# \*\* PUBLIC DISCLOSURE COPY \*\*

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the	2023 calendar year, or tax year beginning and ending					
B Ci	eck if plicable:	C Name of organization  EVERYTOWN FOR GUN SAFETY SUPPORT FUND,	D Employer identifi	cation number			
	Address						
	Name   change   tnitial	Doing business as	26-15983				
E	return  Final  return/	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 4184	uite E Telephone numbe 646-324-				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	33,593,611.			
	Amende		H(a) Is this a group re	H(a) Is this a group return			
	Applica-		for subordinates				
	pending	P.O. BOX 4184, NEW YORK, NY 10163	H(b) Are all subordinates in				
1 T	ay-eye			list. See instructions			
	/ebsite		H(c) Group exemption				
				M State of legal domicile: DE			
		Summary	real of formation, 2007 [F	VI State of legal domicite.			
		Briefly describe the organization's mission or most significant activities: EVERYTOW	N FOR GUN SAF	RTY SUPPORT			
8		FUND SEEKS TO IMPROVE OUR UNDERSTANDING OF TH					
Activities & Governance		Check this box if the organization discontinued its operations or disposed of m					
/er		and the organization disposed of the		5			
g				5			
45		Number of independent voting members of the governing body (Part VI, line 1b)		126			
ties		otal number of individuals employed in calendar year 2023 (Part V, line 2a)		545311			
tivi		otal number of volunteers (estimate if necessary)		0.			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12					
_		Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year			
	8 (	Contributions and quarte (Dort VIII Eng. 4h)	57,899,292.	31,802,725.			
9		Contributions and grants (Part VIII, line 1h)	104,687.	73,662.			
Revenue		Program service revenue (Part VIII, line 2g)	428,753.	1,594,567.			
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	46,360.	8,330.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58,479,092.	33,479,284.			
_		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,482,732.	7,411,015.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0,402,732.	7,411,013.			
		Senefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16,346,313.				
808			415,599.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  1,204,680.	413,393.	495,211.			
X			11,065,307.	13,907,241.			
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	34,309,951.	41,081,956.			
			24,169,141.	-7,602,672.			
- v	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year			
ts o	20	Fotal assets (Part X, line 16)	48,056,766.	40,096,027.			
Net Assets or	21	Fotal liabilities (Part X, line 26)	3,150,865.	2,575,665.			
let /	22	Net assets or fund balances. Subtract line 21 from line 20	44,905,901.	37,520,362.			
P	rt II	Signature Block	11/303/301.	31,320,302.			
_		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	stements, and to the hest of my	v knowledge and helief it is			
		, and complete. Declaration of preparer (other than officer) is based on all information of which prep		A VIIOMIONÃO GIIN DOUGI" II 12			
<u> </u>	001100	, and dyppices body its of program (with that officer) to based of all information of within programs	did has any knowledge.	-20.24			
Sign	. 1	Signature of officer	Pater				
Her		JOHN FEINBLATT, PRESIDENT	· · · · · · · · · · · · · · · · · · ·				
1101	_	Type or print name and title					
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN			
Paid		JOSEPH KLUEMPER Deph R. Klnemper	10/25/2024 if self-emplo				
	arer	Firm's name GELLER & COMPANY LLC		3-4149326			
	Only	Firm's address P.O. BOX 1510	Tambula				
	,	NEW YORK, NY 10150	Phone no 12	212)583-6000			
May	the IR	S discuss this return with the preparer shown above? See instructions	11 110110 110. / 2	X Yes No			
				140			

#### Form **8868**

(Rev. January 2024)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Type or Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) EVERYTOWN FOR GUN SAFETY SUPPORT FUND, **Print** 26-1598353 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your P.O. BOX 4184 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10163 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of MICHAEL BROUILLARD C/O GELLER & COMPANY LLC PO BOX 1510 - NEW YORK, NY 10150 Telephone No. 212-583-6000 Fax No. 646-998-8527 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this . 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. I request an automatic 6-month extension of time until NOVEMBER 15, 20, 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning \_\_\_ \_\_\_\_ , 20 \_\_\_\_\_ , and ending \_\_ 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. 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. 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. Зс

Form	990 (2023) INC.	26-1598353	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:  EVERYTOWN FOR GUN SAFETY SUPPORT FUND SEEKS TO IMPROVE OF		
	UNDERSTANDING OF THE CAUSES OF GUN VIOLENCE AND HELP TO		,
	CONDUCTING GROUNDBREAKING ORIGINAL RESEARCH, DEVELOPING		
	POLICIES, COMMUNICATING THIS KNOWLEDGE TO THE AMERICAN F		עפּט
		OBLIC, AND	
2	Did the organization undertake any significant program services during the year which were not listed on the		<b>V</b> .
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		37
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X 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 other	ers, the total expenses, a	ınd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$34,163,163. including grants of \$7,411,015. ) (Reve	nue\$ <b>73</b> ,	662.
	SEE SCHEDULE O.		
4b	(Code:) (Expenses \$		1
40	Code: ) (Expenses \$ ) (Reve	nue \$	,
4c	(Code: ) (Expenses \$ including grants of \$ ) (Reve	enue \$	)
	·		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses 34,163,163.		000
		Form	990 (2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments?  f "Yes," complete Schedule D, Part V	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_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? If "Yes," complete Schedule D, Part IX	11d		_ <u>X</u> _
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.7	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a		14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		Х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-	v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
OC -	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
	Gomeono government en l'artir, commit y y, mo l'i Il Tes. Complete ochequie I. Parts I and Il			i

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Form 990 (2023) INC.
Part IV | Checklist of Required Schedules (continued) 26-1598353 Page **4** 

	Continued)		V	NI-		
22	Did the examination report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х		
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		- 25		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
	Schedule J	23	х			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the					
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete					
	Schedule K. If "No," go to line 25a	24a		Х		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
	any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and					
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete					
	Schedule L, Part I	25b		X		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		Х		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III					
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):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If					
h	"Yes," complete Schedule L, Part IV					
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х		
·	"Yes," complete Schedule L, Part IV	28c		х		
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation					
	contributions? If "Yes," complete Schedule M	30		Х		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>					
	Schedule N, Part II	32		Х		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and					
	Part V, line 1	34		X		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity					
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37		
0-	If "Yes," complete Schedule R, Part V, line 2	36		X		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v		
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>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	х			
Pai		30				
	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 113					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	1c	Х			

INC 26-1598353 Page 5 Form 990 (2023) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 126 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 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 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

If "Yes," complete Form 6069.

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INC. 26-1598353 Form 990 (2023) 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.

C						X		
Sec	tion A. Governing Body and Management							
		1.			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		_					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other					
	officer, director, trustee, or key employee?			2		_X_		
3	Did the organization delegate control over management duties customarily performed by or under th	e 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 S	990 was	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X		
6	6 Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	opoint o	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, s	tockho	ders, 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							
а	The governing body?	-	-	8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b		Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code )					
	(This death of requests information about politics not required by the internal ric	venue	<u> </u>		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
	<b>b</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?							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	3					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If							
	on Schedule O how this was done	,		12c	Х			
13	Did the organization have a written whistleblower policy?			13	Х			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approva							
. •	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	~ <i>j</i> N						
а	The organization's CEO, Executive Director, or top management official			15a	х			
	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.			.50				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	ith a					
	taxable entity during the year?			16a		Х		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			IOG				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of calculations and take steps to safeguard the organization of calculations are steps to	-	-					
				16b				
Sec	exempt status with respect to such arrangements? tion C. Disclosure			100				
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, G	A.H	I.IL.KS.KY	MD	MA	MT		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a							
.5	for public inspection. Indicate how you made these available. Check all that apply.	550	. (3001.011.001(0)(0)3	Jily)	a v anak			
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	rial			
13	statements available to the public during the tax year.	Ji IIIICE C	i interest policy, and	man	nai			
20	State the name, address, and telephone number of the person who possesses the organization's bor	oke one	l records					
20	MICHAEL BROUILLARD C/O GELLER & COMPANY LLC - 212-							
	PO BOX 1510, NEW YORK, NY 10150	, , ,						
	10 DOZI 1010   11111 10111   1010							

SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2023)

26-15981

INC. Form 990 (2023)

#### 26-1598353 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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.

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable	Estimated
	hours per	box,	, unle	ss pe	rson i	s both	an	compensation	compensation	amount of
	week		Jer ar	iu a u	recid	i / ii uSi	iee)	from	from related	other
	(list any hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	Institutional trustee		yee	mper		1099-NEC)	1000 (120)	and related
	below	idual	ution	-i-	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key 6	Highest compensated employee	Former			
(1) TAMARA FERRELL-ZABALA	40.00									
MOMS DEMAND ACTION EXECUTIVE DIRECTO						Х		362,634.	0.	36,077.
(2) ERIC TIRSCHWELL	40.00									
EVERYTOWN LAW EXECUTIVE DIRECTOR & C						Х		338,776.	0.	49,277.
(3) BECKY GEORGE	40.00									
CHIEF MOVEMENT BUILDING OFFICER						Х		228,405.	0.	44,531.
(4) ALLA LEFKOWITZ	40.00								_	
AFFIRMATIVE LITIGATION SENIOR DIRECT						Х		207,880.	0.	18,658.
(5) JANET CARTER	40.00									
LITIGATION SENIOR DIRECTOR						Х		206,130.	0.	20,357.
(6) IAN SHAPIRO	0.50								_	_
SECRETARY & DIRECTOR		Х		X				0.	0.	0.
(7) JOHN FEINBLATT	15.00								_	_
PRESIDENT & DIRECTOR		Х		X				0.	0.	0.
(8) MEGAN SHEEKEY	0.50								_	_
DIRECTOR		Х						0.	0.	0.
(9) MICHAEL BROUILLARD	20.00								_	_
CHIEF FINANCIAL OFFICER & TREASURER				X				0.	0.	0.
(10) RICHARD K. DESCHERER	0.50									•
VICE PRESIDENT & DIRECTOR	0.50	X		X				0.	0.	0.
(11) SHARI HYMAN	0.50	ļ							•	•
DIRECTOR		Х						0.	0.	0.
		-								
		-								
		-								
		-								
		-								
			<u> </u>							

Form **990** (2023)

<u> Page</u> **7** 

Pai	Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		s (continued)				
	(A)	(B)			((				(D)	(E)			(F)	
	Name and title	Average		not c		more	than o		Reportable	Reportable			timat	
		hours per week		, unle: cer ar					compensation from	compensatior from related	ו		nount other	
		(list any	it i						the	organizations			pens	
		hours for	r direc				pa		organization	(W-2/1099-MIS			om th	
		related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)		•	aniza	
		organizations below	al trus	onal tı		loyee	comp		1099-NEC)				d rela	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizat	ions
		,	드	드	0	3	포늄	프						
			-											
			-											
			-											
	Cubtatal								1,343,825.		0.	16	8 9	00.
	Subtotal Total from continuation sheets to Part VI								0.		0.	10	ر , ی	0.
	Total (add lines 1b and 1c)								1,343,825.		0.	16	8.9	00.
2	Total number of individuals (including but n												<del>- , -</del>	
_	compensation from the organization	or miniod to th	000		u u.	,0,0	,		socived more than \$100,	ood of reportable				41
													Yes	1
3	Did the organization list any <b>former</b> officer,	director, trusto	ee, k	сеу е	empl	oye	e, or	hic	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for si	uch individual										3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J t	for such individual			4	X	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch į	oers	on .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										ensat	ion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thir	the organization's tax y	ear.				
	(A)	addraga							(B)  Description of s	ontions	C	<b>(C</b> ompe		20
O D I	Name and business	address							•			ompe	isalic	
	LER & COMPANY LLC	10150							FINANCIAL AND		2	0.2	7 /	26
	PO BOX 1510, NEW YORK, NY 10150 ADVISORY SERVICES 2,027,426. GROSSMAN MARKETING GROUP									∠∪.				
	10 STATE STREET, WOBURN, MA 01801 PROMOTIONAL ITEMS 487,090.													
	· · · · · · · · · · · · · · · · · · ·			СТ	TC	יידן			LIOMOTIONAL .	LIBRO		-0	,, 0	<del></del>
WATERSHED STRATEGY INC, 1250 CONNECTICUT AVENUE NW SUITE 700, WASHINGTON, DC 20036 ADVERTISING									39	5,0	00.			

Form 990 (2023)

354,002.

326,184.

