

EXTENDED TO NOVEMBER 15, 2021

Form **990**

**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.</b>		<b>D</b> Employer identification number <b>26-1598353</b>
	Doing business as		<b>E</b> Telephone number <b>646-324-8250</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>27,428,795.</b>
	P.O. BOX 4184		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10163</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>F</b> Name and address of principal officer: <b>JOHN FEINBLATT</b> <b>P.O. BOX 4184, NEW YORK, NY 10163</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.EVERYTOWNSUPPORTFUND.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>2007</b>
<b>M</b> State of legal domicile: <b>DE</b>			

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>EVERYTOWN FOR GUN SAFETY SUPPORT FUND SEEKS TO IMPROVE OUR UNDERSTANDING OF THE CAUSES OF GUN</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	82
	6 Total number of volunteers (estimate if necessary)	6	808764
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	33,870,690.	27,218,030.
	9 Program service revenue (Part VIII, line 2g)	480.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	226,800.	69,349.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	44,561.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,097,970.	27,331,940.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,072,967.	6,571,909.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,643,341.	14,555,629.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	392,029.	472,489.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>908,485.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,265,118.	10,058,753.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,373,455.	31,658,780.
19 Revenue less expenses. Subtract line 18 from line 12	1,724,515.	-4,326,840.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 33,122,565.	End of Year 27,869,632.
	21 Total liabilities (Part X, line 26)	1,806,986.	1,745,857.
	22 Net assets or fund balances. Subtract line 21 from line 20	31,315,579.	26,123,775.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <i>John Feinblatt</i>	Date <b>11/9/21</b>			
	<b>JOHN FEINBLATT, PRESIDENT</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOHN VOINSKI</b>	Preparer's signature <i>John Voinski</i>	Date <b>11/8/2021</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01479822</b>
	Firm's name ▶ <b>GELLER &amp; COMPANY LLC</b>	Firm's address ▶ <b>P.O. BOX 1510 NEW YORK, NY 10150</b>	Firm's EIN ▶ <b>13-4149326</b>	Phone no. (212) 583-6000	

Form **8868**  
(Rev. January 2020)

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. <b>EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.</b>	Taxpayer identification number (TIN)  <b>26-1598353</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 4184</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10163</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

**MIKE BROUILLARD C/O GELLER ADVISORS LLC**

- The books are in the care of ► **PO BOX 1510 - NEW YORK, NY 10150**  
Telephone No. ► **212-583-6000** Fax No. ► **646-998-8527**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

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

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

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

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

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

Form **8868** (Rev. 1-2020)

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

Form 990 (2020)

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**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**EVERYTOWN FOR GUN SAFETY SUPPORT FUND SEEKS TO IMPROVE OUR  
UNDERSTANDING OF THE CAUSES OF GUN VIOLENCE AND HELP TO REDUCE IT BY  
CONDUCTING GROUNDBREAKING ORIGINAL RESEARCH, DEVELOPING EVIDENCE-BASED  
POLICIES, COMMUNICATING THIS KNOWLEDGE TO THE AMERICAN PUBLIC, AND**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 27,177,462. including grants of \$ 6,571,909.) (Revenue \$ \_\_\_\_\_)  
**IN 2020, EVERYTOWN FOR GUN SAFETY SUPPORT FUND HELPED MAKE COMMUNITIES SAFER THROUGH ROBUST PUBLIC AWARENESS CAMPAIGNS, TARGETED LITIGATION AND LIFE-SAVING ORIGINAL RESEARCH. IN RESPONSE TO THE INCREASE IN GUN SALES DURING THE PANDEMIC, THE BE SMART PROGRAM FURTHER EXPANDED ITS REACH, PRODUCING A PUBLIC SERVICE ANNOUNCEMENT VIDEO THAT WAS VIEWED MORE THAN 12 MILLION TIMES AND ENCOURAGING AMERICANS TO PRACTICE SECURE FIREARM STORAGE, PARTICULARLY WHEN MANY CHILDREN AND TEENS WERE HOME FROM SCHOOL. EVERYTOWN LAW CONTINUED TO OPEN NEW FRONTIERS IN THE FIGHT FOR GUN SAFETY, BRINGING INNOVATIVE ARGUMENTS AND RELENTLESS ADVOCACY INTO AMERICAN COURTROOMS THROUGHOUT 2020. AGAIN AND AGAIN, EVERYTOWN LITIGATORS SCORED VICTORIES FOR CITIES, GUN VIOLENCE SURVIVORS, AND THE GENERAL PUBLIC. IN A YEAR WHEN ECONOMIC CONCERNS WERE FRONT OF MIND,**

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

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

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

**4e** Total program service expenses **27,177,462.**

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

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>X</b>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	

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

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**Part IV Checklist of Required Schedules** *(continued)*

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		82
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>X</b>	

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INC.**

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

		Yes	No
<b>2a</b>	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	82
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
<b>4a</b>	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>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records MIKE BROUILLARD C/O GELLER ADVISORS LLC - 212-583-6000 PO BOX 1510, NEW YORK, NY 10150

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIC TIRSCHWELL MANAGING DIR. OF LITIGATION & NATL E	40.00					X		308,238.	0.	46,012.
(2) TAMARA ANGELA FERRELL-ZABALA CHIEF EQUITY, OUTREACH & PARTNERSHIP	40.00					X		261,300.	0.	34,612.
(3) AMANDA A. HOWE SENIOR ADVISOR TO THE PRESIDENT	40.00					X		237,500.	0.	27,500.
(4) KATHRYN YONTEF DIRECTOR OF CORPORATE INITIATIVES	40.00					X		200,000.	0.	12,220.
(5) BECKY T. GEORGE SENIOR ADVISOR, EXTERNAL ENGAGEMENT	40.00					X		183,800.	0.	19,556.
(6) JOHN FEINBLATT PRESIDENT & DIRECTOR	7.50	X		X				0.	0.	0.
(7) RICHARD K. DESCHERER VICE PRESIDENT & DIRECTOR	0.50	X		X				0.	0.	0.
(8) IAN SHAPIRO SECRETARY & DIRECTOR	0.50	X		X				0.	0.	0.
(9) MICAH LASHER TREASURER & DIRECTOR	0.50	X		X				0.	0.	0.
(10) MEGAN SHEEKEY DIRECTOR	0.50	X						0.	0.	0.
(11) TARA PAONE CHIEF FINANCIAL OFFICER	15.00			X				0.	0.	0.



