

**Short Form
Return of Organization Exempt From Income Tax**

2008

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning _____, **2008, and ending** _____,

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Please use IRS label or print or type. See Specific Instructions</p>	<p>COALITION TO STOP GUN VIOLENCE 1424 L STREET, N.W., SUITE #2-1 WASHINGTON, DC 20005</p>	<p>D Employer identification number 521106316</p> <p>E Telephone number 202-408-7560</p> <p>F Group Exemption Number ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

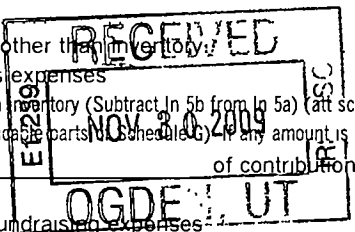
J Organization type (check only one) — 501(c) (4) (insert no) | 4947(a)(1) or | 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 224,887.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received	1	219,052.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	1.
REVENUE	5a Gross amount from sale of assets other than inventory	5a	
	5b Less cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule B). If any amount is from gaming, check here <input type="checkbox"/>		
	6a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b Less direct expenses other than fundraising expenses	6b	
	6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ <u>SEE STATEMENT 1</u>)	8	5,834.
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	224,887.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	20,149.
	15 Printing, publications, postage, and shipping	15	15,438.
	16 Other expenses (describe ▶ <u>SEE STATEMENT 2</u>)	16	190,486.
	17 Total expenses (add lines 10 through 16)	17	226,073.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,186.
ASSETS	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	22,892.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	21,706.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22,892.	21,706.
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	22,892.	21,706.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,892.	21,706.

SCANNED DEC 29 2009

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? EDUCATION ABOUT GUN VIOLENCE		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	CARRY OUT PROG OF NON-PARTISAN ANALY STUDY & RESRCH INTO USE & EFFECTS OF FIREARMS IN NATION, INCLDNG W/O LIMITATION TO THE AFFECTS ON CRIME, ACCIDENTS AND HEALTH. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	4,840.
29	DEVELOPING MATERIALS, FILMS AND PAMPHLETS, AND SPONSRNG & PARTICIPATNG IN PUBLIC DISCUSSN GRPS, FORUMS & PANEL LECT. ALL FOR EDUC. OF PUBLIC ON EFFECTS OF FIREARM, SAFEGRD & CONTROL. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	76,003.
30	ADVOCATING LEGISLATION WHICH WOULD REDUCE INJURY AND DEATHS ASSOCIATED WITH FIREARMS. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	13,583.
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	94,426.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
MICHAEL K. BEARD 1424 L STREET, NW, SUITE 2-1 WASHINGTON, DC 20005	PRESIDENT 40.00	0.	0.	0.
JOEL KANTER 8000 TOWERS CRESCENT DR VIENNA, VA 22182	CHAIRMAN 0	0.	0.	0.
KIM REED AL. JANA PAWLA II 25 00-854 WARSAW, PO 0114822653	VICE CHAIRMAN 0	0.	0.	0.
REV JAMES ATWOOD 7510 JUNE STREET SPRINGFIELD, VA 22205		0.	0.	0.
HILARY SHELTON 610 4TH PL SW WASHINGTON, DC 20024	TREASURER 0	0.	0.	0.
JOSHUA HORWITZ 1424 L STREET, NW, SUITE 2-1 WASHINGTON, DC 20005	EXECUTIVE DIREC 0	0.	0.	0.
KITTY S LANSDALE 1211 CONNECTICUT AVE, NW #304 WASHINGTON, DC 20036		0.	0.	0.
ROBERT CHEEK, ESQ 3417 NORTH VENICE ST ARLINGTON, VA 22207		0.	0.	0.
DAVID BEIER 1300 I STREET, NW, STE 470 E WASHINGTON, DC 20005		0.	0.	0.
RANDALL BENN 1875 CONN. AVE., NW, 12TH FLOOR WASHINGTON, DC 20009		0.	0.	0.

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(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

Total number of other employees paid over \$100,000				

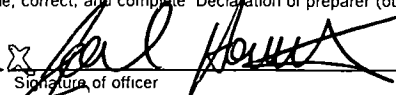
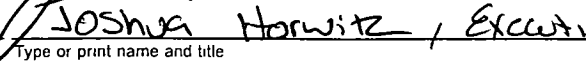
51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

Total number of other independent contractors receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including all attachments, for accuracy and completeness. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Sign Here


 Signature of officer

 Type or print name and title

Paid Preparer's Use Only

Preparer's signature
 Firm's name (or yours if self-employed), address, and ZIP + 4
 BROWN & ASSOCIATES, LLC
 PO BOX 325
 DUNKIRK, MD 20754-0325

May the IRS discuss this return with the preparer shown above? See instructions BAA

CLIENT 15035

COALITION TO STOP GUN VIOLENCE

521106316

11/16/09

09 55AM

**STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE**

MAILING LIST RENTALS	\$	5,734.
MISCELLANEOUS		100.
TOTAL	\$	<u>5,834.</u>

**STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

BANK FEES	\$	4,867.
COMPUTER EXPENSES		6,583.
DIRECT MAIL APPEALS		59,014.
EFSGV CONSULTING		108,151.
INSURANCE		3,380.
OFFICE EXPENSES		3,271.
OTHER EXPENSES		226.
POLICY EDUCATION CONSULTING		2,330.
TELEPHONE		2,024.
TRAINING		283.
TRAVEL		357.
TOTAL	\$	<u>190,486.</u>

**STATEMENT 3
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization COALITION TO STOP GUN VIOLENCE	Employer identification number 521106316
	Number, street, and room or suite number If a P O box, see instructions 1424 L STREET, N.W., SUITE #2-1	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions WASHINGTON, DC 20005	

Check type of return to be filed (File a separate application for each return)

- | | | | |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in care of **▶ MICHAEL BEARD**

Telephone No **▶ 202-408-7560**

FAX No **▶**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **11/15**, 20**09**

5 For calendar year **2008**, or other tax year beginning _____, 20____, and ending _____, 20____

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension **THE TAXPAYER REQUESTS ADDITIONAL EXTENSION BECAUSE ADDITIONAL INFORMATION IS NEEDED IN ORDER TO PREPARE AN ACCURATE RETURN**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **▶ [Signature]** Title **▶ CPA** Date **▶ 8/12/09**

BROWN & ASSOCIATES, LLC
 PO BOX 325
 DUNKIRK, MD 20754-0325

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization <i>Coalition To Stop Gun Violence</i>	Employer identification number <i>52-1106316</i>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions <i>1424 "L" Street N.W. Suite #2-1</i>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <i>Washington, D.C. 20005</i>	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ CORPORATION

Telephone No. ▶ _____ FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ A calendar year 2008 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.