20

Total number of independent contractors (including but not limited to those listed above) who received more than

ALLEGIANCE GROUP

PO BOX 9132, FARGO, ND 58160

WILLKIE FARR & GALLAGHER LLC

\$100,000 of compensation from the organization

787 SEVENTH AVENUE, NEW YORK, NY 10019

DIGITAL MEDIA AND

LEGAL SERVICES

WEBSITES

Form 990 (2023) INC.
Part VIII Statement of Revenue

		Chack if Schodula O a	contains a response	or note to any line	o in this Dart VIII			
-		Check if Schedule O c	contains a response	or note to any line	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
							business revenue	from tax under
								sections 512 - 514
nts nts	1 a		1a					
is a	b		1b					
s, ( Am	С	Fundraising events						
ar ji	d	Related organizations	1d					
s, ini	е	Government grants (contril	butions) 1e					
ig s	f	All other contributions, gifts, g	grants, and					
the the		similar amounts not included	above 1f	31,802,725.				
들	g	Noncash contributions included in li	ines 1a-1f 1g \$	114,327.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			31,802,725.			
				Business Code				
a	2 a	PROGRAM SERVICE REVE	NUE	900099	73,662.	73,662.		
ķ	b				,	,		
Ser	C							
E S	d							
Program Service Revenue	e							
ر در	•	All other program service r	70,400,40					
_	•				73,662.			
_	3	Total. Add lines 2a-2f			75,002.			
	3	Investment income (includi			1,594,293.			1594293.
					1,334,233.			1374273.
	4	Income from investment of		Ī	6 402			6 400
	5	Royalties			6,492.			6,492.
	_		(i) Real	(ii) Personal				
		Gross rents	6a					
		Less: rental expenses	6b					
	С	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a 114,601.					
	b	Less: cost or other basis						
e		and sales expenses	<b>7b</b> 114,327.					
Revenue	С	Gain or (loss)	7c 274.					
Be	d	Net gain or (loss)	<u></u>		274.			274.
ĕ	8 a	Gross income from fundraisin	ig events (not					
₹		including \$	of					
		contributions reported on I	line 1c). See					
		Part IV, line 18	8a					
	b	Less: direct expenses						
		Net income or (loss) from f						
		Gross income from gaming						
		Part IV, line 19	-					
	b	Less: direct expenses						
		Net income or (loss) from g						
		Gross sales of inventory, le						
		and allowances10a						
	b	Less: cost of goods sold						
		Net income or (loss) from s		1				
$\neg$				Business Code				
Sn	11 2	PRIOR YEAR REFUNDS		900099	1,838.			1,838.
ee m	b				_,-50.			
Miscellaneous Revenue	C							
Sce	ن د							
Ξ	a	All other revenue			1,838.			
		Total. Add lines 11a-11d  Total revenue. See instruction			33,479,284.	73,662.	0.	1602897.

# Form 990 (2023) INC . Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	se or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,411,015.	7,411,015.		
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	15,008,127.	13,074,298.	1,566,342.	367,487
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	450,082.		43,166.	12,394.
9	Other employee benefits	2,636,977.		269,477.	43,034
10	Payroll taxes	1,173,303.	1,040,628.	104,351.	28,324
11	Fees for services (nonemployees):				
а	Management				
b	Legal	598,928.	541,924.	46,171.	10,833
С	Accounting	2,069,936.		2,069,936.	
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	495,211.			495,211
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	4,565,887.		280,493.	66,672
12	Advertising and promotion	518,338.			11,000
13	Office expenses	500,372.		388,504.	398
14	Information technology	559,062.	276,868.	279,257.	2,937
15	Royalties	4.05 0.04	107.001		
16	Occupancy	107,991.	107,991.	24.0 04.4	1.40.000
17	Travel	2,081,098.	1,628,997.	310,011.	142,090
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,469,844.	1,435,590.	28,246.	6,008
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	559,412.	487,331.	58,384.	13,697.
23	Insurance	187,234.		187,234.	
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.)				
а	DATA ACQUISITION	428,611.	428,611.		
b	RESEARCH & RECORDS FEES	118,755.	118,755.		
С	BANK & CREDIT CARD FEES	69,462.		69,462.	
d	POSTAGE AND PRINTING	54,075.	47,954.	3,611.	2,510.
е	All other expenses	18,236.	6,683.	9,468.	2,085.
25	Total functional expenses. Add lines 1 through 24e	41,081,956.	34,163,163.	5,714,113.	1,204,680.
26	<b>Joint costs</b> . Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

Form 990 (2023)

#### INC. 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 5,547,975. 2,108,943. 1 Cash - non-interest-bearing 36,883,478. 35,694,270. Savings and temporary cash investments 2 4,521,495. 1,600,000. 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 172,475. 192,413. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other \_\_\_\_10a 230,385. basis. Complete Part VI of Schedule D 154,861. 105,642. 75,524. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 825,701. 424,877. 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 40,096,027. 48,056,766. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 1,370,310. 1,331,305. Accounts payable and accrued expenses 17 17 1,205,355. 1,639,660. 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 179,900. Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities 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 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 3,150,865. 2,575,665. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here

Form **990** (2023)

37,520,362.

40,096,027.

35,714,487.

1,805,875.

Net Assets or Fund Balances

27

29

30

31

32

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Net assets without donor restrictions Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

39,339,116.

44,905,901.

48,056,766.

5,566,785. 28

27

29

30

31

32

33

Pa	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,47				
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,08				
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,60	2,6	72.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	44,905,901				
5	Net unrealized gains (losses) on investments	5	217,133				
6							
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B)) 10						
Pa	t XII Financial Statements and Reporting	-	37,52				
	Check if Schedule O contains a response or note to any line in this Part XII				X		
	·			Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?						
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b				
			Forn	990	(2023)		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

EVERYTOWN FOR GUN SAFETY SUPPORT FUND,

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

OMB No. 1545-0047

**Employer identification number** 

Open to Public Inspection

INC 26-1598353 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023

### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and					, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	33870690.	27218030.	29061388.	57899292.	31802725.	179852125
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	33870690.	27218030.	29061388.	57899292.	31802725.	179852125
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)						10899442.
6	Public support. Subtract line 5 from line 4.						168952683
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4			29061388.	57899292.	31802725.	179852125
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	228,309.	67,056.	3,598.	433,078.	1600785.	2332826.
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						182184951
	Gross receipts from related activities,	etc (see instruction	nns)			12	
	First 5 years. If the Form 990 is for the	•		fourth or fifth tax			
	organization, check this box and sto	-			•		
Sec	ction C. Computation of Publ						
	Public support percentage for 2023 (	• •		column (f))		14	92.74 %
	Public support percentage from 2022					15	92.62 %
	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies						
h	33 1/3% support test - 2022. If the						
~	and <b>stop here.</b> The organization qua						
172	10% -facts-and-circumstances test						
170	and if the organization meets the fact	-					•
	meets the facts-and-circumstances to					_	
L	10% -facts-and-circumstances test	-			-		
i.	more, and if the organization meets t	_					10/0 UI
	organization meets the facts-and-circ				-		
10							
10	<b>Private foundation.</b> If the organization	on did flot check a	DUX UITIIIIE TO, TO	a, 100, 17a, 01 171	o, oneon unis dox a		(Form 990) 2023

## 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
•••	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			farmath as fifth t		01(-)(0)	
14	First 5 years. If the Form 990 is for the	ŭ		•	•	. , . ,	. —
Se	check this box and stop here					·····	
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves						70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	
	a 33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

		Yes	No
	1		
	_		
	2		
	За		
	3b		
	3D		
	3с		
	4 -		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	JU		
	9с		
	10a		
	- 3		
	10b		
مارر	A (Forn	n aan)	ついつつ

	rt IV Supporting Organizations (continued)			age <b>o</b>
· u	tri capporting organizations (continues)		Vaa	Na
44	Her the sussaination accepted a gift or contain them from any of the fallenting manager.		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	4.4		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	4.4		
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type I Supporting Organizations		T.,	
			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? If "No," describe in <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? If "Yes," describe in <b>Part VI</b> the role the organization's			
	,	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
· a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
C		_4	-1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
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? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	·
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
_	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	on C - Distributable Amount			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	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

26-1598353 Page 7

	dule A (Form 990) 2023 INC.  Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continu		0-1598353 Page 7
	ion D - Distributions	a)(o) capporting orga	nizations (continu	uea)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		1	ourrone rour
2	Amounts paid to perform activity that directly furthers exemp			<u> </u>	
_	organizations, in excess of income from activity	re purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets	4			
 5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	ovide details in the city		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the		•		
Ū	(provide details in <b>Part VI</b> ). See instructions.	io organization to responsive		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10	Elife o amount divided by line o amount	(i)	(ii)	10	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

### EVERYTOWN FOR GUN SAFETY SUPPORT FUND,

Schedule A	(Form 990) 2023	INC.	26-1598353 Page 8
Part VI	Supplementa Part IV, Section A line 1; Part IV, Sec	I Information.  Join Indian In	Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, t V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

332028 12-21-23 Schedule A (Form 990) 2023

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

# **Schedule of Contributors**

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

OMB No. 1545-0047

2023

Name of the organization

EVERYTOWN FOR GUN SAFETY SUPPORT FUND,

INC.

Employer identification number

26-1598353

Filers of:	Section:
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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
• •	tion is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
-	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or nany one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509( contributor, d	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (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 luring 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; 00-EZ, line 1. Complete Parts I and II.
contributor, o	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one luring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ucational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering mn (b) instead of the contributor name and address), II, and III.
year, contribu is checked, e purpose. Don	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box noter here the total contributions that were received during the year for an exclusively religious, charitable, etc., or the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively ritable, etc., contributions totaling \$5,000 or more during the year \$
answer "No" on Part I\	ion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> /, 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 e filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

EVERYTOWN FOR GUN SAFETY SUPPORT FUND,

INC.

26-1598353

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ 7,182,884.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ 2,808,626.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$\$\$, 1,856,750.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$\$.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Page 2

Name of organization

EVERYTOWN FOR GUN SAFETY SUPPORT FUND,

INC.

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		\$\$ <u>847,633.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	Total contributions  \$ 743,083.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$\$ \$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$\$	Person Payroll Complete Part II for noncash contributions.

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

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.) (d) Date received						
	STOCK - VARIOUS							
9								
		\$\$\$	12/31/23					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
arti								
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		<b>\$</b>						
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						

**Employer identification number** 

Name of organization

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

#### SCHEDULE C (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

**Political Campaign and Lobbying Activities** 

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:

<ul><li>Section</li></ul>	501(c)(4)	(5)	or (6)	organizations:	Complete Part III
■ Secilion	5011(3)(4)	1:31	Or IOI	Organizations	Complete Part III

	INC.	WN FOR GUN SAFET			ployer identification number 26-1598353
Part I-	A Complete if the org	anization is exempt und	der section 501(c) d	or is a section 527 o	rganization.
2 Poli	vide a description of the organiz tical campaign activity expendit unteer hours for political campai	ures gn activities			\$
Part I-	B Complete if the org	anization is exempt und	der section 501(c)(3	3).	
<ul><li>2 Ente</li><li>3 If th</li><li>4a Was</li></ul>	er the amount of any excise tax er the amount of any excise tax e organization incurred a sectio s a correction made? "es," describe in Part IV.	incurred by organization manag n 4955 tax, did it file Form 4720	gers under section 4955 ) for this year?		\$ Yes
Part I-	C Complete if the org	anization is exempt und	der section 501(c),	except section 501(	c)(3).
2 Enter exe 3 Total line	al exempt function expenditures	ization's funds contributed to o Add lines 1 and 2. Enter here	ther organizations for se and on Form 1120-POL,	ction 527	\$ \$
5 Ente mad con	the filing organization file Form er the names, addresses, and er de payments. For each organiza tributions received that were pro- tical action committee (PAC). If	mployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	EIN) of all section 527 po id from the filing organiz a separate political orga	litical organizations to whi ation's funds. Also enter t unization, such as a separa	ch the filing organization he amount of political
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	contributions received and

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

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023	INC.				598353 Page 2
Part II-A Complete if the or section 501(h)).	ganization is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
A Check if the filing organiz	ation belongs to an affi	•	Part IV each affiliated	group member's name	e, address, EIN,
B Check if the filing organiz	ation checked box A ar	nd "limited control" pro	visions apply.		
	nits on Lobbying Exper nditures" means amou			(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to inf	fluence public opinion (	grassroots Johnving)		10,000.	
<b>b</b> Total lobbying expenditures to inf				990,000.	
c Total lobbying expenditures (add	-			1,000,000.	
d Other exempt purpose expenditu				33,163,163.	
e Total exempt purpose expenditur		 )		34,163,163.	
f Lobbying nontaxable amount. En				1,000,000.	
If the amount on line 1e, column (a)		bying nontaxable am		2,000,000	
not over \$500,000,	` '	the amount on line 1e.	ount is:		
over \$500,000 but not over \$1,00			ess over \$500 000		
	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					
over \$17,000,000,					
g Grassroots nontaxable amount (e		000.		250,000.	
h Subtract line 1g from line 1a. If ze	,			0.	
i Subtract line 1f from line 1c. If zer	,			0.	
j If there is an amount other than z		line 1i. did the organiza	tion file Form 4720		
reporting section 4911 tax for this				Γ	Yes No
		eraging Period Under			
(Some organizations	that made a section 5	• •	nave to complete all	of the five columns be	low.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period	I	
Calendar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	<b>(c)</b> 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</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.
<b>d</b> 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	6			10,000.	10,000.

