

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning and ending																												
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.</td> <td>D Employer identification number 26-1598353</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number 646-324-8250</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>G Gross receipts \$ 29,609,634.</td> </tr> <tr> <td>P.O. BOX 4184</td> <td></td> <td>H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10163</td> <td>H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: JOHN FEINBLATT P.O. BOX 4184, NEW YORK, NY 10163</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="3">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) 4947(a)(1) or 527</td> </tr> <tr> <td colspan="3">J Website: ▶ WWW.EVERYTOWNSUPPORTFUND.ORG</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 2007 M State of legal domicile: DE</td> </tr> </table>	C Name of organization EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.		D Employer identification number 26-1598353	Doing business as		E Telephone number 646-324-8250	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 29,609,634.	P.O. BOX 4184		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10163		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions	F Name and address of principal officer: JOHN FEINBLATT P.O. BOX 4184, NEW YORK, NY 10163		H(c) Group exemption number ▶	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) 4947(a)(1) or 527			J Website: ▶ WWW.EVERYTOWNSUPPORTFUND.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2007 M State of legal domicile: DE
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EVERYTOWN FOR GUN SAFETY SUPPORT FUND SEEKS TO IMPROVE OUR UNDERSTANDING OF THE CAUSES OF GUN
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 4
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 112
	6 Total number of volunteers (estimate if necessary) 6 628624
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 27,218,030. Current Year 29,061,388.
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 69,349. 11,971.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 44,561. 105,533.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27,331,940. 29,178,892.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6,571,909. 6,952,146.
	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) 14,555,629. 15,967,160.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 472,489. 416,395.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 781,996.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,058,753. 10,780,166.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 31,658,780. 34,115,867.
19 Revenue less expenses. Subtract line 18 from line 12 -4,326,840. -4,936,975.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 27,869,632. End of Year 23,844,967.
	21 Total liabilities (Part X, line 26) 1,745,857. 3,108,207.
	22 Net assets or fund balances. Subtract line 21 from line 20 26,123,775. 20,736,760.

Part II Signature Block

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

Sign Here	Signature of officer	Date 11.7.22			
	JOHN FEINBLATT, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOSEPH KLUEMPER	Preparer's signature 	Date 11/2/2022	Check if self-employed <input type="checkbox"/>	PTIN P00739411
	Firm's name ▶ GELLER & COMPANY LLC	Firm's EIN ▶ 13-4149326			
	Firm's address ▶ P.O. BOX 1510 NEW YORK, NY 10150	Phone no. (212) 583-6000			

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

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

OMB No. 1545-0047

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

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

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 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
Form 990-T (corporation)	07		

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, 2022** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2021** or► ☐ tax year beginning _____ , and ending _____ .

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

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

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

EVERYTOWN FOR GUN SAFETY SUPPORT FUND,
INC.

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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 ☒ **X**

- 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 \$ **29,385,703.** including grants of \$ **6,952,146.**) (Revenue \$)
2021 SAW HISTORIC INCREASES IN GUN VIOLENCE IN CITIES ACROSS THE COUNTRY AS THE PANDEMIC BROUGHT DAUNTING CHALLENGES. THROUGHOUT THE YEAR, EVERYTOWN FOR GUN SAFETY SUPPORT FUND HELPED TO MAKE COMMUNITIES SAFER THROUGH SUPPORT FOR CRITICAL SOCIAL SERVICES AND COMMUNITY-BASED INTERVENTION PROGRAMS, ROBUST PUBLIC AWARENESS CAMPAIGNS, TARGETED LITIGATION AND LIFE-SAVING ORIGINAL RESEARCH. EVERYTOWN SUPPORT FUND LAUNCHED THE EVERYTOWN COMMUNITY SAFETY FUND, COMMITTING \$25 MILLION TO THE EFFORT OVER FIVE YEARS BY PROVIDING GRANTEE ORGANIZATIONS ACROSS THE COUNTRY WITH FINANCIAL SUPPORT, PEER NETWORKING, AND CAPACITY-BUILDING. IN PARTNERSHIP WITH MOMS DEMAND ACTION AND STUDENTS DEMAND ACTION VOLUNTEERS, THE BE SMART PROGRAM CONTINUED THE VITALLY IMPORTANT WORK OF PROMOTING SECURE STORAGE AS ONE OF THE MOST IMPORTANT
- 4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
- 4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
- 4d** Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)
- 4e** Total program service expenses **29,385,703.**

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Part IV Checklist of Required Schedules

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

**EVERYTOWN FOR GUN SAFETY SUPPORT FUND,
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Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	88
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 112		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
b If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?			
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?			X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
If "Yes," complete Form 6069.			

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

Form 990 (2021)

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **▶AL, AR, CA, FL, GA, HI, IL, KS, KY, 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 ☒ 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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

[illegible]

**EVERYTOWN FOR GUN SAFETY SUPPORT FUND,
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Form 990 (2021)

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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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								1,209,061.	0.	151,341.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,209,061.	0.	151,341.

