Form 990-EZ

EXTENDED TO NOVEMBER 15, 2017 Short Form

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

2016

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No 1545-1150

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Committee Comm	Ā	For th	e 2016 calendar year, or tax year beginning and ending						
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L Add lines \$b, 6c, and 7 ho line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-ET. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)				321		111 330	, 550 LL, 01 550 11 J.		
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Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 11 I		+-		Graf			11,103.		
12 Salaries, other compensation, and employee benefits 12 13		1					· · · · · · · · · · · · · · · · · · ·		
13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 15 15 15 15 16 19 , 803.		F .		121					
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 SEE SCHEDULE O 16 19,803. 17 19,803. 18 -2,614. 19 7,966. 20 0.		1		1 1/2-1					
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 SEE SCHEDULE O 16 19,803. 17 19,803. 18 -2,614. 19 7,966. 20 0.		I							
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19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 7, 966. 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 5, 352.									
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ets	I				10	2,014.		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	88	' "				10	7.966		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	Revenue Revenu	20							
		1	- , , ,						
I MA FOI PARHIMOIT REGULTION DET NATION DAS TOU CONSISTA INSTILIETIANS	LH		Paperwork Reduction Act Notice, see the separate instructions.			£ 1	Form 990-EZ (2016)		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

P	art II Balance Sheets (see the instructions for Part II)	I OND			27101	
	• Check if the organization used Schedule O to resp	ond to any quest	ion in this Part II			X
_	Officer in the enganization about confedence of to reco	ona to any quest	(A) Beginning of year	I	(B) Er	nd of year
22	Cash, savings, and investments	ļ-	24,056.	22		5,638.
23	· · · · · · · · · · · · · · · · · · ·	·	· · · · · · · · · · · · · · · · · · ·	23		
24	-			24		
25			24,056.	25		5,638.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE O		16,090.			286.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		7,966.			5,352.
P	art III Statement of Program Service Accomplishmer	its (see the instru	ctions for Part III)		Ex	penses
	Check if the organization used Schedule O to resp	ond to any quest	ion in this Part III	X		for section
Wha	at is the organization's primary exempt purpose?SEE SCHEDULE O					and 501(c)(4) ins; optional for
Desc	cribe the organization's program service accomplishments for each of its three largest program s	services, as measured by exp	enses In a clear and concise		others.)	, ,
man	ner, describe the services provided, the number of persons benefited, and other relevant information	ation for each program title				
28	NONE					
	(Grants \$) If this amount includes foreign g	rants, check here			28a	
29				_		
			<u> </u>			
	(Grants \$) If this amount includes foreign g	rants, check here	>		29a	
30						
						