Schedule C (Form 990) 2023

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

or ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	<b>)</b>
of the	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	า 501(c)(5)	, or sec	tion	
	501(c)(6).				
				Yes	N
	Were substantially all (90% or more) dues received nondeductible by members?		1 1		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? 1 501(c)(5)	2 3 , or sec		3, is
2 3 Pari	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section	e prior year? n 501(c)(5) No" OR (k	, or sec b) Part I		3, is
2 3 Pari	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."  Dues, assessments and similar amounts from members	e prior year? n 501(c)(5) No" OR (k	, or sec b) Part I		3, is
2 3 Pari 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? 1 501(c)(5) No" OR (t	o, or sec b) Part I		3, is
2 3 Pari 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? 1 501(c)(5) No" OR (t	a, or sec b) Part I		3, is
2 3 Part 1 2 a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year	e prior year? n 501(c)(5) No" OR (k	2 3 3, or sec 5) Part I		3, is
2 3 Par 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	e prior year? n 501(c)(5) No" OR (k	2 3 , or sec o) Part I		3, is
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Pari	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  ELV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? 1 501(c)(5) No" OR (k	2 3 3 4 5 5	II-A, line	3, is
Pari	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  ELV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? 1 501(c)(5) No" OR (k	2 3 3 4 5 5	II-A, line	3, is
Pari	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  ELV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? 1 501(c)(5) No" OR (k	2 3 3 4 5 5	II-A, line	3, is
Pari	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  ELV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? 1 501(c)(5) No" OR (k	2 3 3 4 5 5	II-A, line	3, is
Pari	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  ELV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? 1 501(c)(5) No" OR (k	2 3 3 4 5 5	II-A, line	3, is

#### **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 Inspection

Name of the organization

EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.

**Employer identification number** 26-1598353

	organization answered "Yes" on Form 990, Part IV, line		ad funds	(h) Funda and atheris
,	Total combined and of com-	(a) Donor advis	ea tunas	(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	20. 0. 10. 1. 1		
5	Did the organization inform all donors and donor advisors in w	-		
_	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	•		
Par	impermissible private benefit?  t II Conservation Easements. Complete if the org	anization answered "Ye	es" on Form 990 P	Yes No
1	Purpose(s) of conservation easements held by the organization			arry, mio r.
	Preservation of land for public use (for example, recreat		_	a historically important land area
	Protection of natural habitat		_	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contrib	oution in the form o	f a conservation easement on the last
_	day of the tax year.	od concorvation contin		Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b				
	Number of conservation easements on a certified historic stru			
	Number of conservation easements included on line 2c acquired			
u	on a historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			
Ū	year	assa, extinguished, or	torrinated by the t	organization daring the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri		ction, handling of	
	violations, and enforcement of the conservation easements it			Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and e	nforcing conservation	on easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirement	s of section 170(h)(	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footne	ote to the organization'	s financial statemer	nts that describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Oth	ner 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	B, not to report in its rev	venue statement an	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education	n, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that de	scribes these items	S.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	ie statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public $% \left( 1\right) =\left( 1\right) \left( 1\right) $	exhibition, education, of	or research in furthe	erance of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				*
2	If the organization received or held works of art, historical trea	sures, or other similar	assets for financial	gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these	e items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b				•

332051 09-28-23

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

Schedule D (Form 990) 2023

	dule D (Form 990) 2023 INC.					26-15		
Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other Si	milar Assets	(continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	e following that i	make signif	icant use of its		
	collection items (check all that apply).							
а	Public exhibition	d	Loan or ex	change prograr	m			
b	Scholarly research	е	e Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how they further	the organizatior	i's exempt	purpose in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations of	of art, historical tre	asures, or other	similar ass	ets	_	
_	to be sold to raise funds rather than to be ma						Yes	No
Pai	t IV Escrow and Custodial Arran		te if the organization	on answered "Y	es" on Forn	n 990, Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod		-				_	
	on Form 990, Part X?					<u>X</u>	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:		Г			
					-	_	Amount	000
C	Beginning balance					1c		,900.
d	Additions during the year					1d		,671.
e	Distributions during the year					1e	933	0.
T	Ending balance					1f	Yes	$\overline{}$
	Did the organization include an amount on F				-	[ <u>A</u>	_ res	Mo
Pai	If "Yes," explain the arrangement in Part XIII.  TV Endowment Funds Complete if						<u></u>	21
	Complete in	(a) Current year	(b) Prior year	(c) Two years		Three years back	(e) Four	years back
1a	Beginning of year balance	(a) carrett year	(2): you	(2) ) ca	(4)	55 your 5 5451	(2) . 5 )	your o buon
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (	(a)) held as:	'			
а	Board designated or quasi-endowment	•	%					
b	Permanent endowment	_%						
С	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administere	d for the		_	
	organization by:							Yes No
	(i) Unrelated organizations?						3a(i)	
	(ii) Related organizations?						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R	?			3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answere		· · · · · · · · · · · · · · · · · · ·					
	Description of property	(a) Cost or o	',	st or other	(c) Accui		(d) Book	value
		basis (investr	nenu Dasi	s (other)	depred	JIALION		
	Land							
	Buildings		1	36 115	0'	7,487.	10	0 5 0
	Leasehold improvements		<u>_</u>	36,445. 19,554.		9,554.	48	<u>,958.</u>
	Equipment			74,386.		7,820.	26	<u>0.</u> ,566.
	Other							,524.
rota	l. Add lines 1a through 1e. (Column (d) must e	auai Form 990. Part	<u>x. iine TUC. colum</u>	n (B))			, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Schedule D (Form 990) 2023

Complete if the organization answered "Yes"  a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) DOOK value	(c) Wethod of Valuation. Cost of en	d-or-year market value
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
G)			
(H)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	u-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
ral. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) eart IX Other Assets	5 000 D 1 W 1	44.0 F 000 B 17 F 45	
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	415
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes"  (a)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes"  (a)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
art IX Other Assets Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
art IX Other Assets Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  art IX Other Assets  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col	Description		(b) Book value
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  art IX Other Assets  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, line 15, column X	Description		
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities Complete if the organization answered "Yes"	Description		
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, column X	Description		
art IX Other Assets Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities  Complete if the organization answered "Yes"  (a) Description of liability	Description		
II. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Art IX Other Assets  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, column X  Other Liabilities  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes	Description		
at. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)	Description		
at. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  art IX Other Assets  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)	Description		
at. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	Description		
at. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  art IX Other Assets  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, colart X Other Liabilities  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	Description		
at. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, column X  Other Liabilities  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	Description		
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities Complete if the organization answered "Yes"  (a) Description of liability	Description		

Schedule D (Form 990) 2023

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

TYPO	BOILONI IOND,	26	1 5 0 0 2 5 2	
Schedule D (Form 990) 2023 INC.  Part XI Reconciliation of Revenue per Audited Financial Statem	ante With Dovonue per		1598353	Page <sup>4</sup>
	-	netuiii		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	1	35,190,	1 2 3
<ul> <li>Total revenue, gains, and other support per audited financial statements</li> <li>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</li> </ul>			33,130,	105
a Net unrealized gains (losses) on investments	2a   217,133	3.		
b Donated services and use of facilities				
c Recoveries of prior year grants	***			
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d		2e	1,710,	899
3 Subtract line 2e from line 1			33,479,	284
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b		. 4c		0 .
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	33,479,	284
Part XII Reconciliation of Expenses per Audited Financial Stater		r Retur	n	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		40	=
		1	42,575,	722
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1 100 76	_		
a Donated services and use of facilities		<b>)</b>		
<b>b</b> Prior year adjustments				
c Other losses		_		
d Other (Describe in Part XIII.)			1,493,	766
e Add lines 2a through 2d			41,081,	
<ul> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> </ul>		. 3	41,001,	930
<ul><li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li><li>a Investment expenses not included on Form 990, Part VIII, line 7b</li></ul>	4a			
b Other (Describe in Part XIII.)	****			
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.)		. —	41,081,	956
Part XIII Supplemental Information			, , , , ,	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b; Part V, lir	ne 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 ac	dditional information.			
PART IV, LINE 1B:				
				_
THE ORGANIZATION'S LITIGATION DEPARTMENT ACT	red as attorney	IN RE	LATION T	0
A LEGAL SETTLEMENT. THE SETTLEMENT PROCEEDS	S HAVE BEEN FULL	Y DIS	TRIBUTED	
AND THE ECOPON ACCOUNT DENATING OPEN				
AND THE ESCROW ACCOUNT REMAINS OPEN.				
PART IV, LINE 2B:				
FART IV, DINE ZD.				
THE \$179,900 HELD IN ESCROW WAS RELATED TO A	A PENDING LEGAL	SETT.	ЕМЕМТ	
THE \$175,500 HEED IN EDCKOW WAS KEEPATED TO I	A I DINDING DEGAL	50110	DITLINI	
WHICH WAS DISTRIBUTED UPON COMPLETION OF THE	E LITIGATION.			
milon wild biblinibolid of on completion of im-				
PART X, LINE 2:				
<del>.</del>				
THE FUND RECOGNIZES THE EFFECT OF INCOME TAX	X POSITIONS ONLY	IF T	HOSE TAX	
POSITIONS ARE MORE LIKELY THAN NOT OF BEING	SUSTAINED. EVER	NWOTY	FOR GUN	Ī

Schedule D (Form 990) 2023

332054 09-28-23

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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.

EVERYTOWN FOR GUN SAFETY SUPPORT FUND,

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

INC.					26-1598	353
Part I Fundraising Activities required to complete this par	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
·				Ob 1 11 4b - 4 b -		
1 Indicate whether the organization rais						
a Mail solicitations			_	overnment grants		
<b>b</b> X Internet and email solicitations			-	nment grants		
c X Phone solicitations	g Specia	l fundra	aising	events		
<b>d</b> X In-person solicitations						
2 a Did the organization have a written	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees, or	
key employees listed in Form 990, F	Part VII) or entity in connection with p	rofessi	onal fu	undraising services?	X Yes	☐ No
<b>b</b> If "Yes," list the 10 highest paid indi	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fundraiser is to be	)
compensated at least \$5,000 by the	e organization.					
		T				
(i) Name and address of individual		fundi have c or cor contrib	Did	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have c	ustody	from activity	fundraiser	to (or retained by)
or errory (ramanaleer)		contrib	utions?		listed in col. (i)	organization
JACKIE BROT-WEINBERG - 11		Yes	No			
CYPRESS DRIVE, WOODBURY, NY	IN-PERSON SOLICITATION		Х	7,589,750.	102,000.	7,487,750.
CAPITAL STRATEGIES - 3111 VIA						
DOLCE #601, MARINA DEL REY,	IN-PERSON SOLICITATION		Х	5,930,180.	233,650.	5,696,530.
LISA PRESTA - 163 FOREST SIDE						
AVENUE, SAN FRANCISCO, CA	IN-PERSON SOLICITATION		Х	3,310,200.	62,482.	3,247,718.
ANNE LEWIS STRATEGIES LLC -	FUNDRAISING STRATEGIC					
650 MASSACHUSETTS AVENUE NW	CONSULTING		Х	0.	41,765.	-41,765.
BLUE WAVE POLITICAL PARTNERS					,	,
LLC - 401 SECOND AVENUE SOUTH	IN-PERSON SOLICITATION		х	0.	12,000.	-12,000.
BOYSENBERRY STRATEGIES LLC -	FUNDRAISING STRATEGIC	+				
1804 BAY STREET SE,	CONSULTING		х	0.	7,600.	-7,600.
SEA CHANGE STRATEGIES LLC -	FUNDRAISING STRATEGIC	+			7,000.	7,000.
7409 BIRCH AVENUE, TAKOMA	CONSULTING		х	0.	36,978.	-36,978.
7409 BIRCH AVENUE, TAROMA	CONSULTING	+	Α	0.	30,370.	-30,378.
					496,475.	16,333,655.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from re	gistration
AK, AL, AR, CA, CO, CT, DC,	FI. CA HT TI. KS KY	MΔN	m w	TE MT MN MO	MS NC ND	NH N.T NM
NV,NY,OH,OK,OR,PA,RI,			, r.	111,111,111,110	, 110 , 110 , 11D , .	1111,110,1111
NV,NI,OH,OK,OK,IA,KI,	be, in, oi, va, wa, wi,	** V				
-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

INC.

