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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2005 calendar year, or tax year beginning 2005, and ending D Employer Identification Number Check if applicable Please use IRS label EDUCATIONAL FUND TO STOP GUN VIOLENCE 1023 15TH STREET, NW #301 52-1114375 Address change or print or type. See_ E Telephone number Name change WASHINGTON, DC 20005 specific instruc-tions. 202-408-0061 Initial return Accounting method: X Cash Final return Accrual Other (specify) Amended return Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt H and I are not applicable to section 527 organizations charitable trusts must attach a completed Schedule A H (a) Is this a group return for affiliates? (Form 990 or 990-EZ). H (b) If 'Yes,' enter number of affiliates ▶ Web site: ► N/A H (c) Are all affiliates included? Organization type (If 'No,' attach a list See instructions ► X 501(c) 3 ◀ (insert no) (check only one H (d) Is this a separate return filed by an Check here ► If the organization's gross receipts are normally not more than organization covered by a group ruling? \$25,000 The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a Group Exemption Number Check ► I if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **►** 615,760. Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions) Contributions, gifts, grants, and similar amounts received a Direct public support 530,759. 1 a b Indirect public support 1 b c Government contributions (grants) 1 c Total (add lines | \$ _ 530,759. noncash \$ 1 d 530,759. 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 1,549. 4 5 Dividends and interest from securities 5 6a Gross rents 6a 6b **b** Less rental expenses c Net rental income or (loss) (subtract line 6b from line 6a) 6 c 7 Other investment income (describe (A) Securities (B) Other 8a Gross amount from sales of assets other than inventory 6,674 8a 6,877 **b** Less cost or other basis and sales expenses 8ь c Gain or (loss) (attach schedule) Statement 1 -203 8с -203. d Net gain or (loss) (combine line 8c, columns (A) and (B)) 8d 9 Special events and activities (attach schedule) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1a) 700. 9a **b** Less direct expenses other than fundraising expenses 9ь 700. c Net income or (loss) from special events (subtract line 9b from line 9a) Statement 2 9c 10a Gross sales of inventory, less returns and allowances 10 a 10b b Less cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 10 c Other revenue (from Part/VII, Tine 103) 11 11 76,078. Total revenue (add lines-1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 608,883. Program services (from line 44, column (B)) 561,051. 13 13 Managementiani general ((Hem line 144, column (C)) 137,015. 14 Fundraising (from line 44, column (D) 43,381. 15 15 Payments to affiliates (attach schedule) 16 16 Total expenses (add tides 46 and 44, column (A)) 17 741,447. 17 -132,564. 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 19 163,188. Net assets or fund balances at beginning of year (from line 73, column (A)) 19

Other changes in net assets or fund balances (attach explanation)

20

30,624

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising				
22 Grants and allocations (att sch)			-						
(cash \$									
non-cash \$)	1 1				1				
If this amount includes foreign grants, check here	22								
23 Specific assistance to individuals (att sch)	23				ì				
24 Benefits paid to or for members (att sch)	24				f				
25 Compensation of officers, directors, etc.	25	105,114.	105,114.	0.	<u> </u>				
26 Other salaries and wages	26	353,453.	247,660.	76,402.	29,391.				
27 Pension plan contributions	27			···					
28 Other employee benefits.	28	26,208.	19,013.	5,037.	2,158.				
29 Payroll taxes	29	33,881.	25,831.	5,823.	2,227.				
30 Professional fundraising fees	30								
31 Accounting fees	31								
32 Legal fees	32								
33 Supplies	33								
34 Telephone	34	12,578.	8,705.	3,178.	695.				
35 Postage and shipping	35	4,193.	1,919.	1,876.	398.				
36 Occupancy	36	81,267.	65,364.	9,294.	6,609.				
37 Equipment rental and maintenance	37								
38 Printing and publications	38	5,256.	5,156.	100.					
39 Travel	39	10,802.	10,664.	138.					
40 Conferences, conventions, and meetings	40	4,015.	3,829.	186.					
41 Interest	41								
42 Depreciation, depletion, etc (attach schedule)	42	4,577.		4,577.					
43 Other expenses not covered above (itemize)									
aSee Statement 3	43 a	100,103.	67,796.	30,404.	1,903.				
b	43 b								
c	43 c								
d									
e	43e								
f	43 f								
g	43 g		- " .						
Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	741,447.	561,051.	137,015.	43,381.				
Joint Costs. Check If you are followin			301,031.]	137,013.	43,301.				
Are any joint costs from a combined education	_		olicitation reported in	N Program convicas?	► Yes X No				
If 'Yes,' enter (i) the aggregate amount of the				nount allocated to Progr					
		to Management and ge		, and (iv) the					
to Fundraising \$		g 2a go		, (17) (110					
Form 990 (2005)									

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Form 990 (2005)	EDUCATIONAL	FIIND	TΩ	STOP	CHIN	VTOLENCE

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Page 3

Part III Statement of P	rogram Service Accomplishments	
organization. How the public po	c inspection and, for some people, serves as the primary or sole source of information about erceives an organization in such cases may be determined by the information presented on complete and accurate and fully describes, in Part III, the organization's programs and acc	its return Therefore.
What is the organization's prim	nary exempt purpose? ► HANDGUN VIOLENCE EDUCATION	Program Service Expenses
	e their exempt purpose achievements in a clear and concise manner. State the number of d, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organization charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a FIREARMS LITIGAT	TION CLRNGHSE-ASSISTS PLAINTIFFS IN RECOVERING DAMAGES	
OR OTHER RELIEF	FROM FIREARMS MANUFACTURERS, DISTRIBUTORS AND SELLERS,	
	EXPERT CONSLING FOR PLAINTIFFS ATTRNY, KEEP PUBLIC	
LIBRARY OF GUN		
(Grants and allocations	\$) If this amount includes foreign grants, check here	212,936.
	NSWERNG REPORTERS' AND GEN PUBLIC QUEST. ON FIREARMS	212, 330.
	ING POLICIES THAT REDUCE INJURIES AND DEATHS DUE TO	
FIREARMS, WORKI	NG_W/SCHOOLS_ON_SPECIAL_PROJECTS	
(Grants and allocations	\$) If this amount includes foreign grants, check here	348,115.
c		
(Grants and allocations	\$) If this amount includes foreign grants, check here	
) It this amount includes foreign grants, check here	
d		
(Grants and allocations	\$) If this amount includes foreign grants, check here	
e Other program services		
(Grants and allocations	\$) If this amount includes foreign grants, check here	
f Total of Program Service	Expenses (should equal line 44, column (B), Program services)	561,051.

