Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500 000 and total assets less than \$1,250 000 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

OMB No 1545-1150

Open to Public Inspection

Α	For the 2009 calendar year, or tax year beginning , 2009, and endi	ing	,
В	Check if applicable C		ployer identification number
X	Address change use IRS FREEDOM STATES ALLIANCE	1	0-5037507
	Name change label or print o		ephone number
	tritial return type 223 WEST JACKSON BOULEVARD #802	17-923-6490	
<u> </u>	Termination See Specific CHICAGO, IL 60606		
F	Amended return Application pending		oup Exemption mber
	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). 	Accounting metho Other (specify)	d Cash X Accrual
B	Website: ► WWW.FREEDOMSTATESALLIANCE.COM	I Check ► if frequired to attach 990-EZ, or 990-Pf	the organization is not Schedule B (Form 990,
53h	Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 Check If the organization is not a section 509(a)(3) supporting organization and its gri	-	<u> </u>
	\$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a	return, be sure to file	maily not more than e a complete return
	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file For instead of Form 990-EZ		►\$ 195,527.
P	nrtil: Revenue, Expenses, and Changes in Net Assets or Fund Balance 1 Contributions, gifts, grants, and similar amounts received	s (See the instru	
	,		1 192,638.
e	Program service revenue including government fees and contracts		2
er	3 Membership dues and assessments		3
2010	4 Investment income		<u>4</u> 128.
5	5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 5b		
R	c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a)		5c
Ë	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check	hore ►	30
REVERUE	a Gross revenue (not including \$ of contributions		84°
ÿ	reported on line 1) 6a		
_	b Less direct expenses other than fundraising expenses 6b		The state of the s
	c 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 ► SEE-STATEMENT 1	,	8 2,761.
	9 Total (1, 2, 3, 4, 5c, 6c, 7c, and 8	· •	9 195,527.
	10 Grants and similar amounts pad (attach schedule) SEE STA	TEMENT 2	10 22,000.
	11 Chenefits paid to or for members		11
EXPENSE	12 Splanes other compensation and employee benefits		12 134,980.
P	13 Professional fees and other that ments to independent contractors		13 9,000.
N S		İ	14 13,404.
E S	14 Occupancy in littlines and maintenance 15 Printing durbinations, postage, and shipping		15 959.
_	16 Other expenses (describe ► SEE STATEMENT 3) [16 39, 255.
	17 Total expenses. Add lines 10 through 16	▶	17 219,598.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18 -24,071.
ASSET TESET	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agre figure reported on prior year's return)	ee with end-of-year	<u>道</u> 19 181,171.
TE	20 Other changes in net assets or fund balances (attach explanation)		20
S	21 Net assets or fund balances at end of year Combine lines 18 through 20		21 157,100.
Pa	rt II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more	, file Form 990 inste	
		(A) Beginning of year	ar (B) End of year
22	- · · · · · · · · · · · · · · · · · · ·	43,279	
23	* 		23
24		150,000	. 24 140,000.
25		193,279	
26	•	12,108	
27		181,171	
BA	A For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		Form 990-EZ (2009)