26-1598353 Page 2

			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
D			(event type)	(event type)	(total number)	coi. (c)
ממשטעטע						
2	1	Gross receipts				
	2	Less: Contributions				
	_	Less. Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
SES	6	Rent/facility costs				
2	Ŭ					
Direct Expenses	7	Food and beverages				
د	8	Entertainment				
	9	Other direct expenses				
-	10	Direct expense summary. Add lines 4 through				
1	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			
ar	tΙ	<b>Gaming.</b> Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	
3			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
			(a) Bingo		(c) Other gaming	
	1	Gross revenue	(a) Bingo		(c) Other gaming	
מאמנו			(a) Bingo		(c) Other gaming	
		Gross revenue	(a) Bingo		(c) Other gaming	
	2		(a) Bingo		(c) Other gaming	
	2	Cash prizes			(c) Other gaming	
	2 3 4	Cash prizes  Noncash prizes  Rent/facility costs			(c) Other gaming	(d) Total gaming (adcol. (a) through col. (a
	2 3 4	Cash prizes  Noncash prizes		bingo/progressive bingo		
Diect Lyberises	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs		bingo/progressive bingo	(c) Other gaming  Yes %  No	
Direct Experises	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes %	bingo/progressive bingo  Yes%		
Direct Experises	2 3 4 5 6 7	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes% No  1 5 in column (d)	yes% No	Yes%No	
הויפטן באספוואפא	2 3 4 5 6 7	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes% No  1 5 in column (d)	yes% No	Yes%No	
רוופנו באספווספים	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes% No  n 5 in column (d)	Yes%	Yes%No	
	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7	Yes %  No  n 5 in column (d)  from line 1, column (d)  ucts gaming activities:	Yes% No	Yes%  No	col. (a) through col. (
a	2 3 4 5 6 7 8 Entt	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  er the state(s) in which the organization conducte organization licensed to conduct gaming and	Yes%  No  1 5 in column (d)  7 from line 1, column (d)  ucts gaming activities:ctivities in each of these s	Yes% No	Yes%  No	col. (a) through col. (
a	2 3 4 5 6 7 8 Entt	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7	Yes%  No  1 5 in column (d)  7 from line 1, column (d)  ucts gaming activities:ctivities in each of these s	Yes% No	Yes%  No	col. (a) through col. (
a a	2 3 4 5 6 7 8 Entt	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  er the state(s) in which the organization conducte organization licensed to conduct gaming and	Yes%  No  1 5 in column (d)  7 from line 1, column (d)  ucts gaming activities:ctivities in each of these s	Yes% No	Yes%  No	col. (a) through col. (
)   a   b	2 3 4 5 6 7 8 Ent	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  er the state(s) in which the organization conducte organization licensed to conduct gaming and	Yes %  No  n 5 in column (d)  from line 1, column (d)  ucts gaming activities:ctivities in each of these s	Yes% No	Yes% No	Col. (a) through col. (d
a b	2 3 4 5 6 7 8 Entisti	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  er the state(s) in which the organization conduct organization licensed to conduct gaming and No," explain:	Yes %  No  n 5 in column (d)  from line 1, column (d)  ucts gaming activities:ctivities in each of these servoked, suspended, or te	Yes%  No  states?	Yes% No  /ear?	col. (a) through col. (
a b	2 3 4 5 6 7 8 Entisti	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  er the state(s) in which the organization conduct organization licensed to conduct gaming and No," explain:  Te any of the organization's gaming licenses researched.	Yes %  No  n 5 in column (d)  from line 1, column (d)  ucts gaming activities:ctivities in each of these servoked, suspended, or te	Yes%  No  states?	Yes% No  /ear?	col. (a) through col. (

# EVERYTOWN FOR GUN SAFETY SUPPORT FUND,

Sch	edule G (Form 990) 2023 INC • 26	<u>-1598</u>	<u> 353</u>	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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:			
	The organization's facility	13a		%
	An outside facility	I .		%
	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
D	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
С	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:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
u	retain the state gaming license?		Yes	☐ No
h	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 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III, lir	nes 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SC.	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	≀ິ:		
(I	) NAME OF FUNDRAISER: JACKIE BROT-WEINBERG			
		_		
<u>(I</u>	) ADDRESS OF FUNDRAISER: 11 CYPRESS DRIVE, WOODBURY, NY 1179	<u>'</u>		
(I	) NAME OF FUNDRAISER: CAPITAL STRATEGIES			
<u>(I</u>	) ADDRESS OF FUNDRAISER: 3111 VIA DOLCE #601, MARINA DEL REY,	CA	902	92
<del>/ =</del>	NAME OF HIMDDATGED. LTG3 DDEGE3			
<u>(I</u>	) NAME OF FUNDRAISER: LISA PRESTA			

332083 09-13-23

26-1598353 Page 4 INC. Schedule G (Form 990) Part IV | Supplemental Information (continued) (I) ADDRESS OF FUNDRAISER: 163 FOREST SIDE AVENUE, SAN FRANCISCO, CA 94127 (I) NAME OF FUNDRAISER: ANNE LEWIS STRATEGIES LLC (I) ADDRESS OF FUNDRAISER: 650 MASSACHUSETTS AVENUE NW SUITE 505, WASHINGTON, DC 20001 (I) NAME OF FUNDRAISER: BLUE WAVE POLITICAL PARTNERS LLC (I) ADDRESS OF FUNDRAISER: 401 SECOND AVENUE SOUTH SUITE 303, SEATTLE, WA 98104 (I) NAME OF FUNDRAISER: BOYSENBERRY STRATEGIES LLC (I) ADDRESS OF FUNDRAISER: 1804 BAY STREET SE, WASHINGTON, DC 20003 (I) NAME OF FUNDRAISER: SEA CHANGE STRATEGIES LLC (I) ADDRESS OF FUNDRAISER: 7409 BIRCH AVENUE, TAKOMA PARK, MD 20912 PART I, LINE 2B, COLUMN (V): ANNE LEWIS STRATEGIES LLC INCLUDED SERVICES TO PLACE AND MANAGE DIGITAL ADVERTISING. THIS AGREEMENT INCLUDED SEPARATE PROVISIONS FOR AD BUY EXPENSES TO BE PAID TO DIGITAL ADVERTISING PLATFORMS AND THE VENDOR'S PROFESSIONAL FUNDRAISING FEES RELATED TO THE PLANNING AND PLACEMENT OF THE ADS. EVERYTOWN PAID A MEDIA ADVERTISING FEE OF \$1,265.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

INC.							26-1598353
Part I General Information on Grants ar	nd Assistance						
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the o	grantees' eligibility	for the grants or assis	stance, and the selecti	
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I recipient that received more than \$	_				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	<b>(b)</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
4-CT CORP							
50 CHARLES STREET							COMMUNITY SAFETY FUND
WESTPORT, CT 06880	85-0535172	501C3	51,000.	0.			INNOVATION GRANT
							67TH PRECINCT CLERGY
67TH PRECINCT CLERGY COUNCIL, INC.							COUNCIL, BIG NYC FAITH
203 EAST 37TH STREET							EVENT & COMMUNITY SAFETY
BROOKLYN, NY 11203	27-4581070	501C3	11,579.	0.			FUND INNOVATION GRANT
A GALVANIZED INNOVATIVE APPROACH							COMMUNITY GUN VIOLENCE
TO LEADING EXCELLENCE PLANNING							PREVENTION GRANT TO
SOLUTIONS - 9943 PATIO COURT -							ORGANIZATIONS WORKING TO
BATON ROUGE, LA 70815	83-0868272	501C3	102,000.	0.			REDUCE GUN VIOLENCE IN
A NEW BEGINNING 4 YOU FOUNDATION							TO PROVIDE FUNDING FOR
815 N LABREA AVENUE STE 471							GUN VIOLENCE SURVIVOR
INGLEWOOD, CA 90302	84-2679272	501C3	20,000.	0.			PROGRAMS AND SERVICES
							COMMUNITY GUN VIOLENCE
ADVANCE PEACE							PREVENTION GRANT TO
440 CIVIC CENTER PLAZA SUITE 360							ORGANIZATIONS WORKING TO
RICHMOND, CA 94804	81-3858984	501C3	41,000.	0.			REDUCE GUN VIOLENCE IN
ALL I KNOW FOUNDATION INC							
1901 AVENUE OF THE STARS SUITE 1900	04 004005	504.50		_			TO SUPPORT WEAR ORANGE
LOS ANGELES, CA 90067	84-3842382		10,000.	0.			INITIATIVE
2 Enter total number of section 501(c)(3) ar	-		e line 1 table				103.
3 Enter total number of other organizations	listed in the line	1 table					<u>1.</u>

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

1	Page	1
	raue	- 1

(a) Name and address of organization or government	<b>(b)</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 ASSOCIATION OF PHYSICIANS							2023 GLMA ANNUAL
FOR HUMAN RIGHTS INC - 1629 K							CONFERENCE SPONSORSHIP &
STREET NW SUITE 300 - WASHINGTON,							TO PROVIDE FUNDING FOR
DC 20006	94-2901694	501C3	13,000.	0.			RESOURCES FOR THE STUDY
							ANNUAL GALA SPONSORSHIP &
AMERICAN FOUNDATION FOR SUICIDE							2023 DENVER METRO OUT OF
PREVENTION - 199 WATER STREET							THE DARKNESS COMMUNITY
FLOOR 11 - NEW YORK, NY 10038	13-3393329	501C3	5,050.	0.			WALK SPONSORSHIP
							COMMUNITY GUN VIOLENCE
AMERICAN UNIVERSITY							PREVENTION GRANT TO
4400 MASSACHUSETTS AVE NW							ORGANIZATIONS WORKING TO
WASHINGTON, DC 20016	53-0196549	501C3	114,855.	0.			REDUCE GUN VIOLENCE IN
ARPA FOUNDATION FOR FILM MUSIC &							TO PROVIDE FINANCIAL
ARTS - 2919 MAXWELL STREET - LOS							SUPPORT FOR FILM RELATED
ANGELES, CA 90027	95-4556837	501C3	10,000.	0.			TO GUN VIOLENCE
ASIAN AMERICAN CHRISTIAN							TO SUPPORT GUN VIOLENCE
COLLABORATIVE - 340 E 1ST ST #1763				_			PREVENTION WORK IN
- TUSTIN, CA 92781	35-2698119	501C3	75,000.	0.			CHRISTIAN COMMUNITIES
AURORA ARAPAHOE BATTERED WOMEN'S							
SHELTER - PO BOX 914 - AURORA, CO							TO SUPPORT COMMUNITY GUN
80040	84-0815774	501C3	10,000.	0.			VIOLENCE PREVENTION WORK
2222							
AWARE INC							TO SUPPORT DOMESTIC
PO BOX 1526							VIOLENCE AND GUN VIOLENCE
JACKSON, MI 49204	23-7118921	501C3	10,000.	0.			PREVENTION WORK
•			,				COMMUNITY GUN VIOLENCE
BACK TO BASICS OUTREACH MINISTRIES							PREVENTION GRANT TO
1370 WILLIAM STREET							ORGANIZATIONS WORKING TO
BUFFALO, NY 14206	16-1509888	501C3	41,000.	0.			REDUCE GUN VIOLENCE IN
BOSS NOT BANGERS INC							TO PROVIDE FUNDING FOR
730 EAST CALDWELL STREET							GUN VIOLENCE SURVIVOR
LOUISVILLE, KY 40203	87-2893452	501C3	10,000.	0.			PROGRAMS AND SERVICES