BAA

Form **990** (2005)

Part IV Balance Sheets (See Instructions)

45 Cash — non-interest-bearing 136, 337. 45	6 646
45 Cash Hor-increst-bearing	6,646.
46 Savings and temporary cash investments 19, 671. 46	19,714.
47 a Accounts receivable 47 a	
b Less allowance for doubtful accounts 47b 47b	c
2 2000 anomalies for doubling decounts	
48 a Pledges receivable 48 a	
b Less allowance for doubtful accounts 48b 48b	.c
49 Grants receivable 49	
	<u> </u>
S Receivables from officers, directors, trustees, and key employees (attach schedule).	
s employees (attach schedule). 50 E T b Less allowance for doubtful accounts 51 T b Less allowance for doubtful accounts 51 51 51 51 51 51 51 51 51 5	
b Less allowance for doubtful accounts 51 b	c
52 Inventories for sale or use 52	
53 Prepaid expenses and deferred charges 53	
54 Investments – securities (attach schedule)	
55a Investments — land, buildings, & equipment. basis 55a	
b Less accumulated depreciation	
(attach schedule) 55 b 55	
56 Investments — other (attach schedule)	
57a Land, buildings, and equipment basis 57a 83, 597.	
b Less accumulated depreciation	
(attach schedule) Statement 4 57b 76,253. 7,180.57	
58 Other assets (describe >) 58	
59 Total assets (must equal line 74) Add lines 45 through 58 163, 188. 59 60 Accounts payable and accrued expenses 60	
L 61 Grants payable 61 61	
A 62 Deferred revenue 62 I 63 Loans from officers, directors, trustees, and key employees (attach schedule) 63 I 64a Tax-exempt bond liabilities (attach schedule) 64	
64a Tax-exempt bond liabilities (attach schedule)	
b Mortgages and other notes payable (attach schedule)	
s 65 Other liabilities (describe ► See Statement 5) 65	3,080.
66 Total liabilities. Add lines 60 through 65 0. 66	
Organizations that follow SFAS 117, check here and complete lines 67	
through 69 and lines 73 and 74	
67 Uprostricted	
68 Temporarily restricted 69 Permanently restricted 69 Permanently restricted 69 Permanently restricted	
§ 69 Permanently restricted	
Organizations that do not follow SFAS 117, check here ► X and complete lines	ļ
70 Capital stock, trust principal, or current funds 70 Paid in or capital surplus or land building and assument fund	
TO E AUD-III DE CADIGAL SUEDIUS DE IADIO DUIDINO AND POUDOMPOLITION	
72 Retained earnings, endowment, accumulated income, or other funds 163, 188. 72	30,624.
72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) 163,188. 73	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73 163, 188. 74	33,704.

