

Return of Organization Exempt from Income Tax

2004

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning 2004, and ending

B Check if applicable: X Address change, Name change, Initial return, Final return, Amended return, Application pending. COALITION TO STOP GUN VIOLENCE, 1023 15TH STREET, N.W., SUITE 300, WASHINGTON, DC 20005. D Employer Identification Number 52-1106316. E Telephone number. F Accounting method: X Cash, Accrual, Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? Yes No X. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? Yes No. H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No X.

G Web site: N/A

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

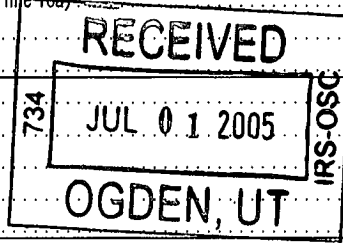
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 519,964.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes rows for Contributions (510,858), Program service revenue, Membership dues (34), Dividends, Gross rents, Special events (61), Gross sales of inventory, Other revenue (9,011), Total revenue (519,964), Program services (399,098), Management and general (71,691), Fundraising (77,932), Total expenses (548,721), Excess or deficit (-28,757), Net assets at beginning (51,652), Other changes, Net assets at end (22,895).

SCANNED AUG 01 2005



**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 \$ _____)				
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	60,000.	48,000.	3,000.	9,000.
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits	2,906.	2,384.	75.	447.
29	Payroll taxes	4,590.	3,672.	229.	689.
30	Professional fundraising fees				
31	Accounting fees	1,055.		1,055.	
32	Legal fees				
33	Supplies				
34	Telephone	6,135.	4,303.	1,361.	471.
35	Postage and shipping	11,425.	5,206.	1,544.	4,675.
36	Occupancy	21,668.	14,275.	4,711.	2,682.
37	Equipment rental and maintenance				
38	Printing and publications	140,795.	117,283.	623.	22,889.
39	Travel	3,108.	3,054.	54.	
40	Conferences, conventions, and meetings	16.		16.	
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 2	297,023.	200,921.	59,023.	37,079.
b	-----				
c	-----				
d	-----				
e	-----				
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	548,721.	399,098.	71,691.	77,932.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <b>EDUCATION ABOUT GUN VIOLENCE</b>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>CARRY OUT PROG OF NON-PARTISAN ANALY STUDY &amp; RESRCH INTO USE &amp; EFFECTS OF FIREARMS IN NATION, INCLDNG W/O LIMITATION TO THE AFFECTS ON CRIME, ACCIDENTS AND HEALTH.</u> (Grants and allocations \$ _____)	12,837.
b <u>DEVELOPING MATERIALS, FILMS AND PAMPHLETS, AND SPONSRNG &amp; PARTICIPATNG IN PUBLIC DISCUSSN GRPS, FORUMS &amp; PANEL LECT. ALL FOR EDUC. OF PUBLIC ON EFFECTS OF FIREARM, SAFEGRD &amp; CONTROL.</u> (Grants and allocations \$ _____)	250,459.
c <u>ADVOCATING LEGISLATION WHICH WOULD REDUCE INJURY AND DEATHS ASSOCIATED WITH FIREARMS.</u> (Grants and allocations \$ _____)	135,802.
d ----- (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	399,098.

**Part IV Balance Sheets** (See Instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash – non-interest-bearing	23,706.	45	19,594.	
	46 Savings and temporary cash investments	28,403.	46	3,301.	
	47 a Accounts receivable	47 a			
	b Less: allowance for doubtful accounts	47 b	47 c		
	48 a Pledges receivable	48 a			
	b Less: allowance for doubtful accounts	48 b	48 c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51 a Other notes & loans receivable (attach sch)	51 a			
	b Less: allowance for doubtful accounts	51 b	51 c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55 a Investments – land, buildings, & equipment: basis	55 a			
	b Less: accumulated depreciation (attach schedule)	55 b	55 c		
	56 Investments – other (attach schedule)		56		
	57 a Land, buildings, and equipment: basis	57 a	11,411.		
	b Less: accumulated depreciation (attach schedule) STATEMENT 3	57 b	11,411.	57 c	
	58 Other assets (describe _____)		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		52,109.	59	22,895.	
LIABILITIES	60 Accounts payable and accrued expenses		60		
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a Tax-exempt bond liabilities (attach schedule)		64 a		
	b Mortgages and other notes payable (attach schedule)		64 b		
	65 Other liabilities (describe _____)		457.	65	
66 <b>Total liabilities</b> (add lines 60 through 65)		457.	66	0.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		67		
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		51,652.	72	22,895.
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		51,652.	73	22,895.
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		52,109.	74	22,895.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see instructions.)

(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
SEE STATEMENT 4		60,000.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
 If 'Yes,' attach schedule — see instructions.

Part VI Other Information (See instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a	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? If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		X
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If '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.)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		X
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
85c	Dues, assessments, and similar amounts from members	85c	0.
85d	Section 162(e) lobbying and political expenditures	85d	0.
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	0.
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0.
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
87b	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 corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90a	List the states with which a copy of this return is filed <u>PA, WI, SC, NC, NY, MN, VA, NJ, OR, WV, MD, TN</u>		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	0
91	The books are in care of <u>MICHAEL BEARD</u> Telephone number <u></u> Located at <u>1023 15TH STREET, N.W., SUITE 300</u> ZIP + 4 <u>20005</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities** (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees & contracts from government agencies . . .					
94 Membership dues and assessments . . .					
95 Interest on savings & temporary cash invmnts. .			14	34.	
96 Dividends & interest from securities . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from pers prop . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .					
101 Net income or (loss) from special events . . . . .			2	61.	
102 Gross profit or (loss) from sales of inventory . . .					
103 Other revenue: a _____					
b MAILING LIST RENTALS			15	9,011.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				9,106.	
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					9,106.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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

Signature of officer: Joshua Horwitz Executive Director Date: 6/22/05

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 6-13-05 Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): P00059736

Firm's name (or yours if self-employed), address, and ZIP + 4: SUMMERS & BROWN, CHARTERED  
14448 OLD MILL RD., STE 101  
UPPER MARLBORO, MD 20772 EIN: 52-1524091 Phone no.: (301) 952-0914

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

▶ See separate instructions.  
▶ Attach to your tax return.

