and	Section	C if ap	plicable.		-			-			
		-	on and Other		-				1		-				
24a Do y	you have evidence to s			nt use cl	aimed?	<u> </u>	Yes 🗋	No	24b If "Y	1		nce writ	ten?	_l Yes ∟	<u>No</u>
т.,	(a) pe of property	(b) Date	(c) Business/		(d)	В	(e) asis for depr	reciation	(f) Recovery		g)		(h) eciation		(i) cted
	t vehicles first)	placed in	investment		Cost or ther basis	(b	usiness/invousiness/invousiness/invousinessinessinessinessinessinessinessine		period		hod/ ention		uction	sectio	on 179
		service	use percentaç						<u> </u>	<u> </u>				C	ost
	cial depreciation allo	•			, .			•			05				
	d more than 50% in perty used more that										25				
20 10	berty used more that	1		6 use.	•				1	1		1		i	
				6											
		: :		6											
27 Pror	perty used 50% or le														
				6						S/L -					
			-	6						S/L -				1	
			9	6						S/L ·				1	
28 Add	amounts in column	(h), lines 25	through 27. E	nter her	e and or	n line 2	1, page 1		•		28			1	
	amounts in column												. 29		
							n on Use								
Complet	e this section for ve	hicles used	by a sole prop	rietor, p	artner, o	or othe	r "more th	nan 5%	6 owner,"	or related	l persor	n. If you	provideo	d vehicle	s
to your e	employees, first ans	wer the ques	stions in Section	on C to	see if yo	ou meet	an exce	ption to	o complet	ing this s	ection f	or those	vehicles	S.	
				(a)		(b)		(c)	(0	d)	(e)	(1	f)
	business/investment		•	Ve	hicle	V	ehicle	\	/ehicle	Veh	icle	Vel	nicle	Veh	icle
	(don't include commu														
	I commuting miles o														
	l other personal (no	-	-												
	en														
	I miles driven during														
	lines 30 through 32			Vee	Na	Vaa	Na	- Var		Vee	Na	Vee	Na	Vee	Na
	the vehicle available	•		Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	ng off-duty hours? s the vehicle used pi														
	5% owner or relate														
	nother vehicle availa		nal												
	• • • • • • • • • • • • • • • • • • • •		- Questions f	or Emp	lovers V	Nho Pr	ovide Ve	hicles	for Use b	v Their E	mplove	es	1		
Answer	these questions to a			-	-					-			ren't mo	ore than a	5%
	or related persons.			•						,	. ,				
37 Do y	ou maintain a writte	n policy stat	tement that pr	ohibits a	all perso	nal use	of vehic	les, inc	cluding co	nmuting,	by you	r		Yes	No
emp	loyees?														
	ou maintain a writte														
-	loyees? See the ins			•											
39 Do y	ou treat all use of ve	ehicles by er	nployees as p	ersonal	use?										
	ou provide more that														
	use of the vehicles,														
	ou meet the require														
	e: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don	't comple	ete Sec	ction B fo	r the c	overed ve	hicles.					
Part V	Amortization			(1-)		(-)			(-1)		(-)			(4)	
	(a) Description of	costs		(b) amortization		Amortiz	(c) mortizable		(d) Code	(e) Amortiza			A	(f) mortization	
10 A rec =	white the sector the	ot booles de		begins		amou	T		section		period or per		fc	or this year	
42 AMO	ortization of costs th	at Degiris du			аг. 										
				<u>: :</u>											
43 1	ortization of costs th	at hegan had		i i tax vos	l ar					[43		65	629.
	al. Add amounts in c											44			629.
716252 01						2.000		<u></u>					F	orm 456	
							52								_ (()

15131112 737725 26-1598353 2017.05000 EVERYTOWN FOR GUN SAFETY SU 26-15981

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

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

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

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

				Lurei me	er sinemuryi	ing number	
Type or print	EVERYTOWN FOR GUN SAFETY SUPPORT FUND					on number (EIN) or	
File by the	INC	26-1598353					
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s P.O. BOX 4184	Social se	curity numb	er (SSN)			
instructions.	City, town or post office, state, and ZIP code. For a NEW YORK, NY 10163	foreign add	Iress, see instructions.				
Enter the	Return Code for the return that this application is for (f	ile a separa	ate application for each return)			0 1	
Applicati	on	Return	Application			Return	
Is For		Code	Is For				
Form 990) or Form 990-EZ	01	Form 990-T (corporation)				
Form 990)-BL	02	Form 1041-A				
Form 472	20 (individual)	03	Form 4720 (other than individual)				
Form 990)-PF	04	Form 5227				
Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
Form 990)-T (trust other than above)	06	Form 8870 ER ADVISORS LLC			12	
 If this box ▶ [1 I re for 	brganization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright quest an automatic 6-month extension of time until the organization named above. The extension is for the X calendar year 2017 or	Group Exe and atta	emption Number (GEN), I uch a list with the names and EINs o MBER 15, 2018 , to file	f this is fo f all memb	r the whole g	nsion is for.	
	tax year beginning	, an	d ending				
2 If th	he tax year entered in line 1 is for less than 12 months, Change in accounting period	check reas	on: Initial return	Final retur	'n		
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less any			0.	
nor	nonrefundable credits. See instructions. 3a \$						
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	y refundable credits and			_	
est	imated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b	\$	0.	
c Bal	ance due. Subtract line 3b from line 3a. Include your p	ayment wit	h this form, if required,				
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
instructio				453-EO a			
LHA F	or Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form 8	8868 (Rev. 1-2017)	

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Entor filor's identifying number