· For	m 990 (2005) EDUCATIONAL FUND	TO STOP GUN VIOLE	NCE_	52-	111437	5 Page 5
Pá	art IV-A Reconciliation of Revenu	e per Audited Financial	Statements wit	h Revenue per Re	turn (S	ee
	instructions.)					
•						
а	Total revenue, gains, and other support	per audited financial stateme	ents		a	608,883.
b	Amounts included on line a but not on F	Part I, line 12				
	1Net unrealized gains on investments .		ь1			
	2Donated services and use of facilities		b2		1	
	3Recoveries of prior year grants		b3		1	
			""		1	
	4Other (specify).					
			<u>b4</u>	 	 -	
	Add lines b1 through b4				b	
С	Subtract line b from line a				_ c	608,883.
d	Amounts included on Part I, line 12, but	not on line a:				
	1 Investment expenses not included on Pa	art I, line 6b	d1]	
	2Other (specify)				1 1	
			d2			
	Add lines d1 and d2			<u> </u>	1 d	
6	Total revenue (Part I, line 12) Add lines	c and d		•		608,883.
Ď,	art IV-B Reconciliation of Expens		al Statements w	ith Evponence per	Doturn	000,003.
<u></u>	artived Ineconciliation of Expens	es per Addited Fillancia	ai Statements w	itti Expenses per	Teturn	
_	Takal announce and language and and de					741 447
а	Total expenses and losses per audited f				a	741,447.
b	Amounts included on line a but not on F	Part I, line 17	1 1			
	1Donated services and use of facilities		<u>b1</u>		.	
	2Prior year adjustments reported on Part	I, line 20	b2]	
	3Losses reported on Part I, line 20		b3			
	4Other (specify)				7	
			64			
	Add lines b1 through b4			· ··· · · · · · · · · · · · · · · · ·	т <u>ъ</u>	
С	Subtract line b from line a				c	741,447.
d	Amounts included on Part I, line 17, but	not on line at			 	/41,447.
u			1			
	1 Investment expenses not included on Pa		d1		∤	
	2Other (specify)					
			d2		J	
	Add lines d1 and d2				d	<u> </u>
<u>e</u>	Total expenses (Part I, line 17) Add lin	es c and d		<u> </u>	e	741,447.
Pa	art V-A Current Officers, Director	rs. Trustees, and Kev E	mplovees (List e	each person who was a	n officer	director trustee.
	or key employee at any time du	iring the year even if they wei	re not compensated) (See the instructions	s)	u., 55151, 1. 45155,
		(B) Title and average hours	(C) Compensation	n (D) Contributions	to	(E) Expense
	(A) Name and address	per week devoted	(if not paid,	employee benef		count and other
	` ,	to position	enter -0-)	plans and deferr compensation pla	ea	allowances
				Compensation pic	4113	
		1		j		
		1	105 11			•
<u>Se</u>	e Statement 6		105,11	4.	0.	0.
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Part V. Current Officers, Directors, Trustees, and Key Employees (continued) Yes No Table Interest Interest (Section 1) Yes No Table Interest (Section 1) Yes No	Form 990 (2005) EDUCATIONAL FUND TO ST			52-11143	75	Р	age 6	
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V.A. or highest compensated employees listed in Schedule A, Part II.A or II.B., related to each other through family or business relationships? If Yes, "attach a statement that identifies the individuals and explains the relationships of business relationships? If Yes, attach a statement that identifies the individuals and explains the relationships of business relationships? If Yes, attach a statement that identifies the individuals and explains the relationships of						Yes	No	
isted in Schedule A, Part II. or highest compensated professional and other independent contractors isted in Schedule A, Part II. An III.B., related to each other furnoul family or business relationships? If Yes, affact a statement of the promotion of the promotion of the professional and other independent contractors isted and Schedule A, Part III.A or II.B., receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization frough common supervision or common control? Note, Related organization from that definities the individuals, explains the relationship between this organization and the other organizations, and describes the compensation or other profession of the promotion of Does the organization have a written conflict of interest policy? Part V.B. [Former Officers, Directors, Trustees, and Key Employee receved compensation or Other Benefits (if any former officer, director, trustee, or key employee receved compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (D) Contributions to provide the instructions or explaint and other programization or other benefits in the appropriate column or the instructions. (B) Loans and Advances (C) Compensation (D) Contributions to provide the instructions or explaint and other benefits in the appropriate column see according to the instructions. (B) Loans and Advances (C) Compensation (D) Contributions to provide the instructions or explaint and other benefits in the appropriate column see according to the instructions. (B) Loans and Advances (C) Compensation (D) Contributions to provide a compensation or other benefits in the appropriate column see according to the instructions. (C) Compensation (D) Contributions to provide according to the instructions of the	·		· ·				,	
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II-A or II-B, receive compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization in the compensation from any other organizations, whether tax exempt or taxable, that are related to this organization and the other organizations include section 509(a)3 supporting organizations. If Yes, it attach a statement that identities the individuals, explains the relationship between this organization and the other organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation of other benefits (in the propriet and other the instructions). Part V Other Information (See the instructions)	listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that							
to this organization through common supervision or common control? Note, Related organizations include section 509(a)(3) supporting organizations. If 'Yes,' altach a statement that identifies the individuals, explains the relationship between this organization and the other organization of described organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (if described below) and enter the amount of compensation or other benefits in the appropriate column See (A) Name and address (B) Loans and Advances (B) Loans and Advances (C) Compensation (B) Loans and Advances (C) Compensation (B) Loans and Advances (B) Loans and Advances (C) Compensation (B) Loans and English (If Yes, allowed a deleter daily and a state of the compensation of other benefits in the appropriate column See (B) Loans and Advances (C) Compensation (B) Loans and Advances (B) Loans and English (If Yes, allowed a deleter daily and a state of the compensation of the trust and other allowances (B) Loans and Advances (C) Compensation (B) Loans and English (If Yes, allowed a deleter daily and a state of the compensation of the trust and other allowances (B) Loans and English (If Yes, allowed a state of the compensation of the trust and the compensation of the compensation of the trust and the compensation of the c	c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule							
If "Yes," altach a statement that identifies the individuals, explains the relationship between this organization and the other organization (a) and describes the compensation arrangements, including amounts paid to each individual by each officer of programs and the other organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions (A) Name and address (B) Loans and Advances (B) Loans and Advances (C) Compensation (D) Contributions to employee benefit plans and effective described below) and other discovered compensation plans (E) Expense account and other allowances (B) Loans and Advances (C) Compensation (D) Contributions to employee benefit plans and other discovered compensation plans (E) Expense account and other allowances (E) Expense account and other account and other account and other allowances (E) Expense account and other allowances (E) Expense account and other allowances (E) Expense account and other accou	to this organization through common supervision or common control?							
other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization have a written conflict of interest policy? ### ATV-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, fusite, or key employee received compensation or other benefits in the appropriate column See the instructions). ### Advances GB Loans and GB								
Part VI Other Information (See the Instructions) Part VI Other Information (C) Compensation of China (C) Compensation (C) Compensation of China (C) Compensation (C) Co	other organization(s), and describes the compo	ndividuals, explains the ensation arrangements	e relationship between s, including amounts pa	this organization and the id to each individual by ea	ach		,	
Benefits (If any former officer, director, furstee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions) (A) Name and address (B) Loans and Advances (C) Compensation (D) Contributions to employee benefit plans and deferred compensation plans (E) Expense allowances (Expense allowances (E) Expense allowances (E) Ex								
Advances employee benefit plans and deferred compensation plans account and other allowances Part VI Other Information (See the instructions) Yes No To Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity Yes No To Were any changes made in the organizing or governing documents but not reported to the IRS? No To Yes Attach a conformed copy of the changes Yes No To Were any changes made in the organizing or governing documents but not reported to the IRS? Yes,' attach a conformed copy of the changes Yes No To Yes,' shas it lied a tax return on Form 990-T for this year? To Was there a liquidation, dissolution, termination, or substantial contraction during the year? To Yes,' shate the late of the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization? To Yes,' enter the name of the organization COALITION TO STOP GUN VIOLENCE No To Yes,' enter the name of the organization COALITION TO STOP GUN VIOLENCE No To Yes	Benefits (If any former officer, director during the year, list that person below a	or, trustee, or key emp	lovee received compens	sation or other benefits (d	lescribed	below	r) e	
The Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity The Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes The Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If 'Yes,' has it filed a tax return on Form 990-T for this year? The Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement The Did the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? The Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a tax return on Form 990-T for this year? The Did the organization engage in any activity not previously reported to the IRS? The Did the organization engage in any activity attach a tax return on Form 990-T for this year? The Did the organization engage in any activity attach a tax return on Form 990-T for this year? The Did the organization engage in any activity attach a tax return on Form 990-T for this year? The Did the organization engage in any activity attach a tax return on Form 990-T for this year? The Did the Organization engage in any activity attach a tax return on Form 990-T for this year? The Did the Organization engage in any activity attach a tax return on Form 990-T for this year? The Did the Organization engage in the organization of the organization of the organization of the organization of the organization engage in the provided to the IRS? The Did the Organization engage in the organization of the organization engage in any activity and activity and activity and activity and activity and a	(A) Name and address		(C) Compensation	employee benefit plans and deferred	account	and ot	ther	
The Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity The Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes The Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If 'Yes,' has it filed a tax return on Form 990-T for this year? The Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement The Did the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? The Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a tax return on Form 990-T for this year? The Did the organization engage in any activity not previously reported to the IRS? The Did the organization engage in any activity attach a tax return on Form 990-T for this year? The Did the organization engage in any activity attach a tax return on Form 990-T for this year? The Did the organization engage in any activity attach a tax return on Form 990-T for this year? The Did the organization engage in any activity attach a tax return on Form 990-T for this year? The Did the Organization engage in any activity attach a tax return on Form 990-T for this year? The Did the Organization engage in any activity attach a tax return on Form 990-T for this year? The Did the Organization engage in the organization of the organization of the organization of the organization of the organization engage in the provided to the IRS? The Did the Organization engage in the organization of the organization engage in any activity and activity and activity and activity and activity and a								
The Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity The Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes The Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If 'Yes,' has it filed a tax return on Form 990-T for this year? The Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement The Did the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? The Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a tax return on Form 990-T for this year? The Did the organization engage in any activity not previously reported to the IRS? The Did the organization engage in any activity attach a tax return on Form 990-T for this year? The Did the organization engage in any activity attach a tax return on Form 990-T for this year? The Did the organization engage in any activity attach a tax return on Form 990-T for this year? The Did the organization engage in any activity attach a tax return on Form 990-T for this year? The Did the Organization engage in any activity attach a tax return on Form 990-T for this year? The Did the Organization engage in any activity attach a tax return on Form 990-T for this year? The Did the Organization engage in the organization of the organization of the organization of the organization of the organization engage in the provided to the IRS? The Did the Organization engage in the organization of the organization engage in any activity and activity and activity and activity and activity and a								
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attach a detailed description of each activity 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78 If 'Yes,' attach a conformed copy of the changes 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 b If 'Yes,' has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement 79 X 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? 80 a X 80 a X	Part VI Other Information (See the instruct	ions)				Yes	No_	
77	76 Did the organization engage in any activity not attach a detailed description of each activity	previously reported to	the IRS? If 'Yes,'		76		x	
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If 'Yes,' has it filed a tax return on Form 990-T for this year? 78 b N/A 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? b If 'Yes,' enter the name of the organization ► COALITION TO STOP GUN VIOLENCE	•	governing documents b	out not reported to the I	RS?				
b If 'Yes,' has it filed a tax return on Form 990-T for this year? 78b N/A 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? 80 a X b If 'Yes,' enter the name of the organization ► COALITION TO STOP GUN VIOLENCE	, , , , , , , , , , , , , , , , , , , ,							
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? 80 a X b If 'Yes,' enter the name of the organization ► COALITION TO STOP GUN VIOLENCE			or more during the year	ar covered by this return?		NT.	-	
year? If 'Yes,' attach a statement 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? 80 a X b If 'Yes,' enter the name of the organization ► COALITION TO STOP GUN VIOLENCE		-			/86	IN	A	
membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? **Boa X** b If 'Yes,' enter the name of the organization ** COALITION TO STOP GUN VIOLENCE**		n, or substantial contra	action during the		79		х	
	80 a Is the organization related (other than by asso membership, governing bodies, trustees, office	ciation with a statewid ers, etc, to any other e	e or nationwide organiz xempt or nonexempt or	ation) through common ganization?	80 a	Х		
and chack whather it is LI Levernot Ar Literature and Literature	b If 'Yes,' enter the name of the organization							
81 a Enter direct and indirect political expenditures (See line 81 instructions) 81 a Enter direct and indirect political expenditures (See line 81 instructions)	81 a Enter direct and indirect political expenditures			, ', — '	_			
b Did the organization file Form 1120-POL for this year?	·	•	nis j	[O a a]			х	

