DLN: 93493318024271 OMB No 1545-0047 **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)

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

2010

Open to Public Inspection

Internal Revenue Service A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 D Employer identification number C Name of organization B Check if applicable MAYORS AGAINST ILLEGAL GUNS ACTION FUND Address change 20-8802884 Doing Business As Name change E Telephone number Initial return Number and street (or P O $\,$ box if mail is not delivered to street address) C/O GELLER CO909 3RD AVE 16TH FL Room/suite (212) 583-6000 Terminated **G** Gross receipts \$ 2,687,446 City or town, state or country, and ZIP + 4 NEW YORK, NY 100227605 Amended return

I App	nication	pending						
		F Name and address of principal officer ARKADI GERNEY C/O GELLERCO-909 3RD AVE NY,NY 10022	H(b) Are all affiliates incl If "No," attach	ttach a list (see instructions)				
I Ta	k-exem	pt status	H(c) Group exemption	n numb	per 🟲			
J W	ebsit e	: ► WWW MAYORSAGAINSTILLEGALGUNS COM						
K Forr	n of org	anization	L Year of formation 200	7 M S ¹	tate of legal domicile D			
Pa	rt I	Summary						
emance	T E I N	riefly describe the organization's mission or most significant activities HE PRIMARY ACTIVITY OF MAYORS AGAINST ILLEGAL GUNS ACTION FU EHALF OF A COALITION OF OVER 600 MAYORS FROM BIG CITIES AND S N THIS CAPACITY, MAYORS AGAINST ILLEGAL GUNS ACTION FUND SUP IAKERS, AS WELL AS THE PRESS AND THE PUBLIC, ABOUT THE CONSEQU FFORTS TO KEEP GUNS OUT OF THE HANDS OF CRIMINALS	SMALL TOWNS FROM A PORTS EFFORTS TO E	CROSS DUCA	THE COUNTRY TE POLICY			
Activities & Governance	3 1	heck this box T if the organization discontinued its operations or disposed of lumber of voting members of the governing body (Part VI, line 1a)	. [3	ets			
톭		lumber of independent voting members of the governing body (Part VI, line 1b)	F	4				
Ą		otal number of individuals employed in calendar year 2010 (Part V, line 2a)	• •	5				
		otal number of volunteers (estimate if necessary)	-	6				
		otal unrelated business revenue from Part VIII, column (C), line 12 let unrelated business taxable income from Form 990-T, line 34	-	7a 7b				
-	, U	ret america basiness taxable income nomi form 550 1, me 54	Prior Year	/b	Current Year			
	8	Contributions and grants (Part VIII, line 1h)	85,2	98	2,687,078			
횰	9	Program service revenue (Part VIII, line 2g)		0				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,3	19	368			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	,	0	(
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	94,6	17	2,687,440			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	531,000			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	(
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)	-	0	(
₹	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	(
표	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0						
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,120,5	_	1,429,899			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,120,5	_	1,960,899			
. 10	19	Revenue less expenses Subtract line 18 from line 12	-1,025,9	_	726,54			
et Assets or and Balances			Beginning of Curren Year	t	End of Year			
35.55 B.35.55	20	Total assets (Part X, line 16)	929,5	41	1,674,220			
25	21	Total liabilities (Part X, line 26)	35,1	05	53,23			

Net assets or fund balances Subtract line 21 from line 20 $\,$. 894.436 1.620.983

Part II Signature Block

Department of the Treasury

Under penalties of perjury, I declare that I have examined this return, including accordance with the control of preparer (other control of preparer) and complete. Declaration of preparer (other control of preparer) and complete.

knowledge.			
Sign Here	****** Signature of officer ARKADI GERNEY CHAIRMAN Type or print name and title		
	Print/Type preparer's name CHARLES POMO	Preparer's signature	CHARLES PON
Paid Properer	Firm's name FGELLER & COMPANY LLC	•	
Preparer Use Only	Firm's address PO BOX 1510		