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 **28**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GELLER ADVISORS LLC PO BOX 1510, NEW YORK, NY 10150	FINANCIAL AND ADVISORY SERVICES	1,689,384.
CHONG & KOSTER LLC, 1640 RHODE ISLAND NW, SUITE 600, WASHINGTON, DC 20036	ADVERTISING AND DATA ACQUISITION	708,000.
WILLKIE FARR & GALLAGHER LLC 787 SEVENTH AVENUE, NEW YORK, NY 10019	LEGAL SERVICES	512,667.
MARATHON STRATEGIES LLC, 38 EAST 29TH STREET, 4TH FLOOR, NEW YORK, NY 10016	PROFESSIONAL FEES OTHER	317,000.
UPSTATEMENT, LLC, 133 PORTLAND STREET, FLOOR 5, BOSTON, MA 02114	DIGITAL MEDIA AND WEBSITES	276,504.

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**

Form **990** (2021)

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

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	29,061,388.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 430,742.				
	h Total. Add lines 1a-1f			29,061,388.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,598.			3,598.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			3,791.			3,791.
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b		439,115.			
	c Gain or (loss)	7c		430,742.			
	d Net gain or (loss)			8,373.			8,373.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a PRIOR YEAR REFUNDS		900099	101,742.			101,742.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			101,742.			
12 Total revenue. See instructions			29,178,892.	0.	0.	117,504.	

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

Form 990 (2021)

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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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,952,146.	6,952,146.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,342,838.	11,085,319.	1,037,892.	219,627.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	363,033.	330,721.	25,875.	6,437.
9 Other employee benefits	2,265,762.	2,042,037.	198,083.	25,642.
10 Payroll taxes	995,527.	914,532.	63,601.	17,394.
11 Fees for services (nonemployees):				
a Management				
b Legal	828,092.	757,474.	58,284.	12,334.
c Accounting	1,729,184.		1,729,184.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	416,395.			416,395.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	5,169,800.	5,014,599.	112,836.	42,365.
12 Advertising and promotion	209,400.	209,400.		
13 Office expenses	518,867.	184,706.	334,148.	13.
14 Information technology	345,797.	172,267.	173,530.	
15 Royalties				
16 Occupancy	102,890.	102,890.		
17 Travel	123,466.	94,187.	1,683.	27,596.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	360,251.	359,328.	103.	820.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	429,091.	385,374.	36,082.	7,635.
23 Insurance	116,152.		116,152.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DATA ACQUISITION	691,393.	691,393.		
b RESEARCH & RECORDS FEES	61,444.	61,444.		
c BANK & CREDIT CARD FEES	52,193.		52,193.	
d POSTAGE AND PRINTING	29,741.	27,419.	172.	2,150.
e All other expenses	12,405.	467.	8,350.	3,588.
25 Total functional expenses. Add lines 1 through 24e	34,115,867.	29,385,703.	3,948,168.	781,996.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

Form 990 (2021)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,534,057.	1	5,639,215.
	2 Savings and temporary cash investments	16,459,241.	2	14,457,129.
	3 Pledges and grants receivable, net	2,339,304.	3	2,189,867.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	92,165.	9	190,216.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	230,385.		
	b Less: accumulated depreciation	89,037.		
		177,054.	10c	141,348.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	1,267,811.	14	1,227,192.
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	27,869,632.	16	23,844,967.	
Liabilities	17 Accounts payable and accrued expenses	1,318,857.	17	1,658,707.
	18 Grants payable	170,000.	18	1,192,500.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	257,000.	21	257,000.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,745,857.	26	3,108,207.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	23,626,445.	27	17,054,134.
	28 Net assets with donor restrictions	2,497,330.	28	3,682,626.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	26,123,775.	32	20,736,760.
	33 Total liabilities and net assets/fund balances	27,869,632.	33	23,844,967.

Form **990** (2021)

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

Form 990 (2021)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,178,892.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,115,867.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,936,975.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,123,775.
5	Net unrealized gains (losses) on investments	5	-40.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-450,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	20,736,760.

Part XII Financial Statements and Reporting

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

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

Form **990** (2021)

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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

Employer identification number	26-1598353
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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, congregation, 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).)
 - 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 on 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). _____

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		
Total						

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

Schedule A (Form 990) 2021

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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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27674837.	36991919.	33870690.	27218030.	29061388.	154816864
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	27674837.	36991919.	33870690.	27218030.	29061388.	154816864
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13911935.
6 Public support. Subtract line 5 from line 4.						140904929

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	27674837.	36991919.	33870690.	27218030.	29061388.	154816864
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	24,878.	127,752.	228,309.	67,056.	3,598.	451,593.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						155268457
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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	90.75	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	86.78	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2020. 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 stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2021. 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 stop here. 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 10% -facts-and-circumstances test - 2020. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
18 Private foundation. 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) 2021

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

Schedule A (Form 990) 2021

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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

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 ☐ ►

b 33 1/3% support tests - 2020. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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>		

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

Schedule A (Form 990) 2021

26-1598353 Page 5

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

Schedule A (Form 990) 2021

26-1598353 Page 6

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

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

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <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).			

Schedule A (Form 990) 2021

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

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Supplemental Information.

[illegible]

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

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

Employer identification number

26-1598353**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>7,076,653.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>2,727,911.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>609,550.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>14,763,546.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>1,169,840.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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

Employer identification number

26-1598353**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 961,192.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 752,696.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

26-1598353

Part II

[illegible]

Name of organization

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

Employer identification number

26-1598353**Part III**

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

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

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization	EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.	Employer identification number	26-1598353
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

2 Political campaign activity expenditures ▶ \$

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.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		1,000,000.													
c Total lobbying expenditures (add lines 1a and 1b)		1,000,000.													
d Other exempt purpose expenditures		28,385,702.													
e Total exempt purpose expenditures (add lines 1c and 1d)		29,385,702.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

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

2021Open to Public
InspectionName 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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last
day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax
year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,
provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange program
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c 257,000.
d Additions during the year	1d 0.
e Distributions during the year	1e 0.
f Ending balance	1f 257,000.