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**EVERYTOWN FOR GUN SAFETY SUPPORT FUND,  
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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b>							1,190,838.	0.	139,900.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							1,190,838.	0.	139,900.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **27**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
GELLER ADVISORS LLC PO BOX 1510, NEW YORK, NY 10150	FINANCIAL AND ADVISORY SERVICES	1,659,674.
GRYPHON STRATEGIES, ONE NORTH BROADWAY, SUITE 602, WHITE PLAINS, NY 10601	SOFTWARE DEVELOPMENT	750,000.
UPSTATEMENT, LLC, 133 PORTLAND STREET, FLOOR 5, BOSTON, NY 02114	WEBSITE DEVELOPMENT	538,397.
WILKIE FARR & GALLAGHER LLC 787 SEVENTH AVENUE, NEW YORK, NY 10019	LEGAL SERVICES	456,087.
BULLY PULPIT INTERACTIVE LLC, 1445 NEW YORK AVENUE NORTHWEST, WASHINGTON, MA	ADVERTISING	400,000.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **22**

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	385,270.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	26,832,760.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 86,686.				
	<b>h Total.</b> Add lines 1a-1f .....		27,218,030.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		67,056.			67,056.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	88,979.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	86,686.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	2,293.				
<b>d</b> Net gain or (loss) .....		2,293.			2,293.		
<b>8 a</b> Gross income from fundraising events (not including \$ 385,270. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		54,730.				
			10,169.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....		44,561.			44,561.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....		27,331,940.	0.	0.	113,910.		

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**EVERYTOWN FOR GUN SAFETY SUPPORT FUND,  
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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,571,909.	6,571,909.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	11,303,058.	10,168,993.	881,251.	252,814.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	319,230.	288,167.	23,568.	7,495.
<b>9</b> Other employee benefits	2,049,099.	1,843,433.	177,457.	28,209.
<b>10</b> Payroll taxes	884,242.	816,975.	48,714.	18,553.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	636,446.	573,586.	50,204.	12,656.
<b>c</b> Accounting	1,701,674.		1,701,674.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	472,489.			472,489.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,549,548.	4,326,172.	178,246.	45,130.
<b>12</b> Advertising and promotion	657,700.	657,700.		
<b>13</b> Office expenses	364,048.	119,216.	244,832.	
<b>14</b> Information technology	260,611.	123,561.	137,050.	
<b>15</b> Royalties				
<b>16</b> Occupancy	100,596.	100,596.		
<b>17</b> Travel	438,514.	380,839.	42.	57,633.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	511,709.	506,724.	3,336.	1,649.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	126,755.	114,037.	9,883.	2,835.
<b>23</b> Insurance	64,110.	1,272.	62,838.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>POLLING AND SURVEYS</b>	389,000.	389,000.		
<b>b</b> <b>RESEARCH &amp; RECORDS FEES</b>	143,412.	143,412.		
<b>c</b> <b>BANK &amp; CREDIT CARD FEES</b>	48,966.		48,966.	
<b>d</b> <b>POSTAGE AND PRINTING</b>	40,510.	38,354.	11.	2,145.
<b>e</b> All other expenses	25,154.	13,516.	4,761.	6,877.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	31,658,780.	27,177,462.	3,572,833.	908,485.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,641,680.	<b>1</b>	7,534,057.
	<b>2</b> Savings and temporary cash investments .....	19,392,093.	<b>2</b>	16,459,241.
	<b>3</b> Pledges and grants receivable, net .....	6,294,753.	<b>3</b>	2,339,304.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	488,185.	<b>9</b>	92,165.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	230,385.		
	<b>b</b> Less: accumulated depreciation .....	53,331.		
	<b>11</b> Investments - publicly traded securities .....		<b>10c</b>	177,054.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>11</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....	93,095.	<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	1,267,811.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	33,122,565.	<b>15</b>		
<b>17</b> Accounts payable and accrued expenses .....	1,379,486.	<b>16</b>	27,869,632.	
<b>18</b> Grants payable .....	62,500.	<b>17</b>	1,318,857.	
<b>19</b> Deferred revenue .....	365,000.	<b>18</b>	170,000.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>	0.	
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>	257,000.	
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
<b>25</b> 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 .....		<b>24</b>		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,806,986.	<b>25</b>		
<b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		<b>26</b>	1,745,857.	
<b>28</b> Net assets without donor restrictions .....	24,708,813.			
<b>29</b> Net assets with donor restrictions .....	6,606,766.			
<b>30</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>31</b> Capital stock or trust principal, or current funds .....		<b>27</b>	23,626,445.	
<b>32</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>28</b>	2,497,330.	
<b>33</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>29</b>		
<b>34</b> Total net assets or fund balances .....	31,315,579.	<b>30</b>		
<b>35</b> Total liabilities and net assets/fund balances .....	33,122,565.	<b>31</b>	26,123,775.	
<b>36</b> Total liabilities and net assets/fund balances .....	33,122,565.	<b>32</b>	27,869,632.	

Form **990** (2020)

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

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	27,331,940.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	31,658,780.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	-4,326,840.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	<b>4</b>	31,315,579.
<b>5</b>	Net unrealized gains (losses) on investments .....	<b>5</b>	36.
<b>6</b>	Donated services and use of facilities .....	<b>6</b>	
<b>7</b>	Investment expenses .....	<b>7</b>	
<b>8</b>	Prior period adjustments .....	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O) .....	<b>9</b>	-865,000.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	<b>10</b>	26,123,775.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.** Employer identification number **26-1598353**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 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  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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**EVERYTOWN FOR GUN SAFETY SUPPORT FUND,**

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

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	17,461,732.	27,674,837.	36,991,919.	33,870,690.	27,218,030.	143,217,208.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	17,461,732.	27,674,837.	36,991,919.	33,870,690.	27,218,030.	143,217,208.
<b>5</b> 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) .....						18,539,541.
<b>6 Public support.</b> Subtract line 5 from line 4.						124,677,667.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	17,461,732.	27,674,837.	36,991,919.	33,870,690.	27,218,030.	143,217,208.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	4,051.	24,878.	127,752.	228,309.	67,056.	452,046.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						143,669,254.