May the IRS discuss this return with the preparer shown above? (see instructio

NEW YORK, NY 10150

LOIII	1990 (2010)				Page ∠
Par		nent of Program Service A f Schedule O contains a response			୮
1	Briefly describ	e the organization's mission			
THE	ORS AGAINST	ILLEGAL GUNS ACTION FUND'S E PUBLIC, ABOUT THE CONSE			
2		zation undertake any significant pi 990 or 990-EZ?		hich were not listed on	es 🔽 No
	If "Yes," descr	ibe these new services on Schedu	le O		
3	services? .	ration cease conducting, or make	significant changes in how it cond		es 🔽 No
4	Describe the e Section 501(c	xempt purpose achievements for)(3) and 501(c)(4) organizations obthers, the total expenses, and re	and section 4947(a)(1) trusts are	required to report the amount of	
4a) (Expenses \$ MAYORS AGAINST ILLEGAL GUNS ACTION F GOVERNMENTS AND ORGANIZATIONS, AN) ANTS AND OTHER
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other prograr (Expenses \$	m services (Describe in Schedule	O) grants of \$) (Revenue \$	`
			1,797,107	Viveseline à	J
	P 9. un	· · · · · · · · · · · · · · · ·	-,·-·, - -·		

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 💋	2	Yes	
3	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	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νo
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		Νo
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization 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	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νο
а	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," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . \cdot . \cdot . \cdot . \cdot . $$	•						
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable							
	1a 6							
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable							
	gaming (gambling) winnings to prize winners?	1c	Yes					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b						
2-	Did the organization have unrelated business gross income of \$1,000 or more during the							
3a	year?	3a		Νo				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b						
4a	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)?	4a		Νo				
ь	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	F-						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a	Yes					
Ja	organization solicit any contributions that were not tax deductible?	Ua	165					
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
_	were not tax deductible?	6b	Yes					
7	Organizations that may receive deductible contributions under section 170(c).	7a						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	/a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c						
al.	file Form 8282?							
a	If Yes, indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit							
	contract?	7e						
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f						
g	required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a							
	Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess							
	business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?	9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club acilities							
11	Section 501(c)(12) organizations. Enter							
	Gross income from members or shareholders							
Ь	Gross income from other sources (Do not net amounts due or paid to other sources							
	against amounts due or received from them)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the							
42	year Section 501(a)(30) qualified represent health incurrence incurre							
13	(-/,,							
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a						
h	Enter the amount of reserves the organization is required to maintain by the states							
-	in which the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
142	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο				
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14a		110				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O							

Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the and of the tax						
Tq	Enter the number of voting members of the governing body at the end of the tax year						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Does the organization have members or stockholders?	6	Yes				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No			
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
Ь	Each committee with authority to act on behalf of the governing body?	8b		No			
9	9	Yes					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O						
Re	venue Code.)			Ι			
			Yes	No			
	Does the organization have local chapters, branches, or affiliates?	10a		No			
	10b						
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c					
13	Does the organization have a written whistleblower policy?	13		Νo			
14	Does the organization have a written document retention and destruction policy?	14		Νo			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		Νο			
b	Other officers or key employees of the organization	15b		Νo			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?						
6.	ection C. Disclosure	16b					
	List the States with which a copy of this Form 990 is required to be filed NY , CA , DE						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)						
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply						

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 KATHLEEN MCINERNEY CO GELLER & COMPANY LLC 909 THIRD AVENUE - 16TH FL NEW YORK, NY 10022

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organiz	•	elated or	ganı	zatio	n cc	mpen	sate	d any current office	r, dırector, or trust	e e
(A) Name and Title	(B) Average hours	Posi	((tion (hat a	c) [che	cka			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) ARKADI GERNEY CHAIRMAN & DIRECTOR	1 00	x		×				0	0	0
(2) RICHARD DESCHERER VICE-CHAIRMAN & DIRECTOR	10	х		х				0	0	0
(3) DIANE RIZZO SECRETARY & TREASURER	30	х		х				0	0	0