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		230,385.	89,037.	141,348.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				141,348.

Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021

26-1598353 Page **3**

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Schedule D (Form 990) 2021

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

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

1	Total revenue, gains, and other support per audited financial statements	1	31,855,324.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-40.
b	Donated services and use of facilities	2b	3,126,472.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	3,126,432.
3	Subtract line 2e from line 1	3	28,728,892.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	450,000.
c	Add lines 4a and 4b	4c	450,000.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	29,178,892.

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

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

1	Total expenses and losses per audited financial statements	1	37,242,339.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,126,472.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	3,126,472.
3	Subtract line 2e from line 1	3	34,115,867.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	34,115,867.

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 IV, LINE 1B:

THE ORGANIZATION'S LITIGATION DEPARTMENT IS ACTING AS ATTORNEY IN RELATION TO A PENDING LEGAL SETTLEMENT. THE PENDING SETTLEMENT PROCEEDS ARE BEING HELD IN AN ESCROW ACCOUNT UNTIL FINAL.

PART IV, LINE 2B:

THE \$257,0000 HELD IN ESCROW IS RELATED TO A PENDING LEGAL SETTLEMENT TO BE DISTRIBUTED UPON COMPLETION OF LITIGATION.

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

Part XIII Supplemental Information (continued)

SAFETY SUPPORT FUND DID NOT HAVE ANY UNCERTAIN TAX POSITIONS IN 2021 AND
THEREFORE THERE WAS NO LIABILITY FOR ANY UNCERTAIN TAX POSITIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ADJUSTMENT FOR UNRECOVERED ACCOUNTS RECEIVABLE 450,000.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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 **e** ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations **f** ☐ Solicitation of government grants
c ☒ Phone solicitations **g** ☐ Special fundraising events
d ☒ In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
JACKIE BROT-WEINBERG - 601 EAST 20TH STREET 10F, NEW CAPITAL STRATEGIES - 4712 ADMIRALTY WAY #670, MARINA	IN-PERSON SOLICITATION		X	7,573,854.	102,600.	7,471,254.
LISA PRESTA - 163 FOREST SIDE AVENUE, SAN FRANCISCO, CA	IN-PERSON SOLICITATION		X	6,566,320.	263,660.	6,302,660.
PARDO CONSULTING GROUP - 501 NORTHEAST 109TH STREET,	FUNDRAISING STRATEGIC CONSULTING		X	2,314,769.	45,985.	2,268,784.
				0.	4,150.	-4,150.
Total				16,454,943.	416,395.	16,038,548.

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.

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

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

Schedule G (Form 990) 2021

26-1598353 Page **2**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

EVERYTOWN FOR GUN SAFETY SUPPORT FUND,
INC.

Schedule G (Form 990) 2021

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 BROTH-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

EVERYTOWN FOR GUN SAFETY SUPPORT FUND,
INC.

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Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: LISA PRESTA

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

(I) NAME OF FUNDRAISER: PARDO CONSULTING GROUP

(I) ADDRESS OF FUNDRAISER: 501 NORTHEAST 109TH STREET, MIAMI, FL 33161

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 MOMS BONDED BY GRIEF INC 1920 SOUTH 20TH STREET PHILADELPHIA, PA 19145	82-3816386	501C3	8,100.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
A HAND UP TO SUCCESS INC 12492 WEEPING BRANCH CIRCLE JACKSONVILLE, FL 32218	81-2962800	501C3	6,600.	0.			GUN VIOLENCE SURVIVOR SUPPORT
ACE PROJECT INC. 4106 GREENWOOD AVENUE LOUISVILLE, KY 40211	83-3117851	501C3	8,100.	0.			YOUNG ENTREPRENEURSHIP PROGRAM & GUN VIOLENCE SURVIVOR SUPPORT
ALLIANCE OF CONCERNED MEN 3227 DUBOIS PL SE WASHINGTON, DC 20019	52-1911379	501C3	43,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
AMERICAN FOUNDATION FOR SUICIDE PREVENTION - 120 WALL STREET 29TH FLOOR - NEW YORK, NY 10005	13-3393329	501C3	10,200.	0.			LIFESAVERS GALA SPONSORSHIP, FLORIDA CHAPTER SPONSORSHIP OF HIKE FOR HOPE & UTAH
AMERICAN INDIAN COMMUNITY HOUSING ORGANIZATION - 202 WEST 2ND STREET - DULUTH, MN 55802	41-1782394	501C3	10,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **99.**