	990-EZ (2009) FREEDOM STATES				~503	37507	Page 2
Par	t III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.))	Expenses	
	s the organization's primary exempt purpose? SE				501 (uired for section c)(3) and (4) nizations and sec (a)(1) trusts, opt	
Desc	ribe what was achieved in carrying out the the services provided, the number of	ne organization's exempt purp	oses in a clear and co	ncise manner,	orgai	nizations and sec	ction
progr	am title	persons beneficially of other			for o	thers)	-
28	SEE STATEMENT 7						
	(Grants \$ 22,000.) If th	nis amount includes foreign gi	rants, check here	>	28 a	120,	195.
29							
	(Grants \$) If th	nis amount includes foreign gi	rants, check here		29 a		
30							
	(Grants \$) If th	nis amount includes foreign gi	rants, check here	-	30 a		
	Other program services (attach schedule	e)					
		ns amount includes foreign gi	rants, check here	▶	31 a		
	Total program service expenses (add li			>	32	120,	
Par	LIV. List of Officers, Directors					ated (See the in	strs)
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan	to	(e) Expense ac	count
	(a) Name and address	to position	not paid, enter -u)	deferred compensa	ition	and other allow	ances
KAT	HLEEN MONAHAN	BOARD PRESIDENT	0.	,	0.		0.
223	WEST JACKSON BOULEVARD	5.00					
	CAGO, IL 60606						
-	ERT WILLIAMSON	TREASURER	0.		0.		0.
	WEST JACKSON BOULEVARD	2.00			٠.		٠.
	CAGO, IL 60606	2.50				ĺ	
	BARA HOHLT	BOARD MEMBER	0.		0.		0.
	WEST JACKSON BOULEVARD	2.00			٠.		٥.
	CAGO, IL 60606	2.00					
	US MCQUILKEN	BOARD MEMBER	0.		0.		0.
	WEST JACKSON BOULEVARD	2.00			٥.		υ.
	CAGO, IL 60606	2.00					
	LY SLOVENSKI	EXECUTIVE DIREC	58,682.		0.		0.
	WEST JACKSON BOULEVARD	40.00	•		Ο.		υ.
	CAGO, IL 60606	40.00					
	RYL JACQUES	BOARD MEMBER	0.		0.		0.
	WEST JACKSON BOULEVARD	2.00			υ.	į	υ.
	CAGO, IL 60606	2.00	'				
	CULLEN	BOARD MEMBER	0.		0.		
	WEST JACKSON BOULEVARD	2.00			υ.		0.
	CAGO, IL 60606	2.00					
<u></u>	CAGO, 11 0000						
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DAA			1,0000	L		Form 000 F7	(2000)
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	990-EZ (2009) FREEDOM STATES ALLIANCE 20-5037507	1	Р	age 3		
Pai	t V Other Information (Note the statement requirements in the instrs for Part V.) SEE STATE	CEME	NT	8		
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		Yes	No		
	each activity	33		X		
34		34		X		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		_			
á	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a	х			
ŀ	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	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		x		
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. Did the organization file Form 1120-POL for this year?	37b		X		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	38 a		x		
ł	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A					
39	Section 501(c)(7) organizations Enter					
a	Initiation fees and capital contributions included on line 9 39a N/A	·		1		
	Gross receipts, included on line 9, for public use of club facilities. 39b N/A					
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►					
t	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I	40 ь		x		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	į,				
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	riosia.				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X		
41 List the states with which a copy of this return is filed NONE						
42 a	The organization's books are in care of SALLY_SLOVENSKI Telephone no 617-92 Located at 223 WEST_JACKSON_BOULEVARD_CHICAGO_IL ZIP+4 60606	<u>3-64</u>	<u>490</u> 	 		
Ł	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No		
	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 account)? If 'Yes,' enter the name of the foreign country.	42b		X		
		1		*		
			-	3		
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the US?	42 c				
	If 'Yes,' enter the name of the foreign country.	720				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here.		▶ □	N/A		
73	and enter the amount of tax-exempt interest received or accrued during the tax year	•		N/A		
			Yes	No		
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х		
45		45		х		
BAA	TEEA0812L 01/30/10 Form	n 990	-EZ ((2009)		

Form 990	-EZ (2009) FREEDOM STATES ALLI			20-5037		age 4
Part VI	Section 501(c)(3) organization 501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) no	nexempt charitable	charitable trusts only e trusts must answer	 All section questions 	
46 Did	the organization engage in direct or indire- public office? If 'Yes,' complete Schedule (ct political campaign ac	ctivities on behalf of or	in opposition to candidate	Yes	No X
•	the organization engage in lobbying activit				47	X
	ie organization a school as described in se		•	edule E	48	X
49 a Did	the organization make any transfers to an	exempt non-charitable	related organization?		49a	X
b If 'Y	es,' was the related organization a section	527 organization?	•		49 b	
50 Com emp	plete this table for the organization's five loyees) who each received more than \$10	0,000 of compensation	from the organization	If there is none, enter 'No	and key	
(8	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 allowance:	s
NONE _						
					······································	
f Tota	I number of other employees paid over \$1	00,000				
51 Com	iplete this table for the organization's five pensation from the organization. If there is	highest compensated in s none, enter 'None '	ndependent contractor	s who each received more	than \$100,000	of
	(a) Name and address of each independent contri	actor paid more than \$100,000		(b) Type of service	(c) Compensation	n
NONE						
d Tota	I number of other independent contractors	each receiving over \$	100.000	<u> </u>		
	Under penalties of perjury 1 declare that I have examine, correct, and complete Declaration of preparer (c	ned this return, including a other than officer) is based				
Sian	L Sally slow	enski				
Sign Here	Signature of officer					
	- Sally Slovens	ilci Exe				
	Type or print name and title					
Paid	Preparer's signature	CPA				
Pre-	Firm's name (or KARLIN KERSCHNER					
parer's Use	yours if self- employed), > 666 DUNDEE ROAD					
Only	address and	0062-2739				
May the IF	RS discuss this return with the preparer shi					
BAA						