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estima amount o compens	ted fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from t organizati relate organiza	he on and ed
1b	Sub-Total		<u>.</u>	<u> </u>	<u> </u>	<u> </u>	<u>.</u>	<u></u>					
С	Total from continuation sheets						F						
d	Total (add lines 1b and 1c) .							F	0	•	0		0
2	Total number of individuals (inc \$100,000 in reportable comper	_				ted	above) who	received more tha	n	•		
												Yes	No
3	Did the organization list any foi on line 1a? <i>If</i> " <i>Yes,"</i> complete Sc									ated employee	3		No
4	For any individual listed on line organization and related organization.										4		N o
5	Did any person listed on line 1a services rendered to the organi										5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
THE RABEN GROUP 1640 RHODE ISLAND AVENUE NW SUITE WASHINGTON, DC 20036	LEGISLATIVE CONSULTING	208,201
ABAR HUTTON MEDIA LLC 6190 GROVEDALE COURT 200 ALEXANDRIA, VA 223102552	MEDIA ADVERTISING	206,250
BULLY PULPIT INTERACTIVE LLC 1750 K ST NW SUITE 450 WASHINGTON, DC 20006	ADVERTISING CONSULTING	197,000
WINNING CONNECTIONS INC 317 PENNSYLVANIA AVE SE 2ND FL WASHINGTON, DC 20003	POLLING	160,684
OMP INC 1133 19TH STREET NW SUITE 300 WASHINGTON, DC 20036	WEBSITE DESIGN AND CONSULTING	118,088
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►5) who received more than	

Form 99							Pa
	/	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
報報	1a	Federated campaigns 1a					
통표	ь	Membership dues 1b					
ე ქ	c	Fundraising events 1c					
Æä	d	Related organizations 1d					
Contributions, gifts, grants and other similar amounts	e	Government grants (contributions) 1e					
<u> 돌</u> ,	f	All other contributions, gifts, grants, and 1f	2,687,078		! 		i i
돌로	_	similar amounts not included above Noncash contributions included in lines 1a-1f \$					
# `	g	Nonedsii continuations included in lines 14 11 \$	-				
Ç.ĕ.	h	Total. Add lines 1a-1f		2,687,078			
			Business Code				
Ĕ	2a						
eg Eg	ь						
ш 9.	l c						
ř	d						
R.	e						
E E	f	All other program service revenue					
Program Serwce Revenue	-						
<u></u>	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inte	erest	368			368
	١,	and other similar amounts)	. •	300			308
	4 5						
	•	Royalties	(II) Personal				
	6a	Gross Rents	(II) Fersonal				
	Ь	Less rental					
		expenses Rental income					
	C	or (loss)					
	d	Net rental income or (loss)					
		(i) Securities Gross amount	(II) O ther				
	/a	from sales of					
		assets other than inventory					
	Ь	Less cost or other basis and					
		sales expenses Gain or (loss)					
	1		<u> </u>				
	-	Net gain or (loss)	-				
ம்	Ga	Gross income from fundraising events (not including					
Ě		\$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
č		a					
<u> </u>	ь	Less direct expenses b					
5	С	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See					
	h	Part IV, line 19 . a Less direct					
	-	expenses					
		b					
	—	Net income or (loss) from gaming activities					
	Toa	Gross sales of inventory, less returns and allowances					
		а					
		Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	Ь						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d	•				
	4.7	Tabel	L				
	12	Total revenue. See Instructions	F	2,687,446	0	c	368