**12** Gross receipts from related activities, etc. (see instructions) ..... **12**

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	86.78 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	88.35 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2020

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

(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.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 19b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described in line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
<b>2</b>	Enter 0.85 of line 1.		
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)		
<b>4</b>	Enter greater of line 2 or line 3.		
<b>5</b>	Income tax imposed in prior year		
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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**EVERYTOWN FOR GUN SAFETY SUPPORT FUND,**

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

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

\*PUBLIC DISCLOSURE COPY\*

EVERYTOWN FOR GUN SAFETY SUPPORT FUND,

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

26-1598353 Page 8

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

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

Employer identification number

**26-1598353**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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**

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

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

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

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

Name of organization <b>EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.</b>	Employer identification number <b>26-1598353</b>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>7,066,398.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>2,585,674.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>1,100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.</b>	Employer identification number <b>26-1598353</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>602,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>10,863,958.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.</b>	Employer identification number <b>26-1598353</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	STOCK - VARIOUS _____ _____ _____	\$ 86,686.	12/31/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.</b>	Employer identification number <b>26-1598353</b>
--	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

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

Name of organization EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.
Employer identification number 26-1598353

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

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

- 2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

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**EVERYTOWN FOR GUN SAFETY SUPPORT FUND,**

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

26-1598353 Page 2

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	0.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	1,000,000.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	1,000,000.													
<b>d</b> Other exempt purpose expenditures .....	26,177,462.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	27,177,462.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align:left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	777,484.	1,000,000.	1,000,000.	1,000,000.	3,777,484.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,666,226.
<b>c</b> Total lobbying expenditures	619,527.	1,000,000.	1,000,000.	1,000,000.	3,619,527.
<b>d</b> Grassroots nontaxable amount	194,371.	250,000.	250,000.	250,000.	944,371.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,416,557.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

**\*PUBLIC DISCLOSURE COPY\***

**EVERYTOWN FOR GUN SAFETY SUPPORT FUND,**

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

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)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC. Employer identification number 26-1598353

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- |   |  |
|---|--|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange program |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____              |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |  |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b** Permanent endowment ▶ \_\_\_\_\_ %
- c** Term endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations .....  | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....		230,385.	53,331.	177,054.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				177,054.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, (2) through (9), and Total.

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



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EVERYTOWN FOR GUN SAFETY SUPPORT FUND,  
INC.

Schedule D (Form 990) 2020

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	29,635,276.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	36.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	3,168,300.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,168,336.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	26,466,940.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	865,000.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	865,000.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	27,331,940.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	34,827,080.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	3,168,300.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,168,300.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	31,658,780.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	31,658,780.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE FUND RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. EVERYTOWN FOR GUN SAFETY SUPPORT FUND DID NOT HAVE ANY UNCERTAIN TAX POSITIONS IN 2020 AND THEREFORE THERE WAS NO LIABILITY FOR ANY UNCERTAIN TAX POSITIONS.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

ADJUSTMENT FOR UNRECOVERED ACCOUNTS RECEIVABLE 865,000.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.** Employer identification number **26-1598353**

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
JACKIE BROT-WEINBERG - 601 EAST 20TH STREET, 10F, NEW CAPITAL STRATEGIES - 4712 ADMIRALTY WAY #670, MARINA	IN-PERSON SOLICITATION		X	7,017,127.	98,796.	6,918,331.
LISA PRESTA - 163 FOREST SIDE AVE, SAN FRANCISCO, CA 94127	IN-PERSON SOLICITATION		X	5,356,385.	328,972.	5,027,413.
KEVIN MEEHAN - 1313 9TH STREET, UNIT 18, SANTA	FUNDRAISING STRATEGIC CONSULTING		X	2,929,500.	42,024.	2,887,476.
				0.	2,697.	-2,697.
<b>Total</b>				15,303,012.	472,489.	14,830,523.

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MN, MI, MO, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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**EVERYTOWN FOR GUN SAFETY SUPPORT FUND,**

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FUNDRAISING EVENT		NONE	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	440,000.			440,000.
	<b>2</b> Less: Contributions .....	385,270.			385,270.
	<b>3</b> Gross income (line 1 minus line 2) .....	54,730.			54,730.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	10,169.			10,169.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				10,169.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				44,561.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

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EVERYTOWN FOR GUN SAFETY SUPPORT FUND,

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

26-1598353 Page 3

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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

(I) NAME OF FUNDRAISER: JACKIE BROT-WEINBERG

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

(I) NAME OF FUNDRAISER: CAPITAL STRATEGIES

(I) ADDRESS OF FUNDRAISER:

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

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EVERYTOWN FOR GUN SAFETY SUPPORT FUND,

INC.

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Schedule G (Form 990 or 990-EZ)

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: LISA PRESTA

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

(I) NAME OF FUNDRAISER: KEVIN MEEHAN

(I) ADDRESS OF FUNDRAISER:

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.** Employer identification number **26-1598353**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALLIANCE OF CONCERNED MEN 3227 DUBOIS PL SE WASHINGTON, DC 20019	52-1911379	501(C)(3)	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
AMERICAN ASSOCIATION OF SUICIDOLOGY - 5221 WISCONSIN AVENUE,NW - WASHINGTON, DC 20015	95-2930701	501(C)(3)	6,490.	0.			AAS 2020 CONFERENCE SPONSORSHIP
APF SUPPORT, INC. 191 PEACHTREE STREET,NE #191 ATLANTA, GA 30303	84-2208967	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
APNA GHAR INC 4350 N BROADWAY FLOOR2 CHICAGO, IL 60613	36-3698770	501(C)(3)	6,500.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
ARIZONA COALITION TO END SEXUAL AND DOMESTIC VIOLENCE - 2700 N CENTRAL AVE STE 1100 - PHOENIX, AZ 85004	86-0593601	501(C)(3)	6,500.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
ARIZONA STATE UNIVERSITY FOR A NEW AMERICAN FOUNDATION - PO BOX 2260 - TEMPE, AZ 85280	86-6051042	501(C)(3)	75,000.	0.			TO SUPPORT THE REPLICATION AND EXPANSION OF THE ORIGINAL (1995-2000) 11-CITY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **100.**

3 Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

EVERYTOWN FOR GUN SAFETY SUPPORT FUND,  
INC.