TEEA0812L

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

Total

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

Open to Public Inspection

Attach to Form 990 or Form 990-EZ. See separate instructions. Name of the organization Employer identification number FREEDOM STATES ALLIANCE C/O IL COUNCIL AGAINST HANDGUN VIOLENCE 20-5037507 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(bX1)(AX(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated **b** Type II c d | Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization. check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization in col (i) listed in your (v) Did you notify the organization in col (i) of your support? (i) Name of Supported Organization (ir) EIN (vi) Is the (vii) Amount of Support organization in col (i) organized in the US? governing document? (see instructions)) Yes No Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 FREEDOM STATES ALLIANCE 20-5037507

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	t)			
Sec	tion A. Public Support	r				r	·
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')		408,923.	182,005.	212,473.	192,638.	996,039.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf		And the second s				0.
3	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.
4	Total. Add lines 1-through 3	0.	408,923.	182,005.	212,473.	192,638.	996,039.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			The state of the s	, , ,		860,046.
6	Public support. Subtract line 5 from line 4		**		A Commence of the Commence of		135,993.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0.	408,923.	182,005.	212,473.	192,638	996,039.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources		41.	1,777.	859.	128	2,805.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11	Total support. Add lines 7 through 10		· ł in.				998,844.
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 501(d	c)(3) ► X
	tion C. Computation of Pul						
	Public support percentage for 20	• •	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f)		14	<u> </u>
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			15	%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the bo licly supported o	ox on line 13, and rganization.	the line 14 is 33	-1/3 % or more,	check this box ▶ □
t	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box licly supported o	on line 13, or 16a rganization	a, and line 15 is 3	3-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstance:	s' test, check this	box and stop her	re. Explain in Pa	rt IV how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstance: test The organi	s' test, check this zation qualifies as	box and stop he s a publicly suppo	r e. Explain in Pa orted organizatioi	rt IV how the
	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17a			
BΔΔ					Sc	hedule A (Form	990 or 990-EZ) 2009