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Form **990** (2005)

	990 (2005) EDUCATIONAL FUND TO STOP GUN VIOLENCE		<u>52-111437</u>	5	P	age 7
Pa	rt VI Other Information (continued)				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	s at no cha	rge or at	82 a		_X_
t	olf 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 b	N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption	on applicati	ons?	83 a	_ X	
t	Did the organization comply with the disclosure requirements relating to quid pro quo contrib	utions?		83 b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?			84 a		<u>x</u>
t	If 'Yes,' did the organization include with every solicitation an express statement that such conditions tax deductible?	ontributions	s or gifts were	84 b	N	'A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members	7		85 a	N	/A
Ł	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			85 b	N	'À
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.	he organiza	ation received a			
c	Dues, assessments, and similar amounts from members	85 c	N/A			
	Section 162(e) lobbying and political expenditures	85 d	N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A			i
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A			
ç	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			85 g	N	'A
ł	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reaso dues allocable to nondeductible lobbying and political expenditures for the following tax year?	nable estimate	e of	85 h	N,	 'A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on					
	line 12	86 a	N/A			
Ł	Gross receipts, included on line 12, for public use of club facilities	86 b	N/A	Ì		i
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87 a	N/A			i
ŀ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	87b	N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable or an entity disregarded as separate from the organization under Regulations sections 301.7 If 'Yes,' complete Part IX	corporation 701-2 and	or partnership, 301 7701-3?	88		х
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year u	nder				
	section 4911 ► 0. , section 4912 ► 0. , section 4		0.			1
ł	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 exce during the year or did it become aware of an excess benefit transaction from a prior year? If explaining each transaction	ss benefit f	transaction	89 b		X
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during to year under sections 4912, 4955, and 4958.	he	.			0.
	Enter Amount of tax on line 89c, above, reimbursed by the organization		-			0.
	List the states with which a copy of this return is filed None					
	Number of employees employed in the pay period that includes March 12, 2005 (See instruc	tions)		90 b		<u></u>
91 a	The books are in care of ► <u>JOSHUA_MHORWITZ,ESQ.</u> Telephone nu Located at ► 1023_15TH_STREET, N.W., SUITE_301,		202-408-006 21P + 4 - 20005			
Ł	At any time during the calendar year, did the organization have an interest in or a signature	or other au	thority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other f If 'Yes,' enter the name of the foreign country	inancial ac	count) '	91 b		<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Financial Statements	Foreign Ba	ank and			
(: At any time during the calendar year, did the organization maintain an office outside of the U	Jnited State	es?	91 c		Х
	If 'Yes,' enter the name of the foreign country		'			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check	here.		N/2	A I	► □
	and enter the amount of tax-exempt interest received or accrued during the tax year		▶ 92			N/A
BAA				Form	990 (2005)