	(Grants \$) If this amount includes foreign g	rants, check here			30a	
31	Other program services (describe in Schedule O)		,			
	(Grants \$) If this amount includes foreign g	rants, check here		Щ	31a	
	Total program service expenses (add lines 28a through 31a)		· · · · · · · · · · · · · · · · · · ·		32	0.
	art IV List of Officers, Directors, Trustees, and Key E			ee the		
		ond to any quest	ion in this Part IV		instructions fo	or Part IV)
	Check if the organization used Schedule O to responsible Check if the organization used Schedule Check is the organization of the organization used Schedule Check is the organization of the Organization used Schedule Check is the organization of the Organization used Schedule Check is the Organization of the Organization used Schedule Check is the Organization of the Organization used Schedule Check is the Organization of the Organization used Schedule Check is the Organization of the Organization used Schedule Check is the Organization used Schedule Check is the Organization of the Organization used Schedule Check is the Organization	oond to any quest (b) Average hours	ion in this Part IV	(d) Hea	instructions for	r Part IV) (e) Estimated
	art IV List of Officers, Directors, Trustees, and Key E	oond to any quest (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heacontr contr emplo plans, a	alth benefits, butions to yee benefit and deferred	(e) Estimated amount of other
P:	Check if the organization used Schedule O to responsible (a) Name and title	oond to any quest (b) Average hours	(c) Reportable compensation (Forms	(d) Heacontr contr emplo plans, a	alth benefits, buttons to	r Part IV) (e) Estimated
JO	Check if the organization used Schedule O to responsible (a) Name and title OHN FEINBLATT	oond to any quest (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontr contr emplo plans, a	alth benefits, ibutions to iyee benefit and deferred pensation	(e) Estimated amount of other compensation
JO PR	Check if the organization used Schedule O to respond to the control of the contro	oond to any quest (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heacontr contr emplo plans, a	alth benefits, butions to yee benefit and deferred	(e) Estimated amount of other
JC PR TA	Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont	(b) Average hours per week devoted to position 0.10	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontr contr emplo plans, a	alth benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation
JC PR TA	Check if the organization used Schedule O to respond to the control of the contro	oond to any quest (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontr contr emplo plans, a	alth benefits, ibutions to iyee benefit and deferred pensation	(e) Estimated amount of other compensation
JC PR TA	Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont	(b) Average hours per week devoted to position 0.10	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontr contr emplo plans, a	alth benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation
JC PR TA	Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont	(b) Average hours per week devoted to position 0.10	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontr contr emplo plans, a	alth benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation
JC PR TA	Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont	(b) Average hours per week devoted to position 0.10	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontr contr emplo plans, a	alth benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation
JC PR TA	Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont	(b) Average hours per week devoted to position 0.10	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontr contr emplo plans, a	alth benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation
JC PR TA	Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont	(b) Average hours per week devoted to position 0.10	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontr contr emplo plans, a	alth benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation
JC PR TA	Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont	(b) Average hours per week devoted to position 0.10	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontr contr emplo plans, a	alth benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation
JC PR TA	Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont	(b) Average hours per week devoted to position 0.10	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontr contr emplo plans, a	alth benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation
JC PR TA	Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont	(b) Average hours per week devoted to position 0.10	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontr contr emplo plans, a	alth benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation
JC PR TA	Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont	(b) Average hours per week devoted to position 0.10	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontr contr emplo plans, a	alth benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation
JC PR TA	Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont	(b) Average hours per week devoted to position 0.10	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontr contr emplo plans, a	alth benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation
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JC PR TA	Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont	(b) Average hours per week devoted to position 0.10	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontr contr emplo plans, a	alth benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation
JC PR TA	Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont	(b) Average hours per week devoted to position 0.10	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontr contr emplo plans, a	alth benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation
JC PR TA	Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont	(b) Average hours per week devoted to position 0.10	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontr contr emplo plans, a	alth benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation
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JC PR TA	Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont	(b) Average hours per week devoted to position 0.10	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontr contr emplo plans, a	alth benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation
JC PR TA	Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont	(b) Average hours per week devoted to position 0.10	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontr contr emplo plans, a	alth benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation
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JC PR TA	Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont	(b) Average hours per week devoted to position 0.10	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heacontr contr emplo plans, a	alth benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation

P	art V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Sch. O to respond to any question in this			X
_	, including to that ty check in the organization about confict to any question in the		Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax		l	l
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36	Ĺ	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 1 37a 0.	-		
	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	000		x
	in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	38a		A
39	Section 501(c)(7) organizations. Enter:	┨		
	Initiation fees and capital contributions included on line 9			[
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1 '		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1 '		İ
	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A]
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			1
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	<u> </u>		į
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	'		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization O •			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-		x
44	transaction? If "Yes," complete Form 8886-T	40e		
41 42 a	List the states with which a copy of this return is filed ►DE The organization's books are in care of ►TARA PAONE Telephone no. ► 212-58	3-6	000	
724	Located at ▶ 909 3RD AVE, 15TH FL, NEW YORK, NY			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	I	Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).] !		
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			لــا
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			V	NI.
44.	Did the experience resistance and described and discrete the condition of		Yes	No
44 d	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	440		x
h	·	44a		 ^ -
U	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		х
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			- <u></u>
-	In Schedule O	440		[
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b_		
		Form 9	90-EZ	(2016)