Calendar y Calendar y Gifts men not i Gross adm or se facil that orga purp Gross not ar under Tax orga etthe its b The facil gove orga 7a Amo 2, 3 pers	Support Schedule for (Complete only if you che A. Public Support rear (or fiscal yr beginning in) so, grants, contributions and inbership fees received (Do include 'unusual grants')	cked the box on I	ine 9 of Part I)	n Section 509	(a)(2)		
Calendar y 1 Gifts men not i 2 Gros adm or ss facil that orga purp 3 Gross not ar under 4 Tax orga etthe its b 5 The facil gove orga 6 Tota 7 a Amo 2, 3 pers	A. Public Support	(a) 2005					
Calendar y 1 Gifts men not i 2 Gros adm or ss facil that orga purp 3 Gross not ar under 4 Tax orga etthe its b 5 The facil gove orga 6 Tota 7 a Amo 2, 3 pers	/ear (or fiscal yr beginning in) ►		(L) 2006				
1 Gifts men not i not i adm or se facili that orga purp 3 Gross not are under 4 Tax orga enthe its b 5 The facili gove orga 6 Tota 7 a Amo 2, 3 pers			(L) 2006				
2 Gros adm or se facil that orga purp or se facil under 4 Tax orga either facil gove 6 Tota 7 a Amo 2, 3 pers	s, grants, contributions and nbership fees received (Do		(b) 2006	(c) 200 7	(d) 2008	(e) 2009	(f) Total
2 Gros adm or se facil that orga purp or se facil under 4 Tax orga either facil gove 6 Tota 7 a Amo 2, 3 pers	include 'unusual grants')						
not as under 4 Tax orga either its b 5 The faciling over orga 6 Tota 7 a Amoo 2, 3 pers	ss receipts from hissions, merchandise sold ervices performed, or fitties furnished in a activity his related to the anization's tax-exempt						
orga eithe its b 5 The facili gove orga 6 Tota 7a Amo 2, 3 pers	s receipts from activities that are n unrelated trade or business r section 513						
facili gove orga 6 Tota 7 a Amo 2, 3 pers	revenues levied for the anization's benefit and er paid to or expended on behalf						
7a Amo 2, 3 pers	value of services or ities furnished by a ernmental unit to the anization without charge						
2, 3 pers	al. Add lines 1 through 5						
and disqi exce	ounts included on lines 2 3 received from other than ualified persons that eed the greater of 1% of amount on line 13 for the						
c Add	lines 7a and 7b						
8 Publ	lic support (Subtract line	` ^	← { ,		· *	` <u>`</u> `	
7c fr	rom line 6)		`		* **	ধ্	
Section	B. Total Support						
Calendar	year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amo	ounts from line 6.						
divid on s roya	ss income from interest, dends, payments received lecurities loans, rents, lities and income form lar sources						
incoi taxe	elated business taxable me (less section 511 s) from businesses uired after June 30, 1975						
	lines 10a and 10b						
activit wheth	ncome from unrelated business ties not included inline 10b, her or not the business is arly carried on						
gain	er income Do not include or loss from the sale of tal assets (Explain in IV)						
14 First organ	i support. (add ins 9, 10c, 11, and 12)				i ,		

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 17 %

18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 19 a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

%

Schedule A	(Form 99	U or 990	-EZ) 200	19 FRE	EDOM 2	TAILS .	ALLIANC	<u>r</u>		20	<u>-503750</u>	/ Pag	ge 4
Part IV	Supple Part II,	mental line 17	Inform a or 17	hation. (b; and	Complete Part III,	e this pa line 12.	irt to prov Provide a	vide the e any other	explanation additiona	ns require I informati	d by Part on. See i	II, line 10; nstructions.	
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									. – – – – –	· 		·	
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Schedule A (Form 990 or 990-EZ) 2009

BAA

2009.

FEDERAL STATEMENTS

PAGE 1

FREEDOM STATES ALLIANCE C/O IL COUNCIL AGAINST HANDGUN VIOLENCE

20-5037507

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

COMMISSIONS ON SALES

TOTAL \$ 2,761.

STATEMENT 2 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID)	
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	F/R & TECH SUPPORT ASSIST ILLINOIS COUNCIL AGAINST HANDGUN VIOLEN 223 W JACKSON BLVD CHICAGO, IL 60606	
CASH AMOUNT GIVEN:	CHICAGO, IL 60606	\$ 250.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	F/R & TECH SUPPORT ASSIST CITIZENS FOR A SAFER MINN EDUCATIONAL F 2395 UNIVERSITY AVE WEST ST PAUL MN 55114	
CASH AMOUNT GIVEN:	ST PAUL, MN 55114	\$ 500.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	F/R & TECH SUPPORT ASSIST NEW YORKERS AGAINST GUN VIOLENCE 3 WEST 29TH STREET NEW YORK, NY 10001	
CASH AMOUNT GIVEN:	NEW IORR, NI 10001	\$ 250.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	F/R & TECH SUPPORT ASSIST OHIO COALITION AGAINST GUN VIOLENCE PO BOX 1078	
CASH AMOUNT GIVEN:	TOLEDO, OH 43697	\$ 500.
	PO BOX 1/0393	
CASH AMOUNT GIVEN:	MILWAUKEE, WI 53217	\$ 250.
DONEE'S NAME: DONEE'S ADDRESS:	F/R & TECH SUPPORT ASSIST NECPGV P.O. BOX 221 WESTBROOK, ME 04098	
CASH AMOUNT GIVEN:	WESTBROOK, ME 04096	\$ 250.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	F/R & TECH SUPPORT ASSIST THE WORDSMITH COMPANY LTD PO BOX 727 SURRY HILLS, AUSTRALIA	
CASH AMOUNT GIVEN:	SURRI HILLS, AUSTRALIA	\$ 20,000.