TEEA0107L 02/03/06

	Analysis of Income-Produci	ng Acarr	ics (Sec the manue			
		Unrelated	d business income	Excluded by se	ection 512, 513, or 514	(F)
Note: Enter otherwise inc	gross amounts unless dicated	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Progi	ram service revenue					
a						
ь						
c						
d						
e						
	care/Medicaid payments					
	& contracts from government agencies				· · · · · · · · · · · · · · · · · · ·	
-	bership dues and assessments .			- 	-	
	st on savings & temporary cash invmnts			1	1,549.	
	· · · · ·				1,343.	
	lends & interest from securities			. ,		
	ental income or (loss) from real estate:					
	-financed property					
	debt-financed property					
	ental income or (loss) from pers prop					
-	er investment income					
100 Gain	or (loss) from sales of assets r than inventory			1	-203.	
	ncome or (loss) from special events			2	700.	
	· · · · · · · · · · · · · · · · · · ·				700.	
	profit or (loss) from sales of inventory . er revenue: a					
	NTR TO OVERHEAD		·	1	76,072.	
	CPI LITIGATION			1 1	6.	
	CPI LITIGATION				0.	
d				 		
e	116 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<u> </u>	70 104	
	otal (add columns (B), (D), and (E))	· -	<u> </u>		78,124.	
	al (add line 104, columns (B), (D), a				· · • • —	78,124.
	105 plus line 1d, Part I, should equ Relationship of Activities to					
Line No. ▼	Explain how each activity for which of the organization's exempt purpose	n income is r	eported in column (E	e) of Part VII contr	ibuted importantly to th	
NT / N I						
N/A						
N/A				· · · · · · · · · · · · · · · · · · ·	.,	
N/A						
	Information Regarding Tax	able Subs		egarded Entiti		s)
	Information Regarding Tax (A)			egarded Entiti	es (See the instruction	<u> </u>
Part IX	(A)	(B)		egarded Entiti	es (See the instruction	(E)
Part IX	(A) address, and EIN of corporation,		e of Nature	egarded Entiti	es (See the instruction	<u> </u>
Part IX Name, a partr	(A)	(B) Percentag	e of Nature	egarded Entiti	es (See the instruction: (D) Total	(E) End-of-year
Part IX	(A) address, and EIN of corporation,	(B) Percentag	e of Nature	egarded Entiti	es (See the instruction: (D) Total	(E) End-of-year
Part IX Name, a partr	(A) address, and EIN of corporation,	(B) Percentag	e of Nature	egarded Entiti	es (See the instruction: (D) Total	(E) End-of-year
Part IX Name, a partr	(A) address, and EIN of corporation,	(B) Percentag	e of Nature nterest %	egarded Entiti	es (See the instruction: (D) Total	(E) End-of-year
Part IX Name, a partr N/A	(A) address, and EIN of corporation, nership, or disregarded entity	Percentag ownership ii	e of Nature nterest %	egarded Entiti (C) of activities	CS (See the instruction: (D) Total income	(E) End-of-year assets
Part IX Name, a partr N/A Part X	(A) address, and EIN of corporation, nership, or disregarded entity Information Regarding Tra	Percentag ownership ii	Pe of Nature Nature % % % % % % % % % % % % % % % % % % %	egarded Entition (C) of activities	es (See the instruction (D) Total income	(E) End-of-year assets
Name, a partr N/A Part X a Did the	(A) address, and EIN of corporation, nership, or disregarded entity Information Regarding Train organization, during the year, receive any furnity	Percentag ownership ii	Nature Nature Nature Nature	egarded Entition (C) of activities rsonal Benefit on a personal benefit	Contract?	(E) End-of-year assets nstructions) Yes X No
Name, a partr N/A Part X a Did the	(A) address, and EIN of corporation, nership, or disregarded entity Information Regarding Tra organization, during the year, receive any fuller organization, during the year, pa	Percentag ownership ii nsfers Ass nds, directly or i	Nature Nature Nature Nature Nature Nature	egarded Entition (C) of activities rsonal Benefit on a personal benefit	Contract?	(E) End-of-year assets
Name, a partr N/A Part X a Did the	(A) address, and EIN of corporation, nership, or disregarded entity Information Regarding Train organization, during the year, receive any fuller organization, during the year, patrices or to (b), file Form 8870 and Form 8870	Percentag ownership in nsfers Ass nds, directly or in y premiums,	Nature	egarded Entition (C) of activities rsonal Benefit on a personal benefit on a personal be	Contracts (See the instructions in come in contract?	(E) End-of-year assets nstructions) Yes X No Yes X No
Name, a partr N/A Part X a Did the	(A) address, and EIN of corporation, nership, or disregarded entity Information Regarding Train organization, during the year, receive any fuller organization, during the year, patrices or to (b), file Form 8870 and Form 8870	Percentag ownership in nsfers Ass nds, directly or in y premiums,	Nature	egarded Entition (C) of activities rsonal Benefit on a personal benefit on a personal be	Contracts (See the instructions in come in contract?	(E) End-of-year assets nstructions) Yes X No Yes X No
Part IX Name, a partr N/A Part X a Did the b Did the Note: If	(A) address, and EIN of corporation, nership, or disregarded entity Information Regarding Tra organization, during the year, receive any fuller organization, during the year, pa	Percentag ownership in nsfers Ass nds, directly or in y premiums,	Nature	egarded Entition (C) of activities rsonal Benefit on a personal benefit on a personal be	Contracts (See the instructions income Contracts (See the incontract? The fit contract? The fit contract is any knowledge.	(E) End-of-year assets nstructions) Yes X No Yes X No
Name, a partr N/A Part X a Did the b Did the Note: If	(A) address, and EIN of corporation, nership, or disregarded entity Information Regarding Traitorganization, during the year, receive any furile eorganization, during the year, particles to (b), file Form 8870 and Formula true, correct, and complete Degration of professional design of the correct of the complete Degration of professional degration degration of professional degration degration of professional degration d	Percentag ownership in nsfers Ass nds, directly or in y premiums,	Nature	egarded Entition (C) of activities rsonal Benefit on a personal benefit on a personal be	Contracts (See the instructions income Contracts (See the instructions income) Contract? The fit contract? The fit contract? The fit contract is any knowledge	(E) End-of-year assets nstructions) Yes X No Yes X No
Part IX Name, a partr N/A Part X a Did the b Did the Note: If Please Sign	(A) address, and EIN of corporation, nership, or disregarded entity Information Regarding Train organization, during the year, receive any furile organization, during the year, particles to (b), file Form 8870 and Form Under penalties of perjury, I declare that I have true, correct, and complete Declaration of profits of the performance of officer	Percentag ownership ii nsfers Ass nds, directly or i y premiums, orm 4720 (se- re examined this eparer (other than	Re of nterest Nature Re of Nature	egarded Entition (C) of activities rsonal Benefit on a personal benefit	Contracts (See the instructions income Contracts (See the incontract? The fit contract? The fit contract is any knowledge.	(E) End-of-year assets nstructions) Yes X No Yes X No
Name, a partr N/A Part X a Did the b Did the Note: If	(A) address, and EIN of corporation, nership, or disregarded entity Information Regarding Traitorganization, during the year, receive any furile eorganization, during the year, particles to (b), file Form 8870 and Formula true, correct, and complete Degration of professional design of the correct of the complete Degration of professional degration degration of professional degration degration of professional degration d	Percentag ownership in nsfers Ass nds, directly or in y premiums,	Re of nterest Nature Re of Nature	egarded Entition (C) of activities rsonal Benefit on a personal benefit	Contracts (See the instructions income Contracts (See the instructions income) Contract? The fit contract? The fit contract? The fit contract is any knowledge	(E) End-of-year assets nstructions) Yes X No Yes X No
Part IX Name, a partr N/A Part X a Did the b Did the Note: If Please Sign	(A) address, and EIN of corporation, nership, or disregarded entity Information Regarding Train organization, during the year, receive any furile organization, during the year, particles to (b), file Form 8870 and Form Under penalties of perjury, I declare that I have true, correct, and complete Declaration of profits of the performance of officer	Percentag ownership ii nsfers Ass nds, directly or i y premiums, orm 4720 (se- re examined this eparer (other than	Re of nterest Nature Re of Nature	egarded Entition (C) of activities rsonal Benefit on a personal benefit	Contracts (See the instructions income Contracts (See the instructions income) Contract? The fit contract? The fit contract? The fit contract is any knowledge	(E) End-of-year assets nstructions) Yes X No Yes X No
Part IX Name, a partr N/A Part X a Did the b Did the Note: If Please Sign Here	Information Regarding Trainorganization, during the year, pear organization, during the year, receive any further true, correct, and complete Degranation of professional prof	Percentag ownership ii nsfers Ass nds, directly or i y premiums, orm 4720 (se- re examined this eparer (other than	Re of nterest Nature Re of Nature	egarded Entition (C) of activities rsonal Benefit on a personal benefit	Contracts (See the instructions income incom	End-of-year assets nstructions) Yes X No Yes X No
Part IX Name, a partr N/A Part X a Did the b Did the Note: If Please Sign Here	A) address, and EIN of corporation, nership, or disregarded entity Information Regarding Trainorganization, during the year, receive any furile organization, during the year, particle of the corporation of the correct and complete Declaration of productions of the correct and complete Declaration of the correct and complete Declaration of the correct and complete Declaration of the correct and corre	Percentag ownership ii nsfers Ass nds, directly or i y premiums, orm 4720 (se- re examined this eparer (other than	Re of nterest Nature Re of Nature	egarded Entiti (C) of activities rsonal Benefit on a personal benefit on a personal be	Contracts (See the Instruction: Contracts (See the Incontract? Internets, and to the best of my keer has any knowledge Date Check if	End-of-year assets nstructions) Yes X No Yes X No nowledge and belief, it is
Part IX Name, a partr N/A Part X a Did the b Did the Note: If Please Sign Here Paid Pre-	And address, and EIN of corporation, mership, or disregarded entity Information Regarding Train organization, during the year, receive any function of the corporation of the corporati	Percentagownership ii nsfers Ass nds, directly or it y premiums, orm 4720 (see re examined this experier (other than	Re of nature naturest statements	egarded Entiti (C) of activities rsonal Benefit on a personal benefit on a personal be	Contracts (See the instructions income) Contracts (See the incontract? Inefit contract? Inefit contract? Inemotion of the best of my keer has any knowledge Date	End-of-year assets nstructions) Yes X No Yes X No
Part IX Name, a partr N/A Part X a Did the b Did the Note: If Please Sign Here Paid Preparer's	And address, and EIN of corporation, nership, or disregarded entity Information Regarding Trainorganization, during the year, receive any furile organization, during the year, particle of the corporation of the corporation of processing the corporation of processing the corporation of the corpora	Percentagownership ii nsfers Ass nds, directly or it y premiums, orm 4720 (see re examined this experier (other than	Re of nterest Nature Re of Nature	egarded Entiti (C) of activities rsonal Benefit on a personal benefit on a personal be	Contracts (See the instructions income) Contracts (See the instructions) Contract? The fit contract? The fit contract? The fit contract of my keer has any knowledge Date Check if self-employed	End-of-year assets nstructions) Yes X No Yes X No nowledge and belief, it is
Part IX Name, a partr N/A Part X a Did the b Did the Note: If Please Sign Here Paid Pre-	And address, and EIN of corporation, mership, or disregarded entity Information Regarding Train organization, during the year, receive any fusive organization, during the year, past 'Yes' to (b), file Form 8870 and Form 1987 and Form 1988	Percentagownership ii nsfers Ass nds, directly or it y premiums, orm 4720 (see re examined this experier (other than	Re of nature naturest	egarded Entiti (C) of activities rsonal Benefit on a personal benefit on a personal be	Contracts (See the instructions income) Contracts (See the instructions) Contract? The fit contract? The fit contract? The fit contract of my keer has any knowledge Date Check if self-employed	End-of-year assets End-of-year assets Instructions) Yes X No Yes X No nowledge and belief, it is Preparer's SSN or PTIN (See Beneral Instruction W) P00059736