Form 990-EZ	(2016) EVERYTOWN BALLO	T VICTORY	FUND			47-27	4641	6	Page 4
	organization engage, directly or indirectly, in po complete Schedule C, Part I	litical campaign activities	s on behalf of or I	oppositio	n to candidates for	oublic office?	46	Yes	No X
Part VI		only					1 40		
	All section 501(c)(3) organizations must a	•	49b and 52, and	d complet	e the tables for lir	es 50 and	51.		
	Check if the organization used Schedule								
								Yes	No
7 Did the	organization engage in lobbying activities or hav	ve a section 501(h) elect	tion in effect durin	g the tax y	ear? If "Yes," comple	ete Sch. C, Pa	irt II <u>47</u>		<u> </u>
8 Is the or	rganization a school as described in section 170	(b)(1)(A)(ii)? If "Yes," ci	omplete Schedule	E			48	<u> </u>	
	organization make any transfers to an exempt n		ganızatıon?				498		L
	was the related organization a section 527 orga						49t		
=	te this table for the organization's five highest co		•	rs, director	s, trustees, and key	employees)	who each	received	more
than \$10	00,000 of compensation from the organization.	If there is none, enter "N			T (2)	/d\		(a) Fatur	d
	(a) Name and title of each employee (b) Avera				(C) Reportable compensation (Form	(d) Health b	ons to .	(e) Estim nount of	
	N/A		position	W-2/1099-MISC)	-2/1099-MISC) employee b plans, and d compensa			ation	
	N/P	<u> </u>	·_		 	compens	ation		
						1	1		
					 	+			
			u L						
					 	+	\dashv		
									
						1			
					 	+			
(a)	Name and business address of each independe	nt contractor		(b) Type of service		(c) Com	pensatio	n
							-		3
d. Total av	mber of other independent contractors each rea	2011110 010× \$100 000							_
Did the o	organization complete Schedule A? Note: All se ed Schedule A		ations must attach	a			→ □	Yes [
	es of perjury, I declare that I have examined this and complete. Declaration of preparer (other tha	. •				-	owledge a	nd belie	f, it is
	I'h IV						1/15	717	
ign 🗗	Signature of officer					Date			
ere		SIDENT							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature		Date	Check	ıf PT	IN		
aid		11/1/	/ _	111	self- emp	- 1			
reparer	CHARLES POMO	Malle F	ner	11/14/	117		0044		
se Only	Firm's name ► GELLER & COM				Firm's E	Firm's EIN ► 13-41			
omy	Firm's address ▶ P.O. BOX 15	10			Phone n	o. 212-	583-	6001	
	NEW YORK, N	Y 10150							
y the IRS d	iscuss this return with the preparer shown abo	ve? See instructions					X	Yes _	N
							Form	990-EZ	(201

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Employer identification number Name of the organization EVERYTOWN BALLOT VICTORY FUND 47-2746416 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: AMOUNT: DESCRIPTION OF OTHER EXPENSES: 2,589. BANK FEES **G&A EXPENSES** 17,189. FILING FEES 25. 19,803. TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: DESCRIPTION BEG. OF YEAR END OF YEAR 0. ACCOUNTS PAYABLE 16,000. 90. OTHER 90. ACCRUED EXPENSES 0. 196. TOTAL TO FORM 990-EZ, LINE 26 16,090. 286. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ADVANCE AND SUPPORT THE GUN VIOLENCE PREVENTION SOCIAL WELFARE MISSION OF EVERYTOWN FOR GUN SAFETY ACTION FUND BY ENGAGING THE AMERICAN PUBLIC IN POLICY CHANGE THROUGH THE STATE AND LOCAL BALLOT INITIATIVE PROCESS. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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

Schedule O (Form 990 or 990-EZ) (2016)