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Scho	edule I (Form 990), Pa	ırt 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
BROTHER LET'S TALK							TO PROVIDE FUNDING FOR
400 CENTURY PARK SOUTH SUITE 106							GUN VIOLENCE SURVIVOR
BIRMINGHAM, AL 35228	83-2033650	501C3	15,000.	0.			PROGRAMS AND SERVICES
							COMMUNITY GUN VIOLENCE
BUILDING A BETTER WAY FOR TRENTON							PREVENTION GRANT TO
INC - 824 GREENWOOD AVENUE -							ORGANIZATIONS WORKING TO
TRENTON, NJ 08609	84-4993555	501C3	102,000.	0.			REDUCE GUN VIOLENCE IN
CARPENTER ART GARDEN							
PO BOX 11529							TO SUPPORT WEAR ORANGE
MEMPHIS, TN 38111-0529	82-2322015	501C3	10,000.	0.			INITIATIVE
,							
CENTER FOR AMERICAN PROGRESS							8TH & 9TH ANNUAL NATIONAL
1333 H STREET NW 10TH FLOOR							GUN VIOLENCE PREVENTION
WASHINGTON, DC 20005	30-0126510	501C3	13,105.	0.			SUMMIT SPONSORSHIP
			,				TO SUPPORT THE
CENTER FOR CIVIC INNOVATION INC							PARTICIPATION IN THE
931 MONROE DRIVE NE STE A102 155							ATLANTA SAFETY AND
ATLANTA, GA 30308	26-4096600	501C3	91,500.	0.			JUSTICE ACCELERATOR
							COMMUNITY GUN VIOLENCE
CENTER FOR STRUCTURAL EQUITY INC							PREVENTION GRANT TO
813 NORTH TATNALL STREET							ORGANIZATIONS WORKING TO
WILMINGTON, DE 19801	84-5026978	501C3	102,000.	0.			REDUCE GUN VIOLENCE IN
·							COMMUNITY GUN VIOLENCE
CHARITY APOSTOLIC CHURCH							PREVENTION GRANT TO
632 WEST WASHINGTON AVENUE UNIT C							ORGANIZATIONS WORKING TO
EL CAJON, CA 92020	33-0600619	501C3	102,000.	0.			REDUCE GUN VIOLENCE IN
CHICAGO CARES INC							TO SUPPORT ORGANIZATION'S
1200 W 35TH STREET UNIT 302							SPORTS FACILITY & WEAR
CHICAGO, IL 60609	36-3777709	501C3	95,000.	0.			ORANGE INITIATIVE
							TO PROVIDE FUNDING FOR
CHILDREN AND YOUTH JUSTICE CENTER							THE KING COUNTY REGIONAL
300 ELLIOTT AVENUE W SUITE 360							OFFICE OF VIOLENCE
SEATTLE, WA 98119	20-4457248	501C3	225,000.	0.			PREVENTION

(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
CITY OF MEMPHIS TENNESSEE							
125 NORTH MAIN STREET							
MEMPHIS, TN 38103	62-6000361	GOVT	50,000.	0.			GUN VIOLENCE DATA FELLOW
,							COMMUNITY GUN VIOLENCE
CLEVELAND PEACEMAKERS INC							PREVENTION GRANT TO
6114 BROADWAY AVE							ORGANIZATIONS WORKING TO
CLEVELAND, OH 44127	38-3989265	501C3	41,000.	0.			REDUCE GUN VIOLENCE IN
COLORADO COALITION AGAINST							TO SUPPORT DOMESTIC
DOMESTIC VIOLENCE - PO BOX 40328	04 0740604	504.50	10.000				VIOLENCE AND GUN VIOLENCE
- DENVER, CO 80204	84-0742604	501C3	10,000.	0.			PREVENTION WORK
2012777777 D. 22.2777777							COMMUNITY GUN VIOLENCE
COMMUNITY PASSAGEWAYS							PREVENTION GRANT TO
7728 RAINIER AVENUE SOUTH							ORGANIZATIONS WORKING TO
SEATTLE, WA 98118	81-3806946	501C3	41,000.	0.			REDUCE GUN VIOLENCE IN
							COMMUNITY GUN VIOLENCE
COMPASS YOUTH COLLABORATIVE							PREVENTION GRANT TO
55 AIRPORT RD STE 201				_			ORGANIZATIONS WORKING TO
HARTFORD, CT 06114	31-1768549	501C3	102,000.	0.			REDUCE GUN VIOLENCE IN
CONGRESSIONAL BLACK CAUCUS							ALC PHOENIX AWARDS
FOUNDATION - 1720 MASSACHUSETTS							SPONSORSHIP & CBC 2023
AVE NW - WASHINGTON, DC 20036	52-1160561	501C3	58,950.	0.			SPONSORSHIP
CONCEDERATIONAL STADANTS CANGUS							2022 GUGT LEADEDGUTD
CONGRESSIONAL HISPANIC CAUCUS							2023 CHCI LEADERSHIP
INSTITUTE, INC 1128 16TH STREET	52-1114225	E0163	65.000				CONFERENCE & 2023
NW - WASHINGTON, DC 20036	52-1114225	50103	65,000.	0.			SWEARING-IN CEREMONY
DEMDOTE DIDLIG GARREN ROTALING							COMMUNITY GUN VIOLENCE
DETROIT PUBLIC SAFETY FOUNDATION							PREVENTION GRANT TO
1301 THIRD STREET SUITE 547	22 2256242		44 000				ORGANIZATIONS WORKING TO
DETROIT, MI 48226	30-0056848	DUIC3	41,000.	0.			REDUCE GUN VIOLENCE IN
DOMESTIC VIOLENCE RESOURCE CENTER							TO SUPPORT DOMESTIC
1735 VASSAR STREET							VIOLENCE AND GUN VIOLENCE
RENO, NV 89502	94-2605396	501C3	10,000.	0.			PREVENTION WORK

(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
DUKE UNIVERSITY							
PO BOX 104132							TO SUPPORT RESEARCH IN
DURHAM, NC 27708	56-0532129	501C3	350,000.	0.			FIREARMS LAW AND POLICY
EAST TEXAS CRISIS CENTER INC							TO SUPPORT DOMESTIC
PO BOX 7060							VIOLENCE AND GUN VIOLENCE
TYLER, TX 75711	75-1641173	501C3	10,000.	0.			PREVENTION WORK
,			,				COMMUNITY GUN VIOLENCE
EMORY UNIVERSITY							PREVENTION GRANT TO
1599 CLIFTON ROAD THIRD FLOOR 3101							ORGANIZATIONS WORKING TO
ATLANTA, GA 30322	58-0566256	501C3	162,000.	0.			REDUCE GUN VIOLENCE IN
							COMMUNITY GUN VIOLENCE
EMPLOYMENT CONNECTION							PREVENTION GRANT TO
2838 MARKET STREET							ORGANIZATIONS WORKING TO
SAINT LOUIS, MO 63103	43-1106386	501C3	41,000.	0.			REDUCE GUN VIOLENCE IN
			11,000.				
EQUALITY FEDERATION INSTITUTE							
818 SW 3RD AVE #141							LEADERSHIP CONFERENCE
PORTLAND, OR 97204-2405	81-0670151	501C3	10,000.	0.			SPONSORSHIP
,							EDUCATIONAL AND LOBBYING
EVERYTOWN FOR GUN SAFETY ACTION							ACTIVITY - GRANT MADE TO
FUND INC - 909 THIRD AVENUE 15TH							ORGANIZATION IS TAX
FLOOR - NEW YORK, NY 10022	20-8802884	501C4	990,000.	0.			EXEMPT UNDER SECTION
TEGOR NEW TORRE, NT TOUZE	20 0002001	30101	330,000.				
FAMILIES IN TRANSITION INC							TO SUPPORT DOMESTIC
PO BOX 15							VIOLENCE AND GUN VIOLENCE
MEMPHIS, AR 72303	71-0793681	50103	10,000.	0.			PREVENTION WORK
	,1 0,55001	50105	10,000.	••			COMMUNITY GUN VIOLENCE
FOCUSED INTERRUPTION INC							PREVENTION GRANT TO
PO BOX 70788							ORGANIZATIONS WORKING TO
MADISON, WI 53707	87-3784685	50103	51,000.	0.			REDUCE GUN VIOLENCE IN
ELDISON, WI 33/0/	07 3704003	50103	31,000.	0.			REDUCE GON VIOLENCE IN
GALAXY STAR DRUG AWARENESS							TO PROVIDE FUNDING FOR
830 FESSLERS PARKWAY SUITE 118							GUN VIOLENCE SURVIVOR
NASHVILLE, TN 37210	36-4461508	50103	10,000.	0.			PROGRAMS AND SERVICES

Schedule I (Form 990) INC. 26-1598353

(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	<b>(f)</b> Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
GLOBAL IMPACT							
1199 N FAIRFAX STREET SUITE 300							SUPPORT RESEARCH OF FUND
ALEXANDRIA, VA 22314	52-1273585	50103	225,000.	0.			FOR A SAFER FUTURE
ADBARNDKIA, VA 22314	32 12/3303	50105	223,000.	••			FOR A SAFER FOTORE
HANNAH'S PLACE INC							TO SUPPORT DOMESTIC
1004 WASHINGTON STREET							VIOLENCE AND GUN VIOLENCE
ROANOKE RAPIDS, NC 27870	56-1453167	501C3	10,000.	0.			PREVENTION WORK
HEAL CHARLOTTE							
420 E 15TH STREET							TO SUPPORT WEAR ORANGE
CHARLOTTE, NC 28213	81-5158164	501C3	10,000.	0.			INITIATIVE
HELPING OUT OUR PEOPLE							
910 BRADDOCK AVENUE				_			TO SUPPORT GUN VIOLENCE
BRADDOCK, PA 15104	85-3292622	501C3	20,000.	0.			PREVENTION WORK
WINDLE WALLE WALLE TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO							COMMUNITY GUN VIOLENCE
HENNEPIN HEALTHCARE FOUNDATION							PREVENTION GRANT TO
701 PARK AVENUE LSB-8	41-0845733	E0102	102,000.	0.			ORGANIZATIONS WORKING TO
MINNEAPOLIS, MN 55415	41-0645755	50103	102,000.	0.			REDUCE GUN VIOLENCE IN COMMUNITY GUN VIOLENCE
HIGHLANDER RESEARCH & EDUCATION							PREVENTION GRANT TO
CENTER, INC - 1959 HIGHLANDER WAY							ORGANIZATIONS WORKING TO
- NEW MARKET, TN 37820	62-0646373	501C3	41,000.	0.			REDUCE GUN VIOLENCE IN
	02 0010070		12,000.	-			
HIP HOP CAUCUS EDUCATION FUND							
529 14TH STREET NW SUITE 952							HIP HOP CAUCUS'S
WASHINGTON, DC 20045	27-1165010	501C3	12,500.	0.			SPONSORSHIP
HISPANIC FEDERATION INC							
55 EXCHANGE PLACE SUITE 501							HISPANIC FED ANNUAL GALA
NEW YORK, NY 10005	13-3573852	501C3	11,500.	0.			2023 & LATINO TALKS EVENT
UIGDANIG HEDIMAGE BOUNDAMION							
HISPANIC HERITAGE FOUNDATION 1001 PENNSYLVANIA AVE NW SUITE 7111							LATINX CHARLA ON GUN
	52-1818255	50103	10,000.	0.			
WASHINGTON, DC 20004	27-1010722	POTCO	10,000.	0.			VIOLENCE SPONSORSHIP

Schedule I (Form 990)