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

2005

OMB No 1545-0047

Name of the organization			Employer identification	number
EDUCATIONAL FUND TO STOP GUN VIOLE	NCE		52-1114375	
Compensation of the Five High (See instructions List each one If ther	est Paid Employees Ot e are none, enter 'None')	her Than Officers	s, Directors, and	d Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
See Statement 7		194,524.	0.	0.
				,
Total number of other employees paid over \$50,000		3		
Part II — A Compensation of the Five High (See instructions List each one (wheth	nest Paid Independent Coner individuals or firms) If the	contractors for Pire are none, enter 'N	rofessional Ser	vices
(a) Name and address of each independent contract	ctor paid more than \$50,000	(b) Type	of service	(c) Compensation
None		. –		
Total number of others receiving over \$50,000 for professional services		0		
Part II — B Compensation of the Five High	-			
(List each contractor who performed se enter 'None ' See instructions)	ervices other than professiona	I services, whether in	dividuals or firms	If there are none,
(a) Name and address of each independent contract	ctor paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
Total number of other contractors receiving over \$50,000 for other services		0		

Sche	uule .	A (Form 990 or 990-EZ) 2005 EDUCATIONAL FUND TO STOP GUN VIOLENCE 52-111437	5		age 2
Par	III	Statements About Activities (See Instructions)		Yes	No
1	Durir to in	ng the year, has the organization attempted to influence national, state, or local legislation, including any attempt fluence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
		icurred in connection with the lobbying activities \$ 21,228.			1
	•	st equal amounts on line 38, Part VI-A, or line i of Part VI-B).	1	X	ļ
	Orga orga lobb	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other inizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the ying activities			
2	subs taxa	ng the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any ble organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal eficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)		-	:
а	Sale	e, exchange, or leasing of property?	2a		х
b	Lend	ding of money or other extension of credit?	2b		Х
С	Furn	nishing of goods, services, or facilities?	2c		Х
d	Payr	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
		sfer of any part of its income or assets?	2e		Х
3 a	Do y	rou make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an anation of how you determine that recipients qualify to receive payments)	3a		х
b		you have a section 403(b) annuity plan for your employees?	3b	Х	<u> </u>
		ng the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		Х
4 a	on th	you maintain any separate account for participating donors where donors have the right to provide advice he use or distribution of funds?	4a		Х
b	Do y	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Par	t IV	Reason for Non-Private Foundation Status (See Instructions)			
5 6 7 8 9 10 11 a 12		A church, convention of churches, or association of churches Section 170(b)(1)(A)(i) A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital and state An organization operated for the benefit of a college or university owned or operated by a governmental unit Section (Also complete the Support Schedule in Part IV-A) An organization that normally receives a substantial part of its support from a governmental unit or from the general Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, a from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquir organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a) box that describes the type of supporting organization * Type 1 Type 2 Type 3 Provide the following information about the supported organizations (See instructions)	n 170(l public of its sed by t ganizat (2) Ch	ss recsuppo	A)(iv).
	-		fror	n abo	ve
	-				
	_				
14		An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)			

							<u>-</u> age o
	: You may use the worksheet in the						nting.
		THE INSTRUCTIONS FOR CON	iverting from the acci	uai to the cash metho	od of accounting		·
begi	ndar year (or fiscal year nning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001		(e) Total
	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	820,479.	1,267,607.	1,449,291.	1,243,8	87.	4,781,264.
16	Membership fees received						0.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose						0.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	811.	1,591.	4,043.	13,9	42.	20,387.
19	Net income from unrelated business activities not included in line 18						0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
22	Other income Attach a						
	schedule Do not include gain or (loss) from sale of capital assets See Stmt 8	12,977.	131,161.	126,939.	104,7		375,837.
23	Total of lines 15 through 22	834,267.	1,400,359.	1,580,273.	1,362,5	89.	5,177,488.
24	Line 23 minus line 17	834,267.	1,400,359.	1,580,273.	1,362,5	89.	5,177,488.
25	Enter 1% of line 23	8,343.	14,004.	15,803.	13,6	26.	
26	Organizations described on line	s 10 or 11: a Ent	er 2% of amount in c	olumn (e), line 24	▶	26 a	103,550.
t	Prepare a list for your records to show the supported organization) whose total gifts return. Enter the total of all these excess	e name of and amount contr for 2001 through 2004 excee	ributed by each person (oth	er than a governmental unit	or publicly	26 b	
(: Total support for section 509(a)(1) test Enter line 24,	column (e)		▶[26 c	5,177,488.
•	Add Amounts from column (e) f	or lines. 18	20,387.	19			
		22	375,837.	26 b		26 d	396,224.
•	Public support (line 26c minus lii	ne 26d total)			▶	26 e	4,781,264.
f	Public support percentage (line	26e (numerator) divid	led by line 26c (deno	minator))	▶	26f	92.35 %
ā	Organizations described on lines 15 name of, and total amounts recessuch amounts for each year (2004) For any amount included in line to show the name of, and amoun \$5,000 (Include in the list organ After computing the difference by differences (the excess amounts)	i, 16, and 17 that were lived in each year from (2003) 17 that was received for each ye izations described in letween the amount re) for each year	n, each 'disqualified p (2002)	person.' Do not file th her than 'disqualified lan the larger of (1) th as well as individuals or amount described in	(2001) persons'), prepa e amount on lin Do not file this (1) or (2), enter	return are a li ae 25 fo be list w the su	st for your records or the year or (2) ith your return.
	(2004)	(2003)	(2002) _		_ (2001)		
(: Add Amounts from column (e) f	or lines 15		16			
	: Add Amounts from column (e) f			21		27 c	
(Add Line 27a total	ar	nd line 27b total			27 d	
	Public support (line 27c total mir				▶	27 e	
	Total support for section 509(a)(•	from line 23. column	(e) ► 27f	ļ		
	Public support percentage (line				>	27 a	%
	Investment income percentage (or)) >	27h	%
 ;	Universal Creater For an excensive	, 	10.11 10.6-4	, <u></u>		<u> </u>	