Name(s) shown on return  
**COALITION TO STOP GUN VIOLENCE**

Identifying number  
**521106316**

Business or activity to which this form relates

**FORM 990/990-PF**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See instructions for a higher limit for certain businesses.	1	\$102,000.
2	Total cost of section 179 property placed in service (see instructions).	2	
3	Threshold cost of section 179 property before reduction in limitation.	3	\$410,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs.).	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12.	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

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

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2004.	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here.		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28.	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	23	

## COALITION TO STOP GUN VIOLENCE

521106316

**STATEMENT 1**  
**FORM 990, PART I, LINE 9**  
**NET INCOME (LOSS) FROM SPECIAL EVENTS**

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
VARIOUS SPECIAL EVENTS	61.	0.	61.	0.	61.
TOTAL	<u>\$ 61.</u>	<u>\$ 0.</u>	<u>\$ 61.</u>	<u>\$ 0.</u>	<u>\$ 61.</u>

**STATEMENT 2**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK FEES	4,245.		4,230.	15.
COMPUTER MAINTENANCE	1,256.		772.	484.
DIRECT MAIL CASHIERING	6,593.		6,593.	
DIRECT MAIL COMPUTERS	1,238.		1,238.	
DIRECT MAIL CONSULTING	61,100.	45,825.	15,275.	
DIRECT MAIL LIST RENTAL	2,062.	1,546.		516.
DIRECT MAIL MAILINGS	13,461.	10,096.		3,365.
DUES & SUBSCRIPTIONS	6,316.	5,108.	1,173.	35.
DUPLICATING	2,942.	1,854.	795.	292.
EFGV CONSULTING	120,733.	80,049.	12,986.	27,698.
INSURANCE-OTHER	198.		198.	
LICENSES & PERMITS	50.		50.	
MEMBERSHIP FEES	455.		190.	265.
OFFICE EXPENSES	1,590.	660.	698.	233.
OTHER EXPENSES	523.	-300.	802.	21.
OUTSIDE AUDITOR	9,760.		9,760.	
PAYROLL SERVICE FEES	1,247.		1,247.	
POLICY EDUCATION CONSULTING	51,217.	51,217.		
STAFF DEVELOPMENT	10.		10.	
STATE REGISTRATION FEES	3,484.			3,484.
WEB SERVICES	8,543.	4,866.	3,006.	671.
TOTAL	<u>\$ 297,023.</u>	<u>\$ 200,921.</u>	<u>\$ 59,023.</u>	<u>\$ 37,079.</u>

**STATEMENT 3**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 11,411.	\$ 11,411.	\$ 0.
TOTAL	<u>\$ 11,411.</u>	<u>\$ 11,411.</u>	<u>\$ 0.</u>



## COALITION TO STOP GUN VIOLENCE

521106316

STATEMENT 4  
 FORM 990, PART V  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MICHAEL K. BEARD 1023 15TH STREET, N.W., STE 600 WASHINGTON, DC 20005	PRESIDENT VARIOUS	\$ 60,000.	\$ 0.	\$ 0.
JOEL KANTER 8000 TOWERS CRESCENT DR VIENNA, VA 22182	CHAIR VARIOUS		0.	0.
KIM REED AL. JANA PAWLA II WARSAW, PO 0114822653	VICE-CHAIR VARIOUS		0.	0.
REV JAMES ATWOOD 7510 JUNE STREET SPRINGFIELD,, VA 22205	SECRETARY VARIOUS		0.	0.
HILARY SHELTON 610 4TH PL SW WASHINGTON, DC 20024	TREASURER VARIOUS		0.	0.
JOSHUA HORWITZ 1023 15TH STREET, N.W., STE 600 WASHINGTON, DC 20005	EXECUTIVE DIREC VARIOUS		0.	0.
LYNN RIVERS 518 SECOND STREET ANN ARBOR, MI 48130	VARIOUS		0.	0.
ROBERT CHEEK, ESQ 3417 NORTH VENICE ST ARLINGTON, VA 22207	VARIOUS		0.	0.
DAVID BEIER 1300 I STREET, NW, STE 470 E WASHINGTON, DC 20005	VARIOUS		0.	0.
RANDALL BENN 1875 CONN. AVE., NW, 12TH FLOOR WASHINGTON, DC 20009	VARIOUS		0.	0.
RICHARD MELTZER 1150 17TH ST, NW, STE 601 WASHINGTON, DC 20036	VARIOUS		0.	0.
TOTAL		\$ 60,000.	\$ 0.	\$ 0.

# 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  **X**
- 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)

**Form 990-T corporations** requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>COALITION TO STOP GUN VIOLENCE</b>	Employer identification number <b>52-1106316</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>1023 15TH STREET, N.W., SUITE 600</b>	
	City, town or post office. For a foreign address, see instructions. <b>WASHINGTON, DC 20005</b>	
	state	ZIP code

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

<input 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 checked="" 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 **Form 990-T corporation**) extension of time until 8/15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 04 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. \$ \_\_\_\_\_ 0.

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. \$ \_\_\_\_\_ 0.

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. \$ \_\_\_\_\_ 0.

**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.**