Schedule I (Form 990) INC. 26-1598353

(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
HOME BENEATH OUR FEET INC							
11593 BROADWAY STREET							TO SUPPORT WEAR ORANGE
ALDEN, NY 14004	85-3461457	501C3	10,000.	0.			INITIATIVE
HUMAN RIGHTS CAMPAIGN FOUNDATION							
1640 RHODE ISLAND AVE NW							TO SUPPORT GUN SAFETY
WASHINGTON, DC 20036	52-1481896	501C3	15,000.	0.			AWARENESS WORK
							GUN VIOLENCE TOWN HALL,
INDIAN AMERICAN IMPACT PROJECT							IMPACT PROJECT DIWALI
122 C STREET NW SUITE 360							GALA SPONSORSHIP & IMPACT
WASHINGTON, DC 20001	81-2175987	501C3	8,500.	0.			PROJECT GALA SPONSOR
							COMMUNITY GUN VIOLENCE
INNER CITY INNOVATORS INC							PREVENTION GRANT TO
313 DATURA STREET SUITE 200	04 00004.70	504.50					ORGANIZATIONS WORKING TO
WEST PALM BEACH, FL 33401	81-3809173	501C3	44,000.	0.			REDUCE GUN VIOLENCE IN
JESSE KLUMP MEMORIAL FUND INC							TO PROVIDE FUNDING FOR
PO BOX 1376							GUN VIOLENCE SURVIVOR
BERLIN, MD 21811	26-4717647	501C3	20,000.	0.			PROGRAMS AND SERVICES
JOURNEY4WARD							TO PROVIDE FUNDING FOR
3018 GLENBROOK DRIVE							GUN VIOLENCE SURVIVOR
MIDLOTHIAN, TX 76065	47-3020787	501C3	15,000.	0.			PROGRAMS AND SERVICES
JUST KEEP LIVIN FOUNDATION							
PO BOX 260860							GREENLIGHT INITIATIVE
ENCINO, CA 91426	20-3921057	501C3	50,000.	0.			SPONSORSHIP
			,				TO PROVIDE FUNDING FOR
KEYZ 2 THE FUTURE							GUN VIOLENCE SURVIVOR
1185 A PORTER STREET							PROGRAMS AND SERVICES &
VALLEJO, CA 94590	88-2865068	501C3	11,500.	0.			SURVIVOR-LED PROJECT
LEFT HEARTS							TO PROVIDE FUNDING FOR
3 EDWIN STREET FL 2							GUN VIOLENCE SURVIVOR
BRIDGEPORT, CT 06607	84-3021136	501C3	10,000.	0.			PROGRAMS AND SERVICES

Schedule I (Form 990)

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) TO SUPPORT WEAR ORANGE LET'S THRIVE BALTIMORE INC INITIATIVE & TO PROVIDE 1911 N PAYSON STREET FUNDING FOR SAY THEIR 81-4554599 501C3 0. NAMES EVENT BALTIMORE, MD 21217 11,500 LGBT+ CENTER ORLANDO INC 946 N MILLS AVENUE COMMUNITY SAFETY FUND ORLANDO, FL 32803 59-1884445 501C3 0 TNNOVATION GRANT 51,000 LI AGAINST DOMESTIC VIOLENCE INC TO SUPPORT DOMESTIC 3285 VETERANS MEMORIAL HWY STE A-13 VIOLENCE AND GUN VIOLENCE 11-2470902 501C3 10,000 0. PREVENTION WORK RONKONKOMA, NY 11779 COMMUNITY GUN VIOLENCE LOUIS D BROWN PEACE INSTITUTE PREVENTION GRANT TO 15 CHRISTOPHER STREET ORGANIZATIONS WORKING TO DORCHESTER, MA 02122 26-3068254 501C3 0 REDUCE GUN VIOLENCE IN 103,500. MELOUAIN JATELLE ANDERSON TO SUPPORT WEAR ORANGE FOUNDATION INC - 55 WASHINGTON INITIATIVE & TO PROVIDE STREET SUITE 733 - BROOKLYN, NY FUNDING FOR GUN VIOLENCE 84-2919515 501C3 SURVIVOR PROGRAMS AND 11201 15,000 0. MID AMERICA REGIONAL COUNCIL COMMUNITY GUN VIOLENCE COMMUNITY SERVICES CORP - 600 PREVENTION GRANT TO BROADWAY BLVD STE 300 - KANSAS ORGANIZATIONS WORKING TO 20-1824454 501C3 REDUCE GUN VIOLENCE IN CITY, MO 64105-1659 41,000 0. MONTGOMERY COUNTY FAMILY JUSTICE TO SUPPORT DOMESTIC CENTER FOUNDATION INC - PO BOX VIOLENCE AND GUN VIOLENCE 10692 - ROCKVILLE MD 20849 94-3444962 501C3 10 000 0. PREVENTION WORK COMMUNITY GUN VIOLENCE MOTHERS AGAINST SENSELESS KILLINGS PREVENTION GRANT TO FOUNDATION - 5044 SOUTH MICHIGAN ORGANIZATIONS WORKING TO AVENUE - CHICAGO, IL 60615 81-3209025 501C3 102,000. 0. REDUCE GUN VIOLENCE IN TO PROVIDE FUNDING FOR MOVEMENT OF MOURNING MOTHERS GUN VIOLENCE SURVIVOR ASSOCIATION - 12121 PINE STREET -PROGRAMS AND SERVICES & NORWALK, CA 90650 82-4563350 501C3 AT-RISK YOUTH CAMPING 21,500. 0.

52-1165531 501C3

47-2613587 501C3

20-5806345 501C3

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV, assistance appraisal, other) M-PAC CLEVELAND TO SUPPORT WEAR ORANGE PO BOX 19081 INITIATIVE & SPEAKEZIE GO 84-4720550 501C3 0. HARD SPONSORSHIP CLEVELAND, OH 44119 10,500 NALEO EDUCATIONAL FUND 1000 CORPORATE CENTER DR STE 310 40TH ANNUAL CONFERENCE MONTEREY PARK, CA 91754 52-1212849 501C3 0 SPONSORSHIP 10,000 NAN NEWARK TECH WORLD 400 HAWTHORNE AVENUE MARCH ON WASHINGTON 60TH NEWARK, NJ 07112 81-3470980 501C3 8,000 0. ANNIVERSARY SPONSORSHIP NATIONAL CONGRESS OF PARENTS AND TEACHERS - 1250 NORTH PITT STREET 2023 NATIONAL PTA 36-2169155 501C3 0. CONFERENCE SPONSORSHIP - ALEXANDRIA, VA 22314 10,000. NATIONAL DOMESTIC VIOLENCE HOTLINE PO BOX 90249 AUSTIN, TX 78709 75-1658287 501C3 25,000. 0. TOGETHER SPONSORSHIP NATIONAL LGBTQ TASK FORCE NATIONAL LGBTQ TASK FORCE 1050 CONNECTICUT AVE NW SUITE 65500 & CREATING CHANGE WASHINGTON, DC 20035 52-1624852 501C3 CONFERENCE SPONSORSHIP 42,500. 0.

Schedule I (Form 990)

TO PROVIDE FUNDING FOR

GUN VIOLENCE PREVENTION

EDUCATE NAWLEE ON GUN

GUN VIOLENCE PREVENTION

VIOLENCE PREVENTION

WORK

RESEARCH

Page 1

NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT EXECUTIVES - 4609

PINECREST OFFICE PARK DRIVE SUITE

F - ALEXANDRIA VA 22312-1442

1828 L STREET NW SUITE 300-A

NAWLEE FOUNDATION INC 486 MAIN STREET

TOWNSEND, MA 01474

WASHINGTON, DC 20036

NEW VENTURE FUND

15 000

10,000.

112,500.

0.

0.

0.

(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
							COMMUNITY GUN VIOLENCE
NO MORE RED DOTS INC							PREVENTION GRANT TO
3936 BRISTOL OAKS DRIVE							ORGANIZATIONS WORKING TO
LOUISVILLE, KY 40299	83-1524454	501C3	44,500.	0.			REDUCE GUN VIOLENCE IN
							COMMUNITY GUN VIOLENCE
NORTHWESTERN UNIVERSITY							PREVENTION GRANT TO
633 CLARK STREET							ORGANIZATIONS WORKING TO
EVANSTON, IL 60208	36-2167817	501C3	40,000.	0.			REDUCE GUN VIOLENCE IN
OSCAR GRANT FOUNDATION							TO PROVIDE FUNDING FOR
22097 REDWOOD ROAD							GUN VIOLENCE SURVIVOR
	37-1761761	E0102	10,000.	0.			PROGRAMS AND SERVICES
CASTRO VALLEY, CA 94546	37-1701701	50103	10,000.	٠.			
PORTLAND OPPORTUNITIES							COMMUNITY GUN VIOLENCE
INDUSTRIALIZATION CENTER INC - 717							PREVENTION GRANT TO
NORTH KILLINGSWORTH COURT -	02 0502050	501.73	100 000	•			ORGANIZATIONS WORKING TO
PORTLAND, OR 97217	93-0593858	50103	102,000.	0.			REDUCE GUN VIOLENCE IN
POSITIVE CHANGE FOUNDATION							VOTING RIGHTS AND
1220 L STREET NW #100-181							OPPORTUNITIES EVENT
WASHINGTON, DC 20005	47-1116945	501C3	10,000.	0.			SPONSORSHIP
POWER4STL							
5501 DELMAR BLVD SUITE A430							COMMUNITY SAFETY FUND
ST. LOUIS, MO 63112	83-2705388	501C3	51,000.	0.			INNOVATION GRANT
							COMMUNITY GUN VIOLENCE
REIMAGINING JUSTICE INC							PREVENTION GRANT TO
114 ALBION STREET							ORGANIZATIONS WORKING TO
PASSAIC, NJ 07055	81-5292120	501C3	41,000.	0.			REDUCE GUN VIOLENCE IN
RISE UP ROCHESTER INC							
244 SOUTH PLYMOUTH AVENUE							COMMUNITY SAFETY FUND
	16-1468926	50103	51,000.	0.			INNOVATION GRANT
ROCHESTER, NY 14608	10-1400920	20163	31,000.	0.			COMMUNITY GUN VIOLENCE
RIVERSIDE HOSPITAL INC							PREVENTION GRANT TO
608 DENBIGH BLVD SUITE 800							ORGANIZATIONS WORKING TO
NEWPORT NEWS, VA 23608	52-1245746	E0103	102,000.	0.			REDUCE GUN VIOLENCE IN

(a) Name and address of organization or government	<b>(b)</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
							COMMUNITY GUN VIOLENCE
SELMA CENTER FOR NONVIOLENCE TRUTH							PREVENTION GRANT TO
AND RECONCILIATION - 8 MULBERRY							ORGANIZATIONS WORKING TO
ROAD - SELMA, AL 36703	47-3461578	501C3	102,000.	0.			REDUCE GUN VIOLENCE IN
							COMMUNITY GUN VIOLENCE
SHELBY COUNTY HEALTHCARE CORP							PREVENTION GRANT TO
877 JEFFERSON AVE							ORGANIZATIONS WORKING TO
MEMPHIS, TN 38103	62-1113169	501C3	41,000.	0.			REDUCE GUN VIOLENCE IN
							COMMUNITY GUN VIOLENCE
SOUTH SACRAMENTO CHRISTIAN CENTER							PREVENTION GRANT TO
7710 STOCKTON BLVD							ORGANIZATIONS WORKING TO
SACRAMENTO, CA 95823	68-0186235	501C3	102,000.	0.			REDUCE GUN VIOLENCE IN
TEMPLE UNIVERSITY - OF THE							COMMUNITY GUN VIOLENCE
COMMONWEALTH SYSTEM OF HIGHER							PREVENTION GRANT TO
EDUCATION - 1805 N BROAD WACHMAN							ORGANIZATIONS WORKING TO
HALL 1108 - PHILA, PA 19122	23-1365971	501C3	42,750.	0.			REDUCE GUN VIOLENCE IN
THE ADVANCEMENT CORPORATION							
PO BOX 4553							TO SUPPORT WEAR ORANGE
EAST LANSING, MI 48823	85-1824182	501C3	10,000.	0.			INITIATIVE
							COMMUNITY GUN VIOLENCE
THE PITTSBURGH CONTINGENCY INC.							PREVENTION GRANT TO
1716 NEVADA STREET							ORGANIZATIONS WORKING TO
PITTSBURGH, PA 15218	45-5398705	501C3	42,500.	0.			REDUCE GUN VIOLENCE IN
THE SOCIOECONOMIC REVITALIZATION							
OF URBAN NEIGHBORHOODS - 4429							TO SUPPORT WEAR ORANGE
HAMILTON AVE - DALLAS, TX 75210	87-2668055	501C3	10,000.	0.			INITIATIVE
,							
THE UNIVERSITY OF MEMPHIS RESEARCH							
FOUNDATION - 365 INNOVATION DRIVE							TO SUPPORT LEGAL SERVICE
SUITE 303 - MEMPHIS, TN 38152	20-5400381	501C3	100,000.	0.			PROGRAM
,,	20 0100001		200,000.	•			2023 FALL LEADERSHIP
THE US CONFERENCE OF MAYORS							MEETING & THE US
1620 EYE STREET NW							CONFERENCE OF MAYORS
TOTO DIE DIVERT IM		1	1			1	COMITERENCE OF MAIORS