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN AMERICANS ADVANCING JUSTICE INC -AAJC INC - 1620 L STREET NW SUITE 1050 - WASHINGTON, DC 20036	13-3619000	501(C)(3)	10,000.	0.			2020 AMERICAN COURAGE AWARDS
B4UFALL 1234 W 26TH STREET INDIANAPOLIS, IN 46208	83-4327687	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
BACK TO BASICS OUTREACH MINISTRIES 1370 WILLIAM STREET BUFFALO, NY 14206	16-1509888	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
BLOC MINISTRIES PO BOX 664 MEMPHIS, TN 38101	46-4959042	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA STREET #400 LOS ANGELES, CA 90012	95-3510055	501(C)(3)	62,500.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
CALIFORNIA PARTNERSHIP FOR SAFE COMMUNITIES - 825 WASHINGTON STREET; SUITE 200 - OAKLAND, CA 94607	45-3127566	501(C)(3)	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
CEASEFIREPA 1518 WALNUT STREET SUITE 1406 PHILADELPHIA, PA 19102	71-0884697	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
CENTER FOR FAMILY SERVICES, INC. 584 BENSON STREET CAMDEN, NJ 08103	22-3669704	501(C)(3)	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
CENTER FOR NONVIOLENCE INC 235 WEST CREIGHTON AVENUE FORT WAYNE, IN 46807	31-1045334	501(C)(3)	6,500.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN

Schedule I (Form 990)

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

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR YOUTH ENGAGEMENT 2342 N. 27TH STREET MILWAUKEE, WI 53210	39-1981273	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
CHRIS 180 INC 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	58-1430183	501(C)(3)	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
COLORADO RIVER REGIONAL CRISIS SERVICES - 1301 S JOSHUA AVENUE SUITE C - PARKER, AZ 85344	86-0817161	501(C)(3)	6,500.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
COMMUNITY PARTNERS 1000 N. ALAMEDA STREET SUITE 240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
CONGRESSIONAL BLACK CAUCUS FOUNDATION, INC. - 1720 MASSACHUSETTS AVE NW - WASHINGTON, DC 20036	52-1160561	501(C)(3)	25,000.	0.			2020 VIRTUAL ALC ISSUE FORUM
CONGRESSIONAL HISPANIC CAUCUS INSTITUTE, INC. - 1128 16TH STREET NW - WASHINGTON, DC 20036	52-1114225	501(C)(3)	20,000.	0.			TO SUPPORT YOUTH MENTORING PROGRAM
DELAWARE COALITION AGAINST GUN VIOLENCE - 2 PENNS WAY SUITE 305 - NEW CASTLE, DE 19720	38-3914811	501(C)(3)	10,000.	0.			TO SUPPORT GUN SAFETY EDUCATION & AWARENESS PROGRAM
DELAWARE TRIBE OF INDIANS 5100 TUXEDO BLVD BARTLESVILLE, OK 74006	73-0948981		6,500.	0.			2020 MINI DV GRANT PROGRAM
DISTRICT ALLIANCE FOR SAFE HOUSING INC - PO BOX 91730 - WASHINGTON, DC 20090	71-1019574	501(C)(3)	6,500.	0.			2020 MINI DV GRANT PROGRAM

Schedule I (Form 990)



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

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY PO BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	225,000.	0.			TO SUPPORT RESEARCH IN FIREARMS LAW AND POLICY
EMPLOYMENT CONNECTION 2838 MARKET STREET SAINT LOUIS, MO 63103	43-1106386	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
EVERYTOWN FOR GUN SAFETY ACTION FUND - PO BOX 4184 - NEW YORK, NY 10163	20-8802884	501(C)(4)	1,000,000.	0.			EDUCATIONAL AND LOBBYING ACTIVITY - GRANT MADE TO ORGANIZATION THAT IS TAX
FAITH IN ACTION ALABAMA PO BOX 311242 BIRMINGHAM, AL 35231	20-1667945	501(C)(3)	100,750.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
EMPOWER INITIATIVE 1211 60TH AVENUE OAKLAND, CA 94621	45-2402944	501(C)(3)	50,000.	0.			TO SUPPORT EDUCATIONAL PROGRAMS FOR EVENTS CENTERED AROUND EDUCATION, MESSAGE AND
FREEDOM FROM UNNECESSARY NEGATIVES 3214 SOUTH THIRD STREET MEMPHIS, TN 38109	51-0479875	501(C)(3)	20,243.	0.			WEAR ORANGE PEER TO PEER GRANTS
FUTURE AMBASSADORS 11072 CORINE AVE. BLUE ASH, OH 45242	82-4350419	501(C)(3)	20,243.	0.			WEAR ORANGE PEER TO PEER GRANTS
GIDEON'S ARMY 600 28TH AVE. NORTH NASHVILLE, TN 37209	82-1741628	501(C)(3)	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
GIVE AN HOUR NONPROFIT CORPORATION - PO BOX 5918 - BETHESDA, MD 20824	61-1493378	501(C)(3)	30,000.	0.			TO SUPPORT NO-FEE MENTAL HEALTH SERVICES FOR SURVIVORS OF GUN VIOLENCE

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROWING KINGS, INCORPORATED PO BOX 291 BIRMINGHAM, AL 35201	27-0708543	501(C)(3)	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
GUITARS OVER GUNS ORGANIZATION, INC - 169 EAST FLAGLER STREET SUITE 1134 - MIAMI, FL 33131	26-2644682	501(C)(3)	20,243.	0.			WEAR ORANGE PEER TO PEER GRANTS
HALLIE Q. BROWN COMMUNITY CENTER INC. - 270 KENT STREET - SAINT PAUL, MN 55102	41-0693846	501(C)(3)	5,500.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
HEALTH RESOURCES IN ACTION 2 BOYLSTON ST., 4TH FLOOR BOSTON, MA 02116	04-2229839	501(C)(3)	36,782.	0.			2020 HAVI VIRTUAL CONFERENCE SPONSORSHIP
HIGHLANDER RESEARCH & EDUCATION CENTER, INC - 1959 HIGHLANDER WAY - NEW MARKET, TN 37820	62-0646373	501(C)(3)	20,243.	0.			WEAR ORANGE PEER TO PEER GRANTS
HISPANIC FEDERATION 55 EXCHANGE PLACE 5TH FLOOR NEW YORK, NY 10005	13-3573852	501(C)(3)	10,000.	0.			ANNUAL GALA SPONSORSHIP
HOUSE OF RUTH 5 THOMAS CIRCLE NW 4TH FLOOR WASHINGTON, DC 20005	52-1054102	501(C)(3)	6,500.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
HOUSTON HEALTH FOUNDATION 8000 NORTH STADIUM DRIVE HOUSTON, TX 77054	27-2920745	501(C)(3)	20,243.	0.			WEAR ORANGE PEER TO PEER GRANTS
IDAHO COALITION AGAINST SEXUAL AND DOMESTIC VIOLENCE - 1402 WEST GROVE STREET - BOISE, ID 83702	82-0410899	501(C)(3)	6,500.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN

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INNER CITY INNOVATORS, INC. 505 15TH STREET, APT.2 WEST PALM BEACH, FL 33407	81-3809173	501(C)(3)	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
INSTITUTE FOR NONVIOLENCE CHICAGO 819 NORTH LEAMINGTON AVENUE CHICAGO, IL 60651	81-1098722	501(C)(3)	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
INTERNATIONAL WOMEN'S HOUSE INC PO BOX 1327 DECATUR, GA 30031	58-2512196	501(C)(3)	6,500.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
JEWISH ALLIANCE FOR LAW AND SOCIAL ACTION - 11 BEACON STREET SUITE 722 - BOSTON, MA 02108	01-0563874	501(C)(3)	8,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N4327-B BALTIMORE, MD 21211	52-0595110	501(C)(3)	75,000.	0.			SUPPORT THE REPLICATIONG AND EXPANSION OF THE ORIGINAL (1995-2000) 11-CITY FEMICIDE STUDY
KC MOTHERS IN CHARGE 3200 WAYNE AVENUE SUITE 124 KANSAS CITY, MO 64109	47-2342408	501(C)(3)	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
LIFE CAMP, INC. 111-12 SUTPHIN BLVD JAMAICA, NY 11435	20-0814999	501(C)(3)	45,000.	0.			PEACE WEEK 2020 SPONSORSHIP & COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS
METROPOLITAN FAMILY SERVICES 1 N. DEARBORN 10TH FLOOR CHICAGO, IL 60602	36-2167940	501(C)(3)	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
MILWAUKEE MUSLIM WOMEN'S COALITION INC - 5235 S27TH STREET - GREENFIELD, WI 53221	27-2805324	501(C)(3)	6,500.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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MOMMAS SAFE HAVEN 3227 DUBOIS PLACE SE WASHINGTON, DC 20019	47-3974966	501(C)(3)	20,243.	0.			WEAR ORANGE PEER TO PEER GRANTS
MOTHERS AGAINST MURDERERS ASSOCIATION, INC - 1897 PALM BEACH LAKES BLVD., SUITE 117 - WEST PALM BEACH, FL 33409	13-4257073	501(C)(3)	20,243.	0.			WEAR ORANGE PEER TO PEER GRANTS
MOTHERS IN CHARGE 520 N. DELAWARE AVE., SUITE 302 PHILADELPHIA, PA 19123	30-0185280	501(C)(3)	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
MOTHERS UNITED AGAINST VIOLENCE INC - PO BOX 262 - HARTFORD, CT 06141	41-2262294	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE CHICAGO, IL 60608	36-2877520	501(C)(3)	6,500.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
NATIONAL BUILDING MUSEUM 401 F STREET NW WASHINGTON, DC 20001	52-1050999	501(C)(3)	255,000.	0.			TO SUPPORT GUN VIOLENCE MEMORIAL PROJECT
NATIONAL CENTER FOR UNWANTED FIREARMS - PO BOX 100 - FORT HARRISON, MT 59636	81-2976708	501(C)(3)	6,850.	0.			FIREARMS INVENTORY DISPOSAL PROJECT
NATIONAL COALITION AGAINST DOMESTIC VIOLENCE - ONE BROADWAY, SUITE B 210 - DENVER, CO 80203	91-1081344	501(C)(3)	25,000.	0.			NCADV HYBRID CONFERENCE SPONSORSHIP
NEW LIFE CENTERS OF CHICAGOLAND, NFP - 4101 W 51ST STREET - CHICAGO, IL 60632	20-2380358	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN

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NEW YORK UNIVERSITY LANGONE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	11,000.	0.			TO GENERATE RELIABLE CITY GUN VIOLENCE METRICS
NO MORE RED DOTS 3936 BRISTOL OAKS DRIVE LOUISVILLE, KY 40299	83-1524454	501(C)(3)	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
NORTHPOINT HEALTH & WELLNESS CENTER, INC. - 1256 PENN AVE. N. SUITE 5300 - MINNEAPOLIS, MN 55411	20-0898277	501(C)(3)	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
OG'S AGAINST VIOLENCE, INC 133 BRADFORD STREET SYRACUSE, NY 13207	83-4018297	501(C)(3)	20,243.	0.			WEAR ORANGE PEER TO PEER GRANTS
PATERSON CEASE FIRE A NJ NONPROFIT CORPORATION - 2-4 AUBURN STREET - PATERSON, NJ 07501	61-1721691	501(C)(3)	20,243.	0.			WEAR ORANGE PEER TO PEER GRANTS
PEACE EDUCATION PROGRAM, INC 318 WEST KENTUCKY STREET LOUISVILLE, KY 40203	61-1220204	501(C)(3)	20,243.	0.			WEAR ORANGE PEER TO PEER GRANTS
PHILADELPHIA ANTI-DRUG/ANTI-VIOLENCE NETWORK - 2700 NORTH 17TH STREET - PHILADELPHIA, PA 19132	43-1982532	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
POSITIVE CHANGE FOUNDATION 1220 L. STREET NW #100-181 WASHINGTON, DC 20005	47-1116945	501(C)(3)	20,243.	0.			WEAR ORANGE PEER TO PEER GRANTS
POSITIVE RESULTS CENTER 1128 W GARDENA BLVD. GARDENA, CA 90247	95-4455668	501(C)(3)	6,500.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN

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PURPOSE 4 MY PAIN 8830 E 35TH STREET INDIANAPOLIS, IN 46226	81-2826651	501(C)(3)	20,243.	0.			WEAR ORANGE PEER TO PEER GRANTS
RACE FORWARD 145 EAST 57TH STREET, 4TH FLOOR NEW YORK, NY 10022	94-2759879	501(C)(3)	25,000.	0.			2020 FACING RACE SPONSORSHIP
ROCA INC. 101 PARK STREET CHELSEA, MA 02150	22-3223641	501(C)(3)	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
ROCHESTER INSTITUTE OF TECHNOLOGY CENTER FOR PUBLIC SAFETY INITIATIVES 7 LOMB MEMORIAL DRIVE - ROCHESTER, NY 1	16-0743140	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
RVA LEAGUE FOR SAFER STREETS 2213 ALTHEA STREET RICHMOND, VA 23222	83-0939940	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
SAFE PASSAGES 250 FRANK H. OGAWA PLAZA, SUITE 630 OAKLAND, CA 94612	20-4535835	501(C)(3)	60,993.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
SAMUEL DEWITT PROCTOR CONFERENCE 4445 S MARTIN LUTHER KING DRIVE CHICAGO, IL 60653	06-1707903	501(C)(3)	10,000.	0.			DEWITT PROCTOR CONFERENCE SPONSORSHIP
SILENCE IS VIOLENCE 2000 LAKESHORE DRIVE UNO TRAC BUILDING RM 208 - NEW ORLEANS, LA 70148	06-1713685	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
ST. LUKE COMMUNITY DEVELOPMENT CENTER - 139 AM TYLER PLACE - PATERSON, NJ 07501	22-3626408	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN

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STREET ADDICTION INSTITUTE PO BOX 15434 SYRACUSE, NY 13215	47-3584980	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDU - 1803 N. BROAD STREET CARNELL HALL, SUITE 615 - PHILADELPHIA, PA	23-1365971	501(C)(3)	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
THE FALLEN FATHERS FOUNDATION 450 KATHLEEN STREET AKRON, OH 44303	81-3342101	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
THE GATHERING FOR JUSTICE INC. 121 WEST 36TH STREET, SUITE 251 NEW YORK, NY 10018	47-2966777	501(C)(3)	10,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
THE HEB FOUNDATION INC. 26 RIVERS EDGE TERRACE INDIAN HEAD, MD 20640	83-2484992	501(C)(3)	20,243.	0.			WEAR ORANGE PEER TO PEER GRANTS
THE JUSTICE EDUCATION CENTER, INC. 62 LASALLE ROAD SUITE 308 WEST HARTFORD, CT 06107	06-0897199	501(C)(3)	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
THE ONSITE FOUNDATION PO BOX 92247 NASHVILLE, TN 37209	46-3697395	501(C)(3)	10,000.	0.			2020 GALA SPONSORSHIP
THE PITTSBURGH CONTINGENCY INC. 1716 NEVADA STREET PITTSBURGH, PA 15218	45-5398705	501(C)(3)	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
THE URBAN LEAGUE GREATER SOUTHWEST OF OHIO - 3458 READING ROAD - CINCINNATI, OH 45229	31-0565428	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN

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TIDES CENTER 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	20,000.	0.			2020 CONVENING SPONSORSHIP
TRACE MEDIA, INC. PO BOX 4184 NEW YORK, NY 10163	47-4175513	501(C)(3)	1,642,500.	0.			RESEARCH AND PUBLIC EDUCATION INITIATIVES
TRARON CENTER 700 PENNSYLVANIA AVENUE SE WASHINGTON, DC 20019	82-3648072	501(C)(3)	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
TRUCE BATON ROUGE INC 1120 GOVERNMENT STREET BATON ROUGE, LA 70802	47-3309159	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
TUCSON CENTER FOR WOMEN AND CHILDREN, INC. - 2545 E ADAMS STREET - TUCSON, AZ 85716	86-0312162	501(C)(3)	6,500.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
UNITING GARDEN HOMES INC 4201 NORTH 27TH STREET MILWAUKEE, WI 53216	39-1971202	501(C)(3)	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS BLDG STE 205 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	50,000.	0.			TO SUPPORT ANNENBERG NORMAN LEAR CENTER'S MEDIA IMPACT PROJECT
URBAN LEAGUE OF LOUISIANA 4640 SOUTH CARROLLTON AVENUE SUITE NEW ORLEANS, LA 70119	72-0423627	501(C)(3)	100,000.	0.			TO SUPPORT CURE VIOLENCE NEW ORLEANS
VICTIM SERVICES OF CULLMAN INC 310 3RD AVE NE CULLMAN, AL 35055	63-1049338	501(C)(3)	6,500.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN

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VOICES AGAINST DOMESTIC VIOLENCE INC - 238 W. WASHINGTON ST - CHARLES TOWN, WV 25414	80-0870032	501(C)(3)	6,500.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
WE THE PROTESTERS, INC. 346 E. 119TH ST 3B NEW YORK, NY 10035	81-3764408	501(C)(3)	50,000.	0.			MAPPING POLICE VIOLENCE PROJECT SUPPORT
YAAY ME INC 316 34TH STREET NORTHEAST WASHINGTON, DC 20019	26-4793282	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
YOUTH ADVOCATE PROGRAMS, INC 2007 NORTH 3RD STREET HARRISBURG, PA 17102	23-1977514	501(C)(3)	20,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
YOUTH ALIVE 3300 ELM STREET OAKLAND, CA 94609	94-3143254	501(C)(3)	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
YOUTURN 4344 NORTH 34TH AVENUE OMAHA, NE 68111	81-2894077	501(C)(3)	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN

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**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 GRANTEEES AND THROUGH GRANTEE REPORTING  
REQUIREMENTS.

**PART II, LINE 1, COLUMN (H):**

**NAME OF ORGANIZATION OR GOVERNMENT:** ALLIANCE OF CONCERNED MEN

**(H) PURPOSE OF GRANT OR ASSISTANCE:** COMMUNITY GUN VIOLENCE PREVENTION

**GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR**

**Part IV** Supplemental Information

COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: APF SUPPORT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: APNA GHAR INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

ARIZONA COALITION TO END SEXUAL AND DOMESTIC VIOLENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

ARIZONA STATE UNIVERSITY FOR A NEW AMERICAN FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE REPLICATION AND  
EXPANSION OF THE ORIGINAL (1995-2000) 11-CITY FEMICIDE STUDY

NAME OF ORGANIZATION OR GOVERNMENT: B4UFALL

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
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**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BACK TO BASICS OUTREACH MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: BLOC MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: CALIFORNIA COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA PARTNERSHIP FOR SAFE COMMUNITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: CEASEFIREPA

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR FAMILY SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

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Schedule I (Form 990)

**Part IV** Supplemental Information

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR NONVIOLENCE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR YOUTH ENGAGEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: CHRIS 180 INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

COLORADO RIVER REGIONAL CRISIS SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: EMPLOYMENT CONNECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: EVERYTOWN FOR GUN SAFETY ACTION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATIONAL AND LOBBYING ACTIVITY -  
GRANT MADE TO ORGANIZATION THAT IS TAX EXEMPT UNDER SECTION 501(C)(4) OF  
THE CODE WAS FOR PERMISSIBLE 501(C)(3) ACTIVITIES AND WAS NOT PERMITTED  
TO BE USED FOR POLITICAL ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: FAITH IN ACTION ALABAMA

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: EMPOWER INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATIONAL PROGRAMS FOR  
EVENTS CENTERED AROUND EDUCATION, MESSAGE AND ORGANIZING TRAINING ON  
ISSUES OF COMBATING GUN VIOLENCE WITH FOCUS ON COMMUNITIES OF COLOR IN  
CRITICAL AREAS.