	t of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must s must complete column (A) but are not required to c		ns (B), (C), and	` 	_
Do not include amounts r 7b, 8b, 9b, and 10b of Par		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other as	ssistance to governments and organizations t IV, line 21	531,000	531,000		
2 Grants and other as US See Part IV, II	ssistance to individuals in the ne 22	,	,		
	ssistance to governments, individuals outside the U S See nd 16				
4 Benefits paid to or	for members				
5 Compensation of cokey employees .	urrent officers, directors, trustees, and				
(as defined under s	included above, to disqualified persons ection 4958(f)(1)) and persons n 4958(c)(3)(B)				
7 Other salaries and	wages				
	butions (include section 401(k) and section ontributions)				
9 Other employee be	nefits				
10 Payroll taxes .					
a Fees for services (Management .					
b Legal		68,209		68,209	
c Accounting		68,044		68,044	
	ising services See Part IV, line 17				
	ement fees				
g Other		322,688	322,688		
_	omotion	686,196	 		
		3,262	3,262		
	logy	3,202	3,202		
5 Royalties	logy				
·					
.6 Occupancy		4 072	1.072		
	or entertainment expenses for any federal,	4,073	4,073		
	c officials				
	entions, and meetings				
	tes				
2 Depreciation, deple	tion, and amortization	7,745	 		
		11,293		11,293	
miscellaneous exp	emize expenses not covered above (List enses in line 24f Ifline 24f amount exceeds 10% of i amount, list line 24f expenses on Schedule O)				
a LEGISLATIVE CO	NSULTING	202,500	202,500		
b WEBSITE-CLOSE	THE TERRO	37,507	37,507		
c AUDIT FEES		15,000		15,000	
d TELEPHONE		1,273	1,273		
e BANK FEES		1,026		1,026	
f All other expenses		1,083	863	220	
25 Total functional ex	penses. Add lines 1 through 24f	1,960,899	1,797,107	163,792	
SOP 98-2 (ASC 9! organization report	here F T if following 58-720) Complete this line only if the ed in column (B) joint costs from a nal campaign and fundralsing solicitation				

Pa	irt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			677,344		1,630,044
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			250,000	3	
	4	Accounts receivable, net				4	2,393
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key en	nployees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B), and contributing em- sponsoring organizations of section 501(c)(9) voluntary employe organizations (see instructions)	ployers	s, and			
ets		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use	•			8	
	9	Prepaid expenses and deferred charges			2,197	9	3,060
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	1,468	-		
	b	Less accumulated depreciation	10b	245	0	10c	1,223
	11	Investments—publicly traded securities		•		11	
	12	Investments—other securities See Part IV, line 11	•	•		12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	37,500
	15	Other assets See Part IV, line 11		•		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	•		929,541	16	1,674,220
	17	Accounts payable and accrued expenses .			35,105	17	53,237
	18	Grants payable				18	
	19	Deferred revenue				19	
10	20	Tax-exempt bond liabilities				20	
<u>.</u>	21	Escrow or custodial account liability	D.	•		21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
		persons Complete Part II of Schedule L		-		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties .		•		24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			35,105	26	53,237
S O O		Organizations that follow SFAS 117, check here ► ✓ and complet through 29, and lines 33 and 34.	te line	s 27			
Balance	27	Unrestricted net assets			894,436	27	1,620,983
Ω Ω	28	Temporarily restricted net assets				28	
Ξ	29	Permanently restricted net assets				29	
or Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	comple	ete			
	30	Capital stock or trust principal, or current funds	ı			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fund	ds			32	
Net	33	Total net assets or fund balances			894,436	33	1,620,983
~	34	Total liabilities and net assets/fund balances			929.541	34	1.674.220

Ра	Check if Schedule O contains a response to any question in this Part XI		•		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,6	587,44
2	Total expenses (must equal Part IX, column (A), line 25)	2			960,89
3	Revenue less expenses Subtract line 2 from line 1	3		7	726,54
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8	394,43
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,6	520,98
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			┌	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O	•	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	▼ Separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