(a) Name and address of organization or government	<b>(b)</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
							2023 CITIES UNITED
TIDES CENTER							CONVENING EVENT
1012 TORNEY AVENUE							SPONSORSHIP, 2023
SAN FRANCISCO, CA 94129	94-3213100	501C3	115,000.	0.			COMMUNITY JUSTICE CBC
TRACE MEDIA INC							
PO BOX 24532							RESEARCH AND PUBLIC
BROOKLYN, NY 11202	47-4175513	501C3	1,340,425.	0.			EDUCATION INITIATIVES
VANDERBILT UNIVERSITY							
2301 VANDERBILT PLACE PMB 406310							
NASHVILLE, TN 37240	62-0476822	501C3	30,000.	0.			GUN VIOLENCE RESEARCH
,			,				COMMUNITY GUN VIOLENCE
VIP FW VIOLENCE INTERVENTION AND							PREVENTION GRANT TO
PREVENTION FORT WORTH - 2145 SHANE							ORGANIZATIONS WORKING TO
AVENUE - FORT WORTH, TX 76134	86-2343141	501C3	102,000.	0.			REDUCE GUN VIOLENCE IN
WAMBLI SKA SOCIETY							
PO BOX 2004							COMMUNITY SAFETY FUND
RAPID CITY, SD 57709	47-2188252	501C3	51,000.	0.			INNOVATION GRANT
WESLEYAN UNIVERSITY							
291 MAIN STREET							TO SUPPORT CENTER FOR
	06-0646959	E0102	65,000.	0.			
MIDDLETOWN, CT 06457	00-0040939	501C3	65,000.	0.			HISTORY OF GUN STUDIES
WOMEN IN TRANSITION							TO SUPPORT DOMESTIC
718 ARCH STREET SUITE 401N							VIOLENCE AND GUN VIOLENC
PHILADELPHIA, PA 19106	23-1884534	501C3	10,000.	0.			PREVENTION WORK
·							COMMUNITY GUN VIOLENCE
YOUTH EMPOWERMENT FOR ADVANCEMENT							PREVENTION GRANT TO
HANGOUT - 5257 WALTON AVE -							ORGANIZATIONS WORKING TO
PHILADELPHIA, PA 19143	83-2607046	501C3	102,000.	0.			REDUCE GUN VIOLENCE IN

(a) Type of grant or assistance	<b>(b)</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 red	quired in Part I, lin	e 2; Part III, column	(b); and any other ad	Iditional information.	
PART I, LINE 2:					
THE ORGANIZATION MONITORS GRANT RE	CIPIENTS'	USE OF GI	RANT FUNDS	THROUGH	
CONTEMPORANEOUS COMMUNICATIONS WIT	H GRANTEE	S AND THRO	OUGH GRANTE	E REPORTING	
REQUIREMENTS.					
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	:				
A GALVANIZED INNOVATIVE APPROACH T		EXCELLENC	CE PLANNING	SOLUTIONS	
				222220	

Part IV Supplemental Information

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR

COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: ADVANCE PEACE

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:

AMERICAN ASSOCIATION OF PHYSICIANS FOR HUMAN RIGHTS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: 2023 GLMA ANNUAL CONFERENCE

SPONSORSHIP & TO PROVIDE FUNDING FOR RESOURCES FOR THE STUDY OF INTIMATE

PARTNER VIOLENCE (IPV)

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN 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: BACK TO BASICS OUTREACH MINISTRIES

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

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR

COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: BUILDING A BETTER WAY FOR TRENTON INC

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

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR

COMMUNITIES

INC.

Part IV Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR CIVIC INNOVATION INC
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PARTICIPATION IN THE
ATLANTA SAFETY AND JUSTICE ACCELERATOR PROGRAM & SHOWCASE EVENT
SPONSORSHIP
NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR STRUCTURAL EQUITY 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: CHARITY APOSTOLIC CHURCH
(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: COMPASS YOUTH COLLABORATIVE
(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY GUN VIOLENCE PREVENTION

INC.

Part IV Supplemental Information

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: EMORY UNIVERSITY

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

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR

COMMUNITIES & INJURY PREVENTION RESEARCH

NAME OF ORGANIZATION OR GOVERNMENT: EMPLOYMENT CONNECTION

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

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR

COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

EVERYTOWN FOR GUN SAFETY ACTION FUND 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: FOCUSED INTERRUPTION 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

NAME OF ORGANIZATION OR GOVERNMENT: HENNEPIN HEALTHCARE 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:

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 & ROCA IMPACT INSTITUTE TRAINING

NAME OF ORGANIZATION OR GOVERNMENT: KEYZ 2 THE FUTURE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR GUN VIOLENCE

SURVIVOR PROGRAMS AND SERVICES & SURVIVOR-LED PROJECT FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: LOUIS D BROWN PEACE INSTITUTE

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

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR

COMMUNITIES & TO PROVIDE FUNDING FOR MARKETING MATERIALS

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

MELQUAIN JATELLE ANDERSON FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WEAR ORANGE INITIATIVE &

TO PROVIDE FUNDING FOR GUN VIOLENCE SURVIVOR PROGRAMS AND SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

MID AMERICA REGIONAL COUNCIL COMMUNITY SERVICES CORP

(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 AGAINST SENSELESS KILLINGS 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:

MOVEMENT OF MOURNING MOTHERS ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR GUN VIOLENCE

SURVIVOR PROGRAMS AND SERVICES & AT-RISK YOUTH CAMPING TRIP SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: NO MORE RED DOTS 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

INC.

Part IV | Supplemental Information

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR

COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

PORTLAND OPPORTUNITIES INDUSTRIALIZATION 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: 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: RIVERSIDE HOSPITAL 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:

SELMA CENTER FOR NONVIOLENCE TRUTH AND RECONCILIATION

(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

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

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR

INC.

Part IV Supplemental Information

COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH SACRAMENTO CHRISTIAN 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:

TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION

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

GRANT TO ORGANIZATIONS WORKING TO REDUCE GUN VIOLENCE IN THEIR

COMMUNITIES & ROCA IMPACT INSTITUTE TRAINING

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 AND TO PROVIDE FUNDING FOR SCHOOL MENTORING PROGRAM GRANT

NAME OF ORGANIZATION OR GOVERNMENT: THE US CONFERENCE OF MAYORS

(H) PURPOSE OF GRANT OR ASSISTANCE: 2023 FALL LEADERSHIP MEETING & THE

US CONFERENCE OF MAYORS SPONSORSHIP WINTER LEADERSHIP

NAME OF ORGANIZATION OR GOVERNMENT: TIDES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: 2023 CITIES UNITED CONVENING EVENT

SPONSORSHIP, 2023 COMMUNITY JUSTICE CBC RECEPTION SPONSORSHIP & CITIES

UNITED CONVENING SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT:

#### SCHEDULE J (Form 990)

Department of the Treasury

**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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

EVERYTOWN FOR GUN SAFETY SUPPORT FUND,

INC.

Employer identification number 26-1598353

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
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?	2		Х
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			7.7
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			7.7
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a	1	Î.

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

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TAMARA FERRELL-ZABALA	(i)	362,634.	0.	0.	0.	36,077.	398,711.	0.
MOMS DEMAND ACTION EXECUTIVE DIRECTO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ERIC TIRSCHWELL	(i)	338,776.	0.	0.	13,200.	36,077.	388,053.	0.
EVERYTOWN LAW EXECUTIVE DIRECTOR & C	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BECKY GEORGE	(i)	228,405.	0.	0.	8,454.	36,077.	272,936.	0.
CHIEF MOVEMENT BUILDING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALLA LEFKOWITZ	(i)	207,880.	0.	0.	6,237.	12,421.	226,538.	0.
AFFIRMATIVE LITIGATION SENIOR DIRECT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JANET CARTER	(i)	206,130.	0.	0.	7,936.	12,421.	226,487.	0.
LITIGATION SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

INC.

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
FIRST CLASS TRAVEL WAS OCCASIONALLY USED BY THE PRESIDENT AND A LIMITED
NUMBER OF THE EXECUTIVE MANAGEMENT TEAM, IN ACCORDANCE WITH THE
ORGANIZATION'S DOCUMENTED TRAVEL & EXPENSE POLICY AND AS APPROVED BY THE
CHIEF FINANCIAL OFFICER. THE COSTS OF SUCH TRAVEL FOR BUSINESS PURPOSES
WERE PROPERLY EXCLUDED FROM TAXABLE COMPENSATION.

### SCHEDULE M (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

INC.

 $Employer\ identification\ number \\ 26-1598353$ 

Pai	rti iy	pes 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 de noncash contribu		_	s
1	Art - Work	s of art							
2		rical treasures							
3		ional interests							
4		d publications							
5		and household goods							
6		other vehicles							
7		l planes							
8		al property							
9		- Publicly traded	X	26	114,327.	FMV			
10		- Closely held stock							
11		- Partnership, LLC, or							
		ests							
12		- Miscellaneous							
13		conservation contribution -							-
	Historic st	ructures							
14	Qualified of	conservation contribution - Other							
15		e - Residential							
16		e - Commercial							
17		e - Other							
18		es							
19		ntory							
20		d medical supplies							
21	Taxidermy	/							
22		artifacts							
23		specimens							
24		gical artifacts							
25	Other	()							
26	Other	()							
27	Other	()							
28	Other	(							
29	Number o	f Forms 8283 received by the organiz	zation durino	g the tax year for co	ontributions				
	for which	the organization completed Form 82	83, Part V, D	onee Acknowledge	ement <b>29</b>			0	
								Yes	No
30a		e year, did the organization receive by							
		for at least 3 years from the date of							
		urposes for the entire holding period?	?				30a		X
b	•	lescribe the arrangement in Part II.							
31		organization have a gift acceptance p				tions?	31	X	
32a		organization hire or use third parties		_					37
	contribution						32a		Х
	•	lescribe in Part II.							
33	If the orga	nization didn't report an amount in c	olumn (c) fo	r a type of property	tor which column (a) is che	cked,			

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

#### EVERYTOWN FOR GUN SAFETY SUPPORT FUND,

Schedule M	(Form 990) 2023	INC.	26-1598353	Page 2
Part II	Supplemental is reporting in Part	<b>Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, I, column (b), the number of contributions, the number of items received, or a combinational information.	and whether the organizat	tion

Schedule M (Form 990) 2023

332142 09-11-23

#### 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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

EVERYTOWN FOR GUN SAFETY SUPPORT FUND,

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, DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS

THROUGHOUT THE YEAR, EVERYTOWN FOR GUN SAFETY SUPPORT FUND HELPED TO

MAKE COMMUNITIES SAFER THROUGH SUPPORT FOR CRITICAL SERVICES AND

COMMUNITY-BASED INTERVENTION PROGRAMS, ROBUST PUBLIC AWARENESS

CAMPAIGNS, TARGETED LITIGATION AND LIFE-SAVING ORIGINAL RESEARCH.

2023 WAS AN IMPACTFUL YEAR FOR EVERYTOWN LAW, THE NATION'S LARGEST AND
MOST EXPERIENCED TEAM OF LITIGATORS DEDICATED TO COMBATING GUN VIOLENCE
IN THE COURTS. THIS YEAR, IN STATE AND FEDERAL COURTS ACROSS THE
COUNTRY, EVERYTOWN LAW MADE MASSIVE STRIDES TO HOLD THE GUN INDUSTRY
ACCOUNTABLE, RESULTING IN FOUR HISTORIC SETTLEMENTS AGAINST THE GUN
INDUSTRY. IN ADDITION TO THESE HISTORIC SETTLEMENTS, EVERYTOWN LAW ALSO
FILED NEW LAWSUITS TO HOLD THE GUN INDUSTRY ACCOUNTABLE. AND WHILE THE
SUPREME COURT'S 2022 DANGEROUS BRUEN DECISION UNLEASHED CHAOS,
EVERYTOWN LAW CONTINUED TO HELP GOVERNMENTS SECURE MAJOR VICTORIES IN

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

Schedule O (Form 990) 2023

COURTS ACROSS THE COUNTRY.