NAME OF ORGANIZATION OR GOVERNMENT: GIDEON'S ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

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EVERYTOWN FOR GUN SAFETY SUPPORT FUND,  
INC.

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**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GROWING KINGS, INCORPORATED

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: HALLIE Q. BROWN COMMUNITY CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: HOUSE OF RUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

IDAHO COALITION AGAINST SEXUAL AND DOMESTIC VIOLENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: INNER CITY INNOVATORS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE FOR NONVIOLENCE CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

**Part IV Supplemental Information**

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL WOMEN'S HOUSE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH ALLIANCE FOR LAW AND SOCIAL ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: KC MOTHERS IN CHARGE

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: LIFE CAMP, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PEACE WEEK 2020 SPONSORSHIP &

COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO  
REDUCE GUN VIOLENCE IN THEIR COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: METROPOLITAN FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

MILWAUKEE MUSLIM WOMEN'S COALITION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: MOTHERS IN CHARGE

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: MOTHERS UNITED AGAINST VIOLENCE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: MUJERES LATINAS EN ACCION

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: NEW LIFE CENTERS OF CHICAGOLAND, NFP

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: NO MORE RED DOTS

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHPOINT HEALTH & WELLNESS CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

PHILADELPHIA ANTI-DRUG/ANTI-VIOLENCE NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: POSITIVE RESULTS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: ROCA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: ROCHESTER INSTITUTE OF TECHNOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

**Part IV** Supplemental Information

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: RVA LEAGUE FOR SAFER STREETS

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: SAFE PASSAGES

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES, WEAR ORANGE PEER TO PEER GRANT, AND PEACEMAKER FELLOWSHIP  
PROJECT SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SILENCE IS VIOLENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: ST. LUKE COMMUNITY DEVELOPMENT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: STREET ADDICTION INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDU

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: THE FALLEN FATHERS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: THE GATHERING FOR JUSTICE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: THE JUSTICE EDUCATION CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: THE PITTSBURGH CONTINGENCY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

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EVERYTOWN FOR GUN SAFETY SUPPORT FUND,  
INC.

Schedule I (Form 990)

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**Part IV** Supplemental Information

THE URBAN LEAGUE GREATER SOUTHWEST OF OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: TRARON CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: TRUCE BATON ROUGE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

TUCSON CENTER FOR WOMEN AND CHILDREN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: UNITING GARDEN HOMES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION  
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: VICTIM SERVICES OF CULLMAN INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

**Part IV Supplemental Information**

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: VOICES AGAINST DOMESTIC VIOLENCE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: YAAY ME INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH ADVOCATE PROGRAMS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH ALIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: YOUTURN

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR  
COMMUNITIES

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.</b>	Employer identification number <b>26-1598353</b>
--	---

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2020

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

26-1598353

Schedule J (Form 990) 2020

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ERIC TIRSCHWELL MANAGING DIR. OF LITIGATION & NATL E	(i)	308,238.	0.	0.	11,400.	34,612.	354,250.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TAMARA ANGELA FERRELL-ZABALA CHIEF EQUITY, OUTREACH & PARTNERSHIP	(i)	261,300.	0.	0.	0.	34,612.	295,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AMANDA A. HOWE SENIOR ADVISOR TO THE PRESIDENT	(i)	237,500.	0.	0.	9,500.	18,000.	265,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KATHRYN YONTEF DIRECTOR OF CORPORATE INITIATIVES	(i)	200,000.	0.	0.	0.	12,220.	212,220.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BECKY T. GEORGE SENIOR ADVISOR, EXTERNAL ENGAGEMENT	(i)	183,800.	0.	0.	7,400.	12,156.	203,356.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.** Employer identification number **26-1598353**

<b>Part I</b>	<b>Types of Property</b>	<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	<b>X</b>	<b>17</b>	<b>86,686.</b>	<b>FMV</b>
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

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

	Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		<b>X</b>
<b>b</b> If "Yes," describe the arrangement in Part II.		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		<b>X</b>
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		<b>X</b>
<b>b</b> If "Yes," describe in Part II.		
<b>33</b> If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** Schedule M (Form 990) 2020

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EVERYTOWN FOR GUN SAFETY SUPPORT FUND,  
INC.

26-1598353

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Schedule M (Form 990) 2020

**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.

Lined area for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization	EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.	Employer identification number	26-1598353
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VIOLENCE AND HELP TO REDUCE IT BY CONDUCTING GROUNDBREAKING ORIGINAL RESEARCH, DEVELOPING EVIDENCE-BASED POLICIES, COMMUNICATING THIS KNOWLEDGE TO THE AMERICAN PUBLIC, AND ADVANCING GUN SAFETY AND GUN VIOLENCE PREVENTION IN COMMUNITIES AND THE COURTS.

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

ADVANCING GUN SAFETY AND GUN VIOLENCE PREVENTION IN COMMUNITIES AND THE COURTS.

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

EVERYTOWN RESEARCH & POLICY TOOK A DEEPER LOOK INTO THE ECONOMIC BURDEN OF GUN VIOLENCE, REVEALING THAT THIS PUBLIC HEALTH CRISIS COSTS AN ESTIMATED \$280 BILLION, WHICH IS BORNE BY SURVIVORS, FAMILIES, COMMUNITIES, EMPLOYERS, AND TAXPAYERS WHETHER THEY OWN A GUN OR NOT. EVERYTOWN'S SECOND NATIONAL GUN VIOLENCE SURVIVORS WEEK ELEVATED THE STORIES OF SURVIVORS ACROSS THE COUNTRY AND INCREASED ENGAGEMENT ON THE ISSUE ACROSS SOCIAL MEDIA PLATFORMS. AND THE FIRST VIRTUAL WEAR ORANGE CAMPAIGN WAS AN UNPRECEDENTED SUCCESS, WITH VOLUNTEERS, SURVIVORS, CULTURAL LEADERS, BUSINESS LEADERS, PUBLIC OFFICIALS, LAW ENFORCEMENT OFFICERS AND MORE JOINING FORCES TO CALL FOR AN END TO GUN VIOLENCE LIKE NEVER BEFORE.