Pai	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30_	-	-
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	-	,
	If 'Yes,' please describe; if 'No,' please explain (If you need more space, attach a separate statement)	_		
32	Does the organization maintain the following	-		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		-
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			
		_		
33	Does the organization discriminate by race in any way with respect to			
	a Students' rights or privileges?	33a		
	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		· · · · ·
	e Educational policies?	33e		
	f Use of facilities?	33f		
	g Athletic programs?	33 g		
	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
		_		
		-	ł	
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
	b Has the organization's right to such aid ever been revoked or suspended?	34 b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial	35		
	nondiscrimination? If 'No,' attach an explanation	35		1

Part VI-A Lobbying Expenditures by Electing Public Charities (See Instructions) (To be completed ONLY by an eligible organization that filed Form 5768)

Che	k ► a	if the organization belongs	to an affiliated group. Check b If yo	ou checke	ed 'a' and 'limited contr	ol' provisions apply
			bbying Expenditures ' means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lo	bbying expenditures to influen	ce public opinion (grassroots lobbying)	36		21,228.
37	Total lo	bbying expenditures to influer	ce a legislative body (direct lobbying).	37		
38	Total lo	bbying expenditures (add lines	s 36 and 37).	38	0.	21,228.
39	Other e	xempt purpose expenditures		39		561,051.
40	Total ex	kempt purpose expenditures (a	add lines 38 and 39)	40	0.	582,279.
41	Lobbyir	ng nontaxable amount. Enter t	ne amount from the following table –			
	If the a	mount on line 40 is —	The lobbying nontaxable amount is -			
	Not ove	r \$500,000	20% of the amount on line 40			
	Over \$500	0,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,0	00,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	- 41		112,342.
	Over \$1,5	00,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$1	17,000,000	\$1,000,000	1 1		
42	Grassro	oots nontaxable amount (enter	25% of line 41)	42	0.	28,086.
43	Subtrac	t line 42 from line 36 Enter -0)- if line 42 is more than line 36	43	0.	0.
44	Subtrac	t line 41 from line 38 Enter -0)- if line 41 is more than line 38	44	0.	0.
	Caution	n: If there is an amount on eiti	ner line 43 or line 44, you must file Form 4720			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50)

		Lobbying Expenditures During 4 -Year Averaging Period						
	Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total		
45	Lobbying nontaxable amount	112,342.	143,428.	187,417.	202,155.	645,342.		
46	Lobbying ceiling amount (150% of line 45(e))					968,013.		
47	Total lobbying expenditures	21,228.	1,722.	1,013.	11,072.	35,035.		
48	Grassroots non- taxable amount	28,086.	35,857.	46,854.	50,539.	161,336.		
49	Grassroots ceiling amount (150% of line 48(e))					242,004.		
50	Grassroots lobbying expenditures	21,228.	1,722.	1,013.	11,072.	35,035.		

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instruc	tions)	
--	---------	--

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- ${\bf b}$ Paid staff or management (Include compensation in expenses reported on lines ${\bf c}$ through ${\bf h}$.)
- c Media advertisements.
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)
 - If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		·

N/A

			CATIONAL FUND TO			52-1114		Р	age 6
Part VII	Information Regard Exempt Organization	ding Trans ons (See in	sfers To and Transanstructions)	ctions an	d Relationships Wit	th Nonchar	itable		
51 Did th	e reporting organization Code (other than section	directly or ii	ndirectly engage in any o organizations) or in section	f the following 527, related	ng with any other organizat	zation describ	ed in secti	on 50	1(c)
			to a noncharitable exemp					Yes	No
(i) Ca	ash	_	·				51 a (i)		Х
(ii)O	ther assets						a (ii)		Х
b Other	transactions:								
(i) Sa	ales or exchanges of ass	ets with a n	oncharitable exempt orga	anization			b (i)		Х
(ii)P	urchases of assets from	a noncharita	able exempt organization				b (ii)		Х
(iii)R	ental of facilities, equipm	nent, or othe	er assets				b (iii)		Х
	eimbursement arrangem	ents					b (iv)		Х
	oans or loan guarantees						b (v)		X
			up or fundraising solicitat				b (vi)		X
c Sharir	ng of facilities, equipmen	it, mailing li	sts, other assets, or paid	employees.			<u> </u>	X	
the go	answer to any of the abo ods, other assets, or ser ansaction or sharing arra	rvices given angement, s	complete the following s by the reporting organiza how in column (d) the va	chedule Co ation If the ilue of the g	lumn (b) should always to organization received les oods, other assets, or se	snow the fair is ss than fair ma ervices receive	market value ed:	ue of	
(a) Line no	(b) Amount involved	l	(c) noncharitable exempt or		Description of transfers,	(d)			ts
С		CSGV			SHARES SPACE				
						· · · · · · · · · · · · · · · · · · ·			
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	. , ,								
					<u>-</u>				
		 -							
descri	organization directly or ibed in section 501(c) of s,' complete the following	the Code (o	filiated with, or related to ther than section 501(c)(, one or moi 3)) or in sec	re tax-exempt organization 527?	ons	► X Ye	s 🗌	No
	(a) Name of organization		(b) Type of organiza	ation	Descrip	(c) otion of relatio	nship		
CSGV			501(c)(4)		COMMON CONTROL	CONTINUI	NG AND		
	· · · · · · · · · · · · · · · · · · ·				HISTORIC RELATI				
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				<u></u> _					
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Federal Statements

Page 1

EDUCATIONAL FUND TO STOP GUN VIOLENCE

52-1114375

Statement 1 Form 990, Part I, Line 8 Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: Cost or Other Basis: 6,674.