Schedule O (Form 990) 2023 Page 2

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

ALSO IN 2023, THE EVERYTOWN SUPPORT FUND EXPANDED EVEN MORE EFFORTS TO
HOLD THE GUN INDUSTRY ACCOUNTABLE. FROM CONFRONTING INDUSTRY EXECUTIVES
AT THEIR ANNUAL TRADE SHOW TO ORGANIZING DIVESTMENT CAMPAIGNS ON
COLLEGE CAMPUSES ACROSS THE COUNTRY, STUDENTS DEMAND ACTION VOLUNTEERS
WORKING WITH THE EVERYTOWN SUPPORT FUND HELPED LEAD THE CHARGE BY
CONTINUALLY REMINDING THE GUN INDUSTRY THAT THERE IS A HUMAN COST TO
THEIR GREED. IN JUNE, EVERYTOWN FOR GUN SAFETY SUPPORT FUND LAUNCHED A
FIRST-OF-ITS-KIND RESOURCE, THE SMOKING GUN, WHICH SERVES AS AN ONLINE
HUB FOR NEWS AND ANALYSIS ABOUT HOW THE INDUSTRY CONTRIBUTES TO OUR GUN
VIOLENCE CRISIS.

IN SEPTEMBER, THE EVERYTOWN COMMUNITY SAFETY FUND ANNOUNCED ITS LARGEST

GRANT OFFERING TO DATE, ALLOCATING \$2.35 MILLION TO 35 COMMUNITY

VIOLENCE INTERVENTION ORGANIZATIONS WORKING IN CITIES ACROSS THE

COUNTRY. THE FUND ALSO LAUNCHED A NEW GRANT FOR ORGANIZATIONS

IMPLEMENTING A PUBLIC HEALTH APPROACH WITH AN INNOVATIVE GUN VIOLENCE

PREVENTION, INTERVENTION OR HEALING STRATEGY. AND IN JUNE, AS PART OF

OUR WEAR ORANGE CAMPAIGN, THE FUND ONCE AGAIN PARTNERED WITH COMMUNITY

ORGANIZATIONS TO PROVIDE SUPPORT TO 10 UNIQUE CRIME PREVENTION

ORGANIZATIONS THROUGH ENVIRONMENTAL DESIGN PROJECTS ACROSS THE COUNTRY,

WHICH WERE COMPLETED IN COLLABORATION WITH LOCAL MOMS DEMAND ACTION

CHAPTERS.

IN JUNE, PEOPLE FROM ALL ACROSS THE COUNTRY CAME TOGETHER TO

PARTICIPATE IN THE NINTH ANNUAL NATIONAL GUN VIOLENCE AWARENESS DAY AND

WEAR ORANGE WEEKEND. THOUSANDS OF MOMS DEMAND ACTION AND STUDENTS

DEMAND ACTION VOLUNTEERS HOSTED MORE THAN 450 WEAR ORANGE EVENTS AND

Schedule O (Form 990) 2023 Page **2** 

Name of the organization EVERYTOWN FOR GUN SAFETY SUPPORT FUND, Employer identification number 1NC. Employer identification number 26-1598353

ACTIVITIES IN ALL 50 STATES AND WASHINGTON, D.C. AND MORE THAN 1,500

PARTNER ORGANIZATIONS, CULTURAL FIGURES, CORPORATE BRANDS AND ELECTED

OFFICIALS JOINED IN THE CAMPAIGN.

IN 2023, BE SMART ADVOCATES, COMMUNITY PARTNERS, SCHOOL BOARDS, LAW

ENFORCEMENT OFFICIALS, GUN OWNERS AND NON-GUN OWNERS CAME TOGETHER TO

PROTECT CHILDREN AND TEENS BY PROMOTING SECURE GUN STORAGE. AND THANKS

TO THE HARD WORK OF MOMS DEMAND ACTION AND STUDENTS DEMAND ACTION

VOLUNTEERS NATIONWIDE, MORE THAN 10 MILLION STUDENTS ACROSS THE COUNTRY

NOW LIVE IN A DISTRICT THAT REQUIRES SCHOOLS TO EDUCATE PARENTS ABOUT

SECURE STORAGE. THIS WAS A MONUMENTAL VICTORY FOR OUR BE SMART PROGRAM.

FIVE TIMES MORE STUDENTS NOW RECEIVE SECURE STORAGE INFORMATION THAN

DID IN 2021, AND THIS INCREDIBLE MILESTONE IS A TESTAMENT TO THE YEARS

OF DEDICATED LOCAL EDUCATION AND ADVOCACY BY OUR VOLUNTEERS.

AND AS ADVOCATES, JOURNALISTS, AND POLICYMAKERS SOUGHT CLEAR ANALYSIS

ABOUT AMERICA'S GUN VIOLENCE EPIDEMIC IN 2022, EVERYTOWN'S RESEARCH

TEAM WAS A LEADING SOURCE TO PROVIDE CRITICAL DATA AND IMPORTANT

CONTEXT.

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.

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization EVERYTOWN FOR GUN SAFETY SUPPORT FUND, Employer identification number 1NC. 26-1598353

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

THE ORGANIZATION'S BYLAWS PROVIDE THAT THE DIRECTORS ARE ENTITLED TO VOTE

FOR THE ELECTION OF DIRECTORS. AS NOTED ABOVE, NEITHER THE ORGANIZATION'S

CERTIFICATE OF INCORPORATION NOR ITS BYLAWS PROVIDES FOR MEMBERS, AND, AS A

NON-STOCK CORPORATION, THE ORGANIZATION HAS NO STOCKHOLDERS. DELAWARE LAW,

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

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

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

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

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

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

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

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.

Schedule O (Form 990) 2023 Page **2** 

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

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, NC, NH, NJ, NM, NY, OR, PA, SC, TN, UT, VA

WV, WI

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

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

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

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 4,218,722.

MANAGEMENT AND GENERAL EXPENSES 280,493.

FUNDRAISING EXPENSES 66,672.

TOTAL EXPENSES 4,565,887.

Schedule O (Form 990) 2023		ge ∠
Name of the organization EVERYTOWN FOR GUN SAFETY SUPPORT FUNI	D, Employer identification numb 26-1598353	ber
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, CO	DL A 4,565,887	•
FORM 990, PART XII, LINE 2C:		
THE BOARD OF DIRECTORS DIRECTLY EXERCISE OVERSIGHT	ON THE AUDIT OF	
FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPE	ENDENT ACCOUNTANT.	
COST SHARING AGREEMENT:		
THE ORGANIZATION IS PARTY TO A COST SHARING AGREEME	ENT WITH "EVERYTOWN	
FOR GUN SAFETY ACTION FUND". THE PURPOSE OF THE COS	T SHARING AGREEMENT	
IS TO MINIMIZE DUPLICATIVE EXPENSES AND TO CARRY OU	T THE ORGANIZATIONS'	
MISSIONS IN AN ECONOMICAL AND EFFICIENT MANNER, WHI	CH INCLUDES THE	
SHARING OF EMPLOYEES WHOSE SKILLS AND KNOWLEDGE WII	L ASSIST BOTH	
ORGANIZATIONS, CONSISTENT WITH EACH ORGANIZATION'S	TAX EXEMPT PURPOSE.	

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

Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

EVERYTOWN FOR GUN SAFETY SUPPORT FUND,

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

Identifying number

IN	C.				FOF	RM 9	90 E	PAGE 10		26-1598353
Pa	art I	Election To Expense Certain Proper	ty Under Section 17	<b>'9 Note:</b> If yo	ou have any li	sted pr	operty,	complete Part	V before y	ou complete Part I.
1	Maxim	num amount (see instructions)							1	1,160,000.
2	Total	cost of section 179 property place								
3	Thresh	nold cost of section 179 property	before reduction	in limitation					3	2,890,000.
4	Reduc	ction in limitation. Subtract line 3 t	from line 2. If zero	or less, ente	er -0-				4	
5	Dollar lir	nitation for tax year. Subtract line 4 from line	1. If zero or less, enter -	0 If married filin	g separately, see i	instruction	ns		5	
6		(a) Description of pro	operty		(b) Cost (busin	ness use o	only)	(c) Elected	cost	
7	Listed	property. Enter the amount from	line 29				7			
8	Total e	elected cost of section 179 prope	rty. Add amounts	in column (c	), lines 6 and	7			8	
		tive deduction. Enter the <b>smaller</b>								
10	Carry	over of disallowed deduction from	line 13 of your 20	022 Form 456	62				10	
		ess income limitation. Enter the si								
12	Section	n 179 expense deduction. Add lii	nes 9 and 10, but	don't enter r	nore than line	11			12	
		over of disallowed deduction to 20		•			13			
_		n't use Part II or Part III below for								
	art II	Special Depreciation Allowa		-	•					
14	Specia	al depreciation allowance for qual	ified property (oth	er than listed	d property) pla	aced in	service	e during		
	the tax	•								
		rty subject to section 168(f)(1) ele	ction							10 607
		depreciation (including ACRS)							16	10,627.
Po	art III	MACRS Depreciation (Don't	include listed pro		· · · · · · · · · · · · · · · · · · ·					
					ection A	_				10 400
		RS deductions for assets placed in	•	•	•				17	19,492.
18	If you are	e electing to group any assets placed in servi						aral Danrasia	tion Systa	m
		Section B - Assets	(b) Month and		r depreciation				lion Syste	III
		(a) Classification of property	year placed in service	(business/ir	nvestment use instructions)	(a)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-	year property								
b	5-	year property								
c	7-	year property								
d	10	)-year property								
_е		5-year property								
f	20	)-year property								
g	25	5-year property				2	5 yrs.		S/L	
h	. Re	esidential rental property	/			27	.5 yrs.	MM	S/L	
	110		/			27	.5 yrs.	MM	S/L	
i	No	onresidential real property	/			3	9 yrs.	MM	S/L	
			/					MM	S/L	
		Section C - Assets P	laced in Service	During 2023	3 Tax Year U	sing th	e Alter	native Depreci	ation Syst	em
<b>20</b> a		ass life							S/L	
b		2-year					2 yrs.		S/L	
		)-year	/			_	0 yrs.	MM	S/L	
D		)-year	/			4	0 yrs.	MM	S/L	
	art IV	Summary (See instructions.)								
		property. Enter amount from line							21	
22		Add amounts from line 12, lines								20 110
		here and on the appropriate lines				tions - s	ee inst	r	22	30,119.
23		sets shown above and placed in		current year	r, enter the					
	nortio	n of the basis attributable to secti	IOD 263A COSTS				23			

INC

26-1598353 Page 2 Form 4562 (2023) 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? 24b If "Yes," is the evidence written? Ye<u>s</u> Yes Nο Nο (c) (e) (i) (f) (g) (a) Type of property Date Business/ Basis for depreciation Elected Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 (list vehicles first) Convention deduction other basis period use percentage use only) service 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 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 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) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 year (don't include commuting miles) Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year. Add lines 30 through 32 Yes 34 Was the vehicle available for personal use No Yes No Yes No Yes No Yes No Yes No during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal 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 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 (f) (a) (b) (c) (d) (e) Amortization Description of costs Amortization for this year Code section amount period or percentage begins 42 Amortization of costs that begins during your 2023 tax year: 126,000. WEBSITE 022823 36M 35,000. 98,470. 8,206 092123 36M WEBSITE

Form 4562 (2023) 316252 12-20-23

43 Amortization of costs that began before your 2023 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

486,086.

529,292

STMT 1

43

FORM 4562 PART VI - AMORTIZATION STA						
(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
EVERYSTAT WEBSITE	11/07/19	97,750.	197	42M	88,442.	9,308.
WEBSITE	04/01/20	25,154.		42M	19,764.	5,390.
WEBSITE	05/01/20	67,963.		42M	51,781.	16,182.
WEBSITE	08/03/20	342,000.		42M	236,142.	97,714.
WEBSITE	09/18/20	57,000.		42M	36,643.	16,286.
WEBSITE	12/31/20	719,572.		42M	411,184.	205,592.
WEBSITE	03/23/21	77,041.		36 <b>M</b>	44,940.	25,680.
WEBSITE	02/28/22	111,135.		36 <b>M</b>	30,871.	37,045.
WEBSITE	01/20/22	218,668.		36 <b>M</b>	66,815.	72,889.
TOTAL TO FORM 4562, LINE	43					486,086.