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

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

Schedule O (Form 990 or 990-EZ) 2020

\*PUBLIC DISCLOSURE COPY\*

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

Employer identification number  
26-1598353

CORPORATION LAW ("DGCL"), HOWEVER, THE ORGANIZATION'S DIRECTORS ARE DEEMED TO BE ITS MEMBERS BECAUSE THE DIRECTORS ARE ENTITLED TO VOTE FOR THE ELECTION OF DIRECTORS PURSUANT TO THE ORGANIZATION'S BYLAWS.

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

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

\*PUBLIC DISCLOSURE COPY\*

Name of the organization	EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.	Employer identification number	26-1598353
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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, SECTION B, LINE 15:

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

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

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

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

THE ORGANIZATION MAKES ITS CERTIFICATE OF INCORPORATION, BYLAWS, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. REQUESTS FOR REVIEWING THE ORGANIZATION'S DOCUMENTS SHOULD BE ADDRESSED 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:

OTHER PROFESSIONAL FEES:

\*PUBLIC DISCLOSURE COPY\*

Name of the organization	EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.	Employer identification number	26-1598353
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PROGRAM SERVICE EXPENSES	4,326,172.
MANAGEMENT AND GENERAL EXPENSES	178,246.
FUNDRAISING EXPENSES	45,130.
TOTAL EXPENSES	4,549,548.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,549,548.

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

ADJUSTMENT FOR UNRECOVERED ACCOUNTS RECEIVABLE	-865,000.
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FORM 990, PART XII, LINE 2C:

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

COST SHARING AGREEMENT:

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

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER														
9	WEBSITE	04/01/20		42M		HY42	25,154.				25,154.			5,390.	5,390.
10	WEBSITE	05/01/20		42M		HY42	67,963.				67,963.			12,945.	12,945.
11	WEBSITE	08/03/20		42M		HY42	342,000.				342,000.			40,714.	40,714.
12	WEBSITE	09/18/20		42M		HY42	57,000.				57,000.			4,071.	4,071.
13	WEBSITE	12/31/20		42M		HY42	719,572.				719,572.			0.	
3	(D)WEBSITE	07/01/14	197	36M		HY43	305,175.				305,175.	305,175.		0.	305,175.
4	(D)WEBSITE	07/01/15	197	36M		HY43	44,300.				44,300.	44,300.		0.	44,300.
5	EVERYSTAT WEBSITE	11/07/19	197	42M		HY43	97,750.				97,750.	4,655.		27,929.	32,584.
	* 990 PAGE 10 TOTAL OTHER						1,658,914.				1,658,914.	354,130.		91,049.	445,179.
	* 990 PAGE 10 TOTAL -						1,658,914.				1,658,914.	354,130.		91,049.	445,179.
	FURNITURE & FIXTURES														
6	FURNITURE & FIXTURES	06/30/19	SL	7.00		16	74,386.				74,386.	5,313.		10,627.	15,940.
7	OFFICE EQUIPMENT	06/30/19	SL	3.50		16	19,554.				19,554.	2,793.		5,587.	8,380.
8	LEASEHOLD IMPROVEMENTS	06/30/19	SL	7.00		HY17	136,445.				136,445.	9,519.		19,492.	29,011.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						230,385.				230,385.	17,625.		35,706.	53,331.
	* 990 PAGE 10 TOTAL -						230,385.				230,385.	17,625.		35,706.	53,331.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						1,889,299.				1,889,299.	371,755.		126,755.	498,510.



2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						677,610.			0.	677,610.	371,755.			435,390.
	ACQUISITIONS						1,211,689.			0.	1,211,689.	0.			63,120.
	DISPOSITIONS/RETIRED						349,475.			0.	349,475.	349,475.			349,475.
	ENDING BALANCE						1,539,824.			0.	1,539,824.	22,280.			149,035.
	ENDING ACCUM DEPR LESS DISPOSITIONS											149,035.			
	ENDING BOOK VALUE											1,390,789.			

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

**Depreciation and Amortization**  
 (Including Information on Listed Property) 990

OMB No. 1545-0172

**2020**  
 Attachment  
 Sequence No. 179

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.</b>	Business or activity to which this form relates <b>FORM 990 PAGE 10</b>	Identifying number <b>26-1598353</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	<b>1</b>	1,040,000.
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	2,590,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 .....	<b>13</b>	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	<b>14</b>	
15 Property subject to section 168(f)(1) election .....	<b>15</b>	
16 Other depreciation (including ACRS) .....	<b>16</b>	16,214.

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

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2020 .....	<b>17</b>	19,492.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 30-year	/		30 yrs.	MM	S/L
d 40-year	/		40 yrs.	MM	S/L

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	35,706.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

**\*PUBLIC DISCLOSURE COPY\***

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

Form 4562 (2020)

26-1598353 Page 2

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>(a)</b> Type of property (list vehicles first)	<b>(b)</b> Date placed in service	<b>(c)</b> Business/investment use percentage	<b>(d)</b> Cost or other basis	<b>(e)</b> Basis for depreciation (business/investment use only)	<b>(f)</b> Recovery period	<b>(g)</b> Method/Convention	<b>(h)</b> Depreciation deduction	<b>(i)</b> Elected section 179 cost	
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use .....							<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
<b>27</b> Property used 50% or less in a qualified business use:									
		%				S/L -			
		%				S/L -			
		%				S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....							<b>28</b>		
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....								<b>29</b>	

**Section B - Information on Use of Vehicles**

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

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

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

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

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

**Part VI Amortization**

<b>(a)</b> Description of costs	<b>(b)</b> Date amortization begins	<b>(c)</b> Amortizable amount	<b>(d)</b> Code section	<b>(e)</b> Amortization period or percentage	<b>(f)</b> Amortization for this year
<b>42</b> Amortization of costs that begins during your 2020 tax year:					
SEE STATEMENT 1					63,120.
<b>43</b> Amortization of costs that began before your 2020 tax year .....					27,929.
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report .....					91,049.

\*PUBLIC DISCLOSURE COPY\*

EVERYTOWN FOR GUN SAFETY SUPPORT FUND, I

26-1598353

FORM 4562

PART VI - AMORTIZATION

STATEMENT 1

(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORTIZABLE AMOUNT	(D) CODE SECTION	(E) PERIOD/ PERCENT	(F) AMORTIZATION THIS YEAR
WEBSITE	04/01/20	25,154.		42M	5,390.
WEBSITE	05/01/20	67,963.		42M	12,945.
WEBSITE	08/03/20	342,000.		42M	40,714.
WEBSITE	09/18/20	57,000.		42M	4,071.
WEBSITE	12/31/20	719,572.		42M	
TOTAL TO FORM 4562, LINE 42					63,120.