6,877.

Total Gain (Loss) Publicly Traded Securities 5 -203.

Total Net Gain (Loss) From Noninventory Sales \$ -203.

Statement 2 Form 990, Part I, Line 9 Net Income (Loss) from Special Events

Special Events		Gross <u>Receipts</u>	Less Contri- butions	Gross <u>Revenue</u>	Less Direct Expenses	Net Income (Loss)
VARIOUS CONFERENCE	Total	700. 0. \$ 700.	0. 0. \$ 0.	700. 0. \$ 700.	0. 0. \$ 0.	700. 0. \$ 700.

Statement 3 Form 990, Part II, Line 43 Other Expenses

	(A)	(B) Program	(C) Management	(D)
	Total	Services	& General	Fundraising
BANK FEES COMPUTER SERVICES CONSULTING	2,794. 23,412. 45,819.	13,077. 38,919.	2,794. 9,431. 6,900.	904.
COPYING DUES & SUBSCRIPTIONS	2,963. 3,429.	1,843. 2,266.	930. 1,163.	190.
INSURANCE-BUSINESS LICENSES & PERMITS	12,454. 260.	7,337. 185.	4,469. 75.	648.
OFFICE EXPENSE PAYROLL SERVICE	6,663. 1,904.	4,157.	2,345. 1,904.	161.
PROFESSIONAL DEVELOPMENT	405. Total \$ 100,103.	12. \$ 67,796.	393. \$ 30,404.	\$ 1,903.

2005	Federal Statements	5		Page 2
EDUCAT	IONAL FUND TO STOP GUN	VIOLENCE		52-111437
Statement 4 Form 990, Part IV, Line 57 Land, Buildings, and Equipment				
Category	Basis	Acc Depr		Book Value
Furniture and Fixtures	Total \$ 83, \$ 83,	 597. \$ 7	6,253. \$ 6,253. \$	7,344. 7,344.
				
Statement 5 Form 990, Part IV, Line 65 Other Liabilities				
PAYROLL WITHHOLDING			\$ Total \$	3,080. 3,080.
		 -		
Statement 6 Form 990, Part V-A List of Officers, Directors, Trustees, a	nd Key Employees			
Form 990, Part V-A	nd Key Employees Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Form 990, Part V-A List of Officers, Directors, Trustees, and	Title and Average Hours	<u>sation</u>	bution to EBP & DC	Account/ Other
Name and Address JOSHUA HORWITZ 1023 15TH ST., N.W. STE 301	Title and Average Hours Per Week Devoted Executive Direc S	<u>sation</u>	bution to EBP & DC	Account/ Other
Name and Address JOSHUA HORWITZ 1023 15TH ST., N.W. STE 301 WASHINGTON, DC 20005 RICHARD MELTZER 1150 17TH ST NW SUITE 601	Title and Average Hours Per Week Devoted Executive Direc \$ 0 CHAIRMAN	sation \$ 105,114.	bution to EBP & DC \$ 0.	Account/ Other \$ 0
Name and Address JOSHUA HORWITZ 1023 15TH ST., N.W. STE 301 WASHINGTON, DC 20005 RICHARD MELTZER 1150 17TH ST NW SUITE 601 WASHINGTON, DC 20036 HILARY SHELTON 610 4TH PLACE, SW	Title and Average Hours Per Week Devoted Executive Direc \$ 0 CHAIRMAN 0	sation 3 105,114. 0.	bution to EBP & DC \$ 0.	Account/ Other \$ 0
Name and Address JOSHUA HORWITZ 1023 15TH ST., N.W. STE 301 WASHINGTON, DC 20005 RICHARD MELTZER 1150 17TH ST NW SUITE 601 WASHINGTON, DC 20036 HILARY SHELTON 610 4TH PLACE, SW WASHINGTON, DC 20024 MICHAEL BEARD 1023 15TH ST., N.W., STE 600	Title and Average Hours Per Week Devoted Executive Direc \$ 0 CHAIRMAN 0 VICE CHAIR 0	sation 3 105,114. 0.	bution to EBP & DC \$ 0.	Account/ Other \$ 0

BOARD OF DIR

0. 0.

0.

REV JAMES ATWOOD 7510 JUNE STREET SPRINGFIELD, VA 22150

005	Federal Statement	s		Page :
EDUCATI	ONAL FUND TO STOP GUI	VIOLENCE		52-111437
Statement 6 (continued) Form 990, Part V-A List of Officers, Directors, Trustees, ar	nd Key Employees			
Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Account/
DAVID BEIER 1300 I STREET, NW, SUITE 470 E WASHINGTON, DC 20005	BOARD OF DIR 0	\$ 0.	\$ 0.	\$ 0
RANDY BENN 1875 CONNECTICUT AVE, NW WASHINGTON, DC 20009	BOARD OF DIR 0	0.	0.	0
SANFORD HORWITT 5935 N 5TH ROAD ARLINGTON, VA 22203	BOARD OF DIR 0	0.	0.	0
LINDA VASQUEZ 106 GREENWOOD DRIVE HATTIESBURG, MS 39402	BOARD OF DIR 0	0.	0.	C
ROBERT CHEEK 3417 NORTH VENICE STREET ARLINGTON, VA 22207	BOARD OF DIR 0	0.	0.	C
KIM REED ATRIUM TOWER 9TH FLOOR 00-854 WARSAW, POLAND,	BOARD OF DIR 0	0.	0.	C
	Total	\$ 105,114.	\$ 0.	\$ 0
Statement 7 Schedule A, Part I Compensation of Five Highest Paid En	•	Compon	Contributio	Europa
Name and Address	Title & Average Hours Worked	Compen- C <u>sation</u> _	EBP & DC	Expense Account
CASEY B ANERSON 8730 FIRST AVE SILVER SPRING, MD 20910	40	71,253.	0.	0
MICHAEL T BROWER 3756 WILKINSON DRIVE SUITLAND, MD 20746	40	61,800.	0.	0
CAROLYN MORRISSETTE 141 WEST WILSHIRE AVE APT	40	61,471.	0.	0

Total \$ 194,524.

0.

2005 **Federal Statements** Page 4 **EDUCATIONAL FUND TO STOP GUN VIOLENCE** 52-1114375 Statement 8 Schedule A, Part IV-A, Line 22 Other Income <u>Description</u> (a) 2004 (b) 2003 (c) 2002 (d) 2001 (e) Total 375,837. 375,837.

2005

Federal Supplemental Information

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EDUCATIONAL FUND TO STOP GUN VIOLENCE

52-1114375

AUCTION EXPENSES:

BANQUET ROOM RENTAL MISCELLANEOUS POSTAGE PRINTING CONSULTING

TOTAL

\$

CONFERENCE EXPENSES:

BANQUET ROOM OFFICE POSTAGE PRINTING PROFESSIONAL TELEPHONE TRAVEL

TOTAL

\$