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

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**EVERYTOWN FOR GUN SAFETY SUPPORT FUND,
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW WASHINGTON, DC 20016	53-0196549	501C3	59,416.	0.			GUN VIOLENCE PREVENTION YOUTH VIDEOS
ANTI-VIOLENCE COALITION OF HUDSON COUNTY - 95 OXFORD AVENUE - JERSEY CITY, NJ 07305	84-2157522	501C3	10,000.	0.			WEAR ORANGE PEER TO PEER GRANTS
ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY - PO BOX 2260 - TEMPE, AZ 85280	86-6051042	501C3	50,000.	0.			TO SUPPORT THE REPLICATION AND EXPANSION OF THE ORIGINAL (1995-2000) 11-CITY
BACK TO BASICS OUTREACH MINISTRIES 1370 WILLIAM STREET BUFFALO, NY 14206	16-1509888	501C3	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
BUSINESS FORWARD FOUNDATION 1155 CONNECTICUT AVE NW STE 1000 WASHINGTON, DC 20036	46-2250437	501C3	110,000.	0.			TO SUPPORT TRAINING SEMINARS ON GUN VIOLENCE PREVENTION AND BACKGROUND CHECKS
CALIFORNIA PARTNERSHIP FOR SAFE COMMUNITIES - 825 WASHINGTON STREET SUITE 200 - OAKLAND, CA 94607	45-3127566	501C3	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
CENTER FOR AMERICAN PROGRESS 1333 H STREET NW 10TH FLOOR WASHINGTON, DC 20005	30-0126510	501C3	15,000.	0.			SUPPORT OF CAP'S WORK ON DISMANTLING VIOLENT WHITE SUPREMACY
CENTER FOR TRANSFORMATIVE ACTION 119 ANABEL TAYLOR HALL ITHACA, NY 14850	16-0990318	501C3	6,600.	0.			GUN VIOLENCE SURVIVOR SUPPORT
CHICAGO SURVIVORS 1010 WEST 35TH STREET STE 510 CHICAGO, IL 60609	36-4723857	501C3	6,600.	0.			GUN VIOLENCE SURVIVOR SUPPORT

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CHRIS 180 INC 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	58-1430183	501C3	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
CITY OF MEMPHIS TENNESSEE 125 NORTH MAIN STREET MEMPHIS, TN 38103	62-6000361	GOV'T	25,000.	0.			GUN VIOLENCE DATA FELLOW
CITY OF PITTSBURGH 660 FIRST AVENUE 3RD FLOOR PITTSBURGH, PA 15219	25-6000879	GOV'T	200,000.	0.			PITTSBURGH COMMUNITY GUN VIOLENCE DATA FELLOWSHIP
CLEVELAND PEACEMAKERS INC. 6114 BROADWAY AVE CLEVELAND, OH 44127	38-3989265	501C3	100,500.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
COLLEGE BOUND DORCHESTER 222 BOWDOIN STREET DORCHESTER, MA 02122	04-2383512	501C3	10,000.	0.			WEAR ORANGE PEER TO PEER GRANTS
COMMUNITY PASSAGEWAYS 8320 49TH AVENUE SOUTH SEATTLE, WA 98118	81-3806946	501C3	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
CONFERENCE ON CRIME AGAINST WOMEN 4411 LEMMON AVE SUITE 201 DALLAS, TX 75219	20-2079535	501C3	10,000.	0.			CRIMES AGAINST WOMEN 2022 ANNUAL CONFERENCE SPONSORSHIP
CONGRESSIONAL BLACK CAUCUS FOUNDATION, INC. - 1720 MASSACHUSETTS AVE NW - WASHINGTON, DC 20036	52-1160561	501C3	10,000.	0.			2021 ANNUAL LEGISLATIVE CONFERENCE
CONGRESSIONAL HISPANIC CAUCUS INSTITUTE, INC. - 1128 16TH STREET NW - WASHINGTON, DC 20036	52-1114225	501C3	10,000.	0.			CHCI SWEARING IN CEREMONY OF CONGRESSIONAL HISPANIC CAUCUS MEMBERS SPONSORSHIP

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DETROIT PUBLIC SAFETY FOUNDATION 1301 THIRD STREET SUITE 547 DETROIT, MI 48226	30-0056848	501C3	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
DUKE UNIVERSITY PO BOX 104132 DURHAM, NC 27708	56-0532129	501C3	181,800.	0.			TO SUPPORT RESEARCH IN FIREARMS LAW AND POLICY
EMPLOYMENT CONNECTION 2838 MARKET STREET SAINT LOUIS, MO 63103	43-1106386	501C3	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
EQUALITY FEDERATION INSTITUTE 818 SW 3RD AVE #141 PORTLAND, OR 97204-2405	81-0670151	501C3	10,000.	0.			EQUALITY FED LEADERSHIP CONFERENCE SPONSORSHIP
EVERYTOWN FOR GUN SAFETY ACTION FUND INC - 909 THIRD AVENUE 15TH FLOOR - NEW YORK, NY 10022	20-8802884	501C4	1,000,000.	0.			EDUCATIONAL AND LOBBYING ACTIVITY - GRANT MADE TO ORGANIZATION IS TAX EXEMPT UNDER SECTION
FAITH IN ACTION ALABAMA PO BOX 311242 BIRMINGHAM, AL 35231	20-1667945	501C3	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
FAITH IN ACTION NETWORK 171 SANTA ROSA AVENUE OAKLAND, CA 94610	94-2206497	501C3	40,000.	0.			TO SUPPORT FUND PEACE SUMMITS
FLOURISHING UNDER DISTRESS GIVEN ENCOURAGEMENT INC - 3448 MAUMEE AVENUE - DAYTON, OH 45414	85-0491579	501C3	6,600.	0.			GUN VIOLENCE SURVIVOR SUPPORT
FORWARD TOGETHER NEW ORLEANS 5208 MAGAZINE STREET NO.350 NEW ORLEANS, LA 70115	82-3807963	501C3	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN

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FUSION PARTNERSHIPS INC 1601 GULLFORD AVENUE 2 SOUTH BALTIMORE, MD 21202	52-2148413	501C3	12,050.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
GIDEON'S ARMY GRASSROOTS ARMY FOR CHILDREN - 600 28TH AVENUE NORTH - NASHVILLE, TN 37209	82-1741628	501C3	42,500.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
GRACE FOR 2 BROTHERS FOUNDATION 1607 CAPITOL AVE #330 CHEYENNE, WY 82001	27-1304145	501C3	10,000.	0.			WEAR ORANGE PEER TO PEER GRANTS
HEALTH RESOURCES IN ACTION 2 BOYLSTON ST. 4TH FLOOR BOSTON, MA 02116	04-2229839	501C3	73,909.	0.			2021 HAVI CONFERENCE SPONSORSHIP
HIGHLANDER RESEARCH & EDUCATION CENTER, INC - 1959 HIGHLANDER WAY - NEW MARKET, TN 37820	62-0646373	501C3	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
HISPANIC HERITAGE FOUNDATION 1001 PENNSYLVANIA AVE NW SUITE 7111 WASHINGTON, DC 20004	52-1818255	501C3	15,000.	0.			HISPANIC HERITAGE MONTH 2021 EVENT SPONSORSHIP
INNER CITY INNOVATORS, INC. 505 15TH STREET APT 2 WEST PALM BEACH, FL 33407	81-3809173	501C3	100,000.	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	501C3	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
JARED'S HEART OF SUCCESS INC 5774 FAIRINGTON FARMS COURT LITHONIA, GA 30038	81-1535769	501C3	6,600.	0.			GUN VIOLENCE SURVIVOR SUPPORT

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JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N4327-B BALTIMORE, MD 21211	52-0595110	501C3	50,000.	0.			TO SUPPORT REPLICATION AND EXPANSION OF THE ORIGINAL (1995-2000) 11-CITY FEMICIDE STUDY
LATINOS IN VIRGINIA EMPOWERMENT CENTER - 9513 HULL STREET ROAD SUITEB - NORTH CHESTERFIELD, VA 23236	83-2446635	501C3	10,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
LEAGUE OF UNITED LATIN AMERICAN CITIZENS INSTITUTE - 1133 19TH STREET NW SUITE1000 - WASHINGTON, DC 20036	52-2072106	501C3	30,000.	0.			NATIONAL WOMEN'S CONFERENCE AND NATIONAL SUMMIT AND EXPO SPONSORSHIP
LGBT+ CENTER ORLANDO INC 946 N. MILLS AVENUE ORLANDO, FL 32803	59-1884445	501C3	20,000.	0.			GUN VIOLENCE SURVIVOR SUPPORT & TO SUPPORT 2021 PULSE COALITION: 5 YEARS LATER RESEARCH
LGBTQ VICTORY INSTITUTE 1225 I (EYE) STREET NW SUITE 525 WASHINGTON, DC 20005	52-1835268	501C3	10,000.	0.			TO SUPPORT NEW CAUCUS PROGRAM FOR LGBTQ LEGISLATORS IN 2021
LIFELINE TO SUCCESS INC 1647 DELLWOOD AVENUE MEMPHIS, TN 38127	27-0322263	501C3	10,000.	0.			WEAR ORANGE PEER TO PEER GRANTS
LIFEWIRE PO BOX 6398 BELLEVUE, WA 98008	91-1190193	501C3	10,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
LIVING CLASSROOMS FOUNDATION INC 802 S. CAROLINE STREET BALTIMORE, MD 21231	52-1369524	501C3	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
LOVING HANDS COMMUNITY CARE 9927 GRAPE STREET LOS ANGELES, CA 90002	47-4233639	501C3	6,600.	0.			GUN VIOLENCE SURVIVOR SUPPORT

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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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MID AMERICA REGIONAL COUNCIL COMMUNITY SERVICES CORPORATION - 600 BROADWAY BLVD STE 300 - KANSAS CITY, MO 64105-1659	20-1824454	501C3	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
MIKEY 23 FOUNDATION 3108 REO ROAD LANSING, MI 48911	81-0734110	501C3	10,000.	0.			WEAR ORANGE PEER TO PEER GRANTS
MOTHERS IN CHARGE INC 520 N. DELAWARE AVE SUITE 302 PHILADELPHIA, PA 19123	30-0185280	501C3	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
NARIKA 3155 KEARNEY STREET SUITE 190 FREMONT, CA 94538	94-3162871	501C3	10,000.	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	501C3	25,000.	0.			MEMORIAL EXHIBITION-GRANTS
NATIONAL CONGRESS OF PARENTS AND TEACHERS - 1250 NORTH PITT STREET - ALEXANDRIA, VA 22314	36-2169155	501C3	10,000.	0.			SPONSORSHIP OF ANNUAL EVENT
NATIONAL HISPANIC CAUCUS OF STATE LEGISLATORS - 1444 I STREET NORTHWEST SUITE 900 - WASHINGTON, DC 20005	84-1168319	501C3	15,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT EXECUTIVES - 4609 PINECREST OFFICE PARK DRIVE SUITE F - ALEXANDRIA, VA 22312-1442	52-1165531	501C3	10,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
NCSL FOUNDATION FOR STATE LEGISLATURES - 7700 EAST FIRST PLACE - DENVER, CO 80230	74-2232576	501C3	50,000.	0.			CIRCLE SPONSORSHIP FOR NCSL'S FOUNDATION