2009	FEDERAL STATEMENTS FREEDOM STATES ALLIANCE C/O IL COUNCIL AGAINST HANDGUN VIOLENCE						
STATEMENT 3 FORM 990-EZ, PART I, OTHER EXPENSES BANK CHARGES CAMPUS CAMPAIGN EX CONFERENCES, CONVE CONSULTING DUES, SUBSCRIPTIONS INTERNET SERVICES NECPGV CONSULTING NECPGV EXPENSE NEWS SERVICE OFFICE EXPENSES TRAVEL UBIT TAXES	PENSE NTIONS, AND MEETINGS	TOTAL <u>§</u>	3,583. 115. 19,918. 38. 7,525. 2,600. 536. 1,205. 538. 2,773. 393.				
STATEMENT 4 FORM 990-EZ, PART II, OTHER ASSETS	LINE 24						
PLEDGES AND GRANTS	RECEIVABLE	BEGINNING \$ 150,000. TOTAL \$ 150,000.	\$ 140,000.				
STATEMENT 5 FORM 990-EZ, PART II, TOTAL LIABILITIES	LINE 26						
FUNDS HELD AS AGEN LIABILITIES FOR TA PAYROLL TAXES	r XES	BEGINNING \$ 8,246. 284. 3,578.	\$ 0. 393. 1,841.				

STATEMENT 6 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

FREEDOM STATES ALLIANCE'S PURPOSE IS TO EDUCATE THE AMERICAN PUBLIC ABOUT THE NATURE OF GUN VIOLENCE IN THE UNITED STATES.

1,841. 2,234.

3,578. 12,108. \$

TOTAL \$

2009

FEDERAL STATEMENTS

PAGE 3

FREEDOM STATES ALLIANCE C/O IL COUNCIL AGAINST HANDGUN VIOLENCE

20-5037507

STATEMENT 7
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROVIDED FUNDRAISING AND TECHNICAL SUPPORT SERVICES FOR 7 STATE-BASED AND REGIONALLY FOCUSED GUN VIOLENCE PREVENTION GROUPS TO SUPPORT AND STRENGTHEN THEIR FUNDRAISING AND ORGANIZATIONAL EFFORTS THROUGH TRAINING AND TECHNICAL ASSISTANCE SUPPORT.

WEB-BASED OUTREACH AND LISTBUILDING ACTIVITIES - FSA MAINTAINS 3 DISTINCT WEBSITES AND DISSEMINATES EMAIL ALERTS, PRESS RELEASES, AND NEW STORIES TO SUPPORT OUR EDUCATION EFFORTS.

WE HAVE WORKED WITH STATE GROUPS TO BRING ADDED MEDIA ATTENTION AND EXPOSURE TO THIS ISSUE.

STATEMENT 8 FORM 990-EZ, PART V 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?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO

Form 8868

Department of the Treasury Internal Revenue Service

the extension will cover

The extension is for the organization's return for

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

If you are illing 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 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 lax relurns 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 'selow (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 liling of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Name of Exempt Organization Employer identification number Type or print FREEDOM STATES ALLIANCE 20-5037507 File by the due date for filing your return See Number, street, and room or suite number. If a P.O. box, see instructions 688 NORTH MILWAUKEE AVE #204 instructions City, town or posi office state, and ZIP code For a foreign address, see instructions IL 60622 CHICAGO, Check type of return to be filed (file a separate application for each return) Form 990 Form 990-T (corporation) Form 4720 Form 990-T (section 401(a) or 408(a) trust) Form 5227 Form 990-BL X Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 The books are in the care of ► SALLY SLOVENSKI Telephone No ► 617-923-6490 If the organization does not have an office or place of business in the United States, check this box

► X calendar year 20 09 or tax year beginning, 20, and ending, 20			
2 If this tax year is for less than 12 months, check reason I 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	\$	0
b If this application is for Form 990-PF or 990-T enter any refundable credits and estimated lax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	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 Syslem)			
San instructions	1 30	18	(1

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

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

If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN)

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above

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

Form 8868 (Rev 4-2009)

If this is for the whole group,