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NEW VENTURE FUND 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20036	20-5806345	501C3	225,000.	0.			GENERAL OPERATING SUPPORT
NEW YORK UNIVERSITY 550 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501C3	11,301.	0.			GENERATE RELIABLE CITY GUN VIOLENCE METRICS
NEWARK COMMUNITY STREET TEAM 400 HAWTHORNE AVENUE BASEMENT NEWARK, NJ 07112	82-1719128	501C3	10,000.	0.			WEAR ORANGE PEER TO PEER GRANTS
NO MORE RED DOTS 3936 BRISTOL OAKS DRIVE LOUISVILLE, KY 40299	83-1524454	501C3	100,000.	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	501C3	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501C3	120,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
OHIO DOMESTIC VIOLENCE NETWORK 1855 E DUBLIN-GRANVILLE RD STE301 COLUMBUS, OH 43229	34-1622848	501C3	10,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
OUR HOUSE INC. POST OFFICE BOX 3956 GREENVILLE, MS 38704	64-0877651	501C3	10,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
PHUMULANI MINNESOTA AFRICAN WOMEN AGAINST VIOLENCE - 121 WASHINGTON AVE N FL 4 - MINNEAPOLIS, MN 55401	81-3885346	501C3	10,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN

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POLICYLINK 1438 WEBSTER STREET OAKLAND, CA 94612	94-3297479	501C3	100,000.	0.			MAPPING POLICE VIOLENCE PROJECT SPONSORSHIP
PROJECT SAFE, INC. P.O. BOX 7532 ATHENS, GA 30604	58-1908469	501C3	10,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
PROJECT: PEACEMAKERS INC 1826 W. 54TH STREET LOS ANGELES, CA 90062	95-4561298	501C3	10,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
REIMAGINING JUSTICE INC 114 ALBION STREET PASSAIC, NJ 07055	81-5292120	501C3	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK - 230 WEST 41ST STREET 7TH FLOOR - NEW YORK, NY 10036	13-1988190	501C3	50,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
RISE UP ROCHESTER INC 244 SOUTH PLYMOUTH AVENUE ROCHESTER, NY 14608	16-1468926	501C3	10,000.	0.			WEAR ORANGE PEER TO PEER GRANTS
ROCA BALTIMORE LLC 101 PARK STREET CHELSEA, MA 02150	22-3223641	501C3	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
SAFE PASSAGES 250 FRANK H. OGAWA PLZ. SUITE 6306 OAKLAND, CA 94612	20-4535835	501C3	100,000.	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	501C3	60,000.	0.			SAMUEL D. PROCTOR CONFERENCE SPONSORSHIP

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SHELBY COUNTY HEALTHCARE CORP DBA REGIONAL ONE HEALTH - 877 JEFFERSON AVE - MEMPHIS, TN 38103	62-1113169	501C3	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS INC - 23532 CALABASAS ROAD SUITE A - CALABASAS, CA 91302	95-4116679	501C3	10,000.	0.			WEAR ORANGE PEER TO PEER GRANTS
SOUTH SUBURBAN FAMILY SHELTER 18137 HARWOOD AVENUE HARWOOD, IL 60430	36-3089796	501C3	10,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
ST. PAUL & RAMSEY COUNTY DOMESTIC ABUSE INTERVENTION PROJECT - 394 DAYTON AVENUE - ST. PAUL, MN 55102	36-3339157	501C3	10,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
TEMPLE UNIVERSITY 1803 N. BROAD STREET CARNELL HALL SUITE 615 - PHILADELPHIA, PA 19122	23-1365971	501C3	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
THE DIETRICH BONHOEFFER INSTITUTE 1875 CONNECTICUT AVE NW FLOOR10 WASHINGTON, DC 20009	30-0938979	501C3	125,000.	0.			TO SUPPORT FAITH COMMUNITIES OUTREACH
THE JUSTICE EDUCATION CENTER, INC. 62 LASALLE ROAD SUITE 308 WEST HARTFORD, CT 06107	06-0897199	501C3	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
THE MEDICAL COLLEGE OF WISCONSIN, INC - 8701 WATERTOWN PLANK ROAD - MILWAUKEE, WI 53226	39-0806261	501C3	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
THE PITTSBURGH CONTINGENCY INC. 1716 NEVADA STREET PITTSBURGH, PA 15218	45-5398705	501C3	100,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN

Schedule I (Form 990)

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

Schedule I (Form 990)

26-1598353

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SAFE SISTERS CIRCLE PO BOX 15126 WASHINGTON, DC 20003	82-5194511	501C3	10,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
THE TRARON CENTER 700 PENNSYLVANIA AVENUE SE WASHINGTON, DC 20003	82-3648072	501C3	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
TIDES CENTER 1012 TORNEY AVE SAN FRANCISCO, CA 94129	94-3213100	501C3	40,000.	0.			SPONSORSHIP OF CITIES UNITED 2021 ANNUAL CONVENING
TIDES FOUNDATION 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	51-0198509	501C3	75,000.	0.			FISCAL SPONSOR FOR THE COMMUNITY JUSTICE REFORM COALITION; GENERAL SUPPORT FOR PARTNER ORG
TRACE MEDIA, INC. P. O. BOX 4184 NEW YORK, NY 10163	47-4175513	501C3	1,478,250.	0.			RESEARCH AND PUBLIC EDUCATION INITIATIVES
TRANSFORMING GENERATIONS 550 RICE STREET ST. PAUL, MN 55103	84-4049359	501C3	10,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
TULSA COMMUNITY FOUNDATION 7030 SOUTH YALE AVENUE SUITE 600 TULSA, OK 74136	73-1554474	501C3	10,000.	0.			WEAR ORANGE PEER TO PEER GRANTS
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS BLDG STE 205 LOS ANGELES, CA 90089-8006	95-1642394	501C3	50,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
VOLUNTEERS AGAINST VIOLENCE PO BOX 2444 TWIN FALLS, ID 83303-2444	82-0372006	501C3	10,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN

Schedule I (Form 990)

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WE ARE THEIR VOICES 1410 DABBLING DUCK DR SUMMERVILLE, SC 29483	82-4606424	501C3	7,600.	0.			GUN VIOLENCE SURVIVOR SUPPORT
WOMEN HELPING WOMEN 215 E. 9TH STREET CINCINNATI, OH 45202	31-0864991	501C3	10,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
YOUTH ALIVE 3300 ELM STREET OAKLAND, CA 94609	94-3143254	501C3	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN
YOUTURN 4344 NORTH 34TH AVENUE OMAHA, NE 68111	81-2894077	501C3	40,000.	0.			COMMUNITY GUN VIOLENCE PREVENTION GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN

Schedule I (Form 990)

EVERYTOWN FOR GUN SAFETY SUPPORT FUND,
INC.

26-1598353

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: 2 MOMS BONDED BY GRIEF INC

(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 & GUN VIOLENCE SURVIVOR SUPPORT

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
COMMUNITIES, KEEP IT REAL SPONSORSHIP AND NEXT LEVEL VISION COMMUNITY
EVENTS

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN FOUNDATION FOR SUICIDE PREVENTION

(H) PURPOSE OF GRANT OR ASSISTANCE: LIFESAVERS GALA SPONSORSHIP, FLORIDA
CHAPTER SPONSORSHIP OF HIKE FOR HOPE & UTAH CHAPTER SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN INDIAN COMMUNITY HOUSING ORGANIZATION

(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 FOUNDATION FOR A NEW AMERICAN UNIVERSITY

(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: 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

Part IV Supplemental Information

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: 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: CLEVELAND PEACEMAKERS 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: COMMUNITY PASSAGEWAYS

(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: DETROIT PUBLIC SAFETY 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: EMPLOYMENT CONNECTION

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:

EVERYTOWN FOR GUN SAFETY ACTION FUND INC

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATIONAL AND LOBBYING ACTIVITY -
GRANT MADE TO ORGANIZATION 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: FORWARD TOGETHER NEW ORLEANS

(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: FUSION PARTNERSHIPS INC

(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 GRANTS

NAME OF ORGANIZATION OR GOVERNMENT:

GIDEON'S ARMY GRASSROOTS ARMY FOR CHILDREN

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 & SPONSORSHIP OF ANNUAL EVENT

NAME OF ORGANIZATION OR GOVERNMENT:

HIGHLANDER RESEARCH & 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: 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
GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

LATINOS IN VIRGINIA EMPOWERMENT 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: LIFEWIRE

(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: LIVING CLASSROOMS FOUNDATION 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:

MID AMERICA REGIONAL COUNCIL COMMUNITY SERVICES CORPORATION

(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 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: NARIKA

(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:

NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT EXECUTIVES

(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: NO MORE RED DOTS

(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: NORTHWESTERN UNIVERSITY

(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: OHIO DOMESTIC 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: OUR HOUSE INC.

(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:

PHUMULANI MINNESOTA AFRICAN WOMEN AGAINST 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: PROJECT SAFE, 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: PROJECT: PEACEMAKERS 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: REIMAGINING 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:

RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK

(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 BALTIMORE LLC

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: SAFE PASSAGES

(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:

SHELBY COUNTY HEALTHCARE CORP DBA REGIONAL ONE HEALTH

(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: SOUTH SUBURBAN FAMILY SHELTER

(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. PAUL & RAMSEY COUNTY DOMESTIC ABUSE INTERVENTION PROJECT

(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: TEMPLE UNIVERSITY

(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: 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 MEDICAL COLLEGE OF WISCONSIN, 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: THE SAFE SISTERS CIRCLE

(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 TRARON CENTER

(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: TRANSFORMING GENERATIONS

(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: UNIVERSITY OF SOUTHERN CALIFORNIA

(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: VOLUNTEERS AGAINST 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: WOMEN HELPING WOMEN

(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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

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

Employer identification number

26-1598353

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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2021

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

Schedule J (Form 990) 2021

26-1598353

Page **2**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ERIC TIRSCHWELL EVERYTOWN LAW EXEC DIRECTOR&CHIEF LI	(i)	316,290.	0.	0.	11,600.	36,796.	364,686.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TAMARA ANGELA FERRELL-ZABALA MOVEMENT BUILDING&PUBLIC EDUCATION S	(i)	308,517.	0.	0.	0.	36,796.	345,313.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BECKY T. GEORGE MOVEMENT BUILDING SENIOR ADVISOR TO	(i)	198,950.	0.	0.	8,006.	12,900.	219,856.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SARAH BURD-SHARPS RESEARCH SENIOR DIRECTOR	(i)	183,204.	0.	0.	7,360.	24,970.	215,534.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATHRYN YONTEF CORPORATE INITIATIVES SENIOR DIRECTO	(i)	202,100.	0.	0.	0.	12,913.	215,013.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

PART I, LINE 4A:

KATHRYN YONTEF RECEIVED SEVERANCE PAYMENTS TOTALING \$51,000.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17	430,742. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2021

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

EVERYTOWN FOR GUN SAFETY SUPPORT FUND,
INC.

Employer identification number
26-1598353

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:

WAYS TO PREVENT THE TYPES OF TRAGEDIES THAT CAN HAPPEN WHEN CHILDREN
ACCESS UNSECURED FIREARMS, ACHIEVING SEVERAL SIGNIFICANT MILESTONES,
WITH MORE THAN TWO MILLION STUDENT HOUSEHOLDS RECEIVING INFORMATION
ABOUT SECURE STORAGE FROM THEIR SCHOOL DISTRICTS. IN FEBRUARY, THE
THIRD ANNUAL NATIONAL GUN VIOLENCE SURVIVORS WEEK AMPLIFIED THE
EXPERIENCES OF SURVIVORS WHO LIVE WITH THE IMPACT OF GUN VIOLENCE EVERY
DAY AND IN JUNE, AMERICANS FROM ALL WALKS OF LIFE - INCLUDING PARTNER
ORGANIZATIONS, INFLUENCERS, CORPORATE BRANDS AND ELECTED OFFICIALS,
ALONGSIDE HUNDREDS OF THOUSANDS OF AMERICANS - CAME TOGETHER FOR THE
WEAR ORANGE CAMPAIGN DURING THE SEVENTH ANNUAL NATIONAL GUN VIOLENCE
AWARENESS DAY, UNITING AROUND THE CALL TO END GUN VIOLENCE. EVERYTOWN
LITIGATORS EXPANDED THEIR EFFORTS TO DEFEND THE GUN SAFETY MOVEMENT'S
PROGRESS, PURSUE ACCOUNTABILITY AND PROMPT LONG-OVERDUE ACTION, EVEN
LAUNCHING A NEW LAW FUND EFFORT TO HELP LIFT THE COST BARRIERS TO
ADVANCING GUN SAFETY IN THE COURTS, WITH A PARTICULAR FOCUS ON

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

Schedule O (Form 990) 2021

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

Employer identification number
26-1598353

ADDRESSING THE IMPACT OF GUN VIOLENCE ON DISPROPORTIONATELY AFFECTED
COMMUNITIES, INCLUDING BLACK, LATINX AND OTHER COMMUNITIES OF COLOR.
AND AS 2021 ECLIPSED 2020 AS THE WORST YEAR FOR GUN VIOLENCE IN OVER 20
YEARS, EVERYTOWN'S RESEARCH TEAM CONTINUED TO BE A LEADING FORCE IN
PROVIDING CRITICAL DATA AND ANALYSIS - RANGING FROM AUTHORIZING REPORTS
TO LAUNCHING INTERACTIVE PLATFORMS FOR ANALYZING DATA RELATED TO GUN
VIOLENCE.

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

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

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

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

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

THE BOARD OF DIRECTORS REQUIRES FULL DISCLOSURE OF ALL ACTUAL AND POTENTIAL CONFLICTS OF INTEREST. EACH DIRECTOR SHALL DISCLOSE ANY AND ALL FACTS THAT MAY BE CONSTRUED AS A CONFLICT OF INTEREST, BOTH THROUGH AN ANNUAL DISCLOSURE PROCESS AND WHENEVER SUCH ACTUAL OR POTENTIAL CONFLICT OCCURS. THE BOARD OF DIRECTORS WILL DETERMINE WHETHER OR NOT A CONFLICT OF INTEREST EXISTS, AND WHETHER OR NOT SUCH CONFLICT MATERIALLY AND ADVERSELY AFFECTS THE INTERESTS OF THE ORGANIZATION. A DIRECTOR WHOSE POTENTIAL CONFLICT IS UNDER REVIEW MAY NOT DEBATE, VOTE, OR OTHERWISE PARTICIPATE IN SUCH DETERMINATION. IF THE BOARD OF DIRECTOR DETERMINES THAT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST DOES EXIST, THE BOARD SHALL ALSO DETERMINE AN APPROPRIATE REMEDY.

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

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

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

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

Name of the organization	EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.	Employer identification number 26-1598353
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FORM 990, PART VI, SECTION C, LINE 19:

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

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

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	5,014,599.
MANAGEMENT AND GENERAL EXPENSES	112,836.
FUNDRAISING EXPENSES	42,365.
TOTAL EXPENSES	5,169,800.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	5,169,800.

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

ADJUSTMENT FOR UNRECOVERED ACCOUNTS RECEIVABLE	-450,000.
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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

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

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.

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

990

OMB No. 1545-0172

2021Attachment
Sequence No. **179**

▶ Attach to your tax return.

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**EVERYTOWN FOR GUN SAFETY SUPPORT FUND,
INC.****FORM 990 PAGE 10****26-1598353****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	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 2021	17	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		

Section B - Assets Placed in Service During 2021 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	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	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	23	

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

Form 4562 (2021)

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.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

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

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year:					
WEBSITE	03/23/21	77,041.		36M	19,260.
	:	:			
43 Amortization of costs that began before your 2021 tax year				43	374,126.
44 Total. Add amounts in column (f). See the instructions for where to report				44	393,386.