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DLN: 93493318024271

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

Open to Public

	e of the organization		Employer ide	ntification number	
MAYOF	RS AGAINST ILLEGAL GUNS ACTION FUND		20-8802884	4	
Part	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99				ıf the
	_	(a) Donor advised funds	(b) Funds	and other accounts	5
Т	otal number at end of year				
Α	ggregate contributions to (during year)				
Α	ggregate grants from (during year)				
Α	ggregate value at end of year				
	Old the organization inform all donors and donor adviunds are the organization's property, subject to the o	_	or advised	Г Yes Г	- No
L C	Old the organization inform all grantees, donors, and ised only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for a	ny other purpos	Yes	_ No
art	Conservation Easements. Complete	<u>if the organization answered "Yes" t</u>	o Form 990, F	Part IV, line 7.	
Γ Γ (Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualicatement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a G	certified historio	structure	
	assement on the last ady of the tax year		Held	at the End of the Ye	ear
a T	otal number of conservation easements		2a		
ь⊺	otal acreage restricted by conservation easements		2b		
	Number of conservation easements on a certified his		2c		
	Number of conservation easements included in (c) ac	equired after 8/17/06	2d		
	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	ed by the organi	zation during	
	Number of states where property subject to conserva Does the organization have a written policy regarding Inforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand		ns, and Yes 「	- No
9	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents during the	year ►	
A	mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during the yea	ır ► \$	
	Does each conservation easement reported on line 2 .70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	☐ Yes ☐	_ No
b	n Part XIV, describe how the organization reports co valance sheet, and include, if applicable, the text of t he organization's accounting for conservation easen	he footnote to the organization's financial	•	•	
art	Organizations Maintaining Collection Complete if the organization answered "		or Other Sin	nilar Assets.	
a	f the organization elected, as permitted under SFAS irt, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtheranc		
_ -	f the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	public exhibition, education, or research i		•	
(i) Revenues included in Form 990, Part VIII, line 1		▶ \$	i	
(ii) Assets included in Form 990, Part X		> \$		
I	f the organization received or held works of art, histoollowing amounts required to be reported under SFA		or financial gain		
a _F	Revenues included in Form 990, Part VIII, line 1		► \$		

b Assets included in Form 990, Part X

تحسم	III Organizations Maintaining Co	llections of Art	t, His	<u>tori</u>	<u>cal Tr</u>	easur	es, or C	the	r Similar <i>i</i>	Asset	S (co	<u>ntınued)</u>
	Using the organization's accession and other items (check all that apply)	records, check an	y of th	ne foll	owing t	that are	a sıgnıfıca	ant us	se of its colle	ection		
а	Public exhibition		d	Γ	Loan	orexcha	ınge progi	rams				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
	Provide a description of the organization's co Part XIV	ollections and expla	ıın hov	ν the γ	/ furthe	er the org	ganızatıor	ı's ex	empt purpos	e ın		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	┌	es	┌ No
Part	Part IV, line 9, or reported an an						answere	d "Y	es" to Form	າ 990,		
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	itions or	other ass	ets r	not	ΓY	es	┌ No
b	If "Yes," explain the arrangement in Part XI\	' and complete the	follow	ung ta	able		Г			A moun	nt	
c	Beginning balance						Ī	1c				
d	Additions during the year							1d				
e	Distributions during the year						F	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X. lın	e 21?				L				es	
	If "Yes," explain the arrangement in Part XIV	, ,								•	-	,
Par			n ans	were	d "Ye	s" to Fo	rm 990.	Par	t IV, line 1	0.		
		(a)Current Year) Prior Y			Years Back		Three Years Bac		our Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment 🕨											
	Are there endowment funds not in the posses organization by	ssion of the organiz	ation t	that a	re held	d and ad	mınıstere	d for	the	Γ	Yes	No
	(i) unrelated organizations								[3	Ba(i)		
	(ii) related organizations								3	a(ii)		
b	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	ched	ule R?				[3b		
	Describe in Part XIV the intended uses of th											
Part	VI Investments—Land, Buildings	, and Equipme	<u>nt.</u> S	<u>ee F</u>	<u>orm 9</u>	90, Par	t X, line	10.	1			
	Description of investment				a) Cost o		(b) Cost or basis (ot		(c) Accumul depreciati		(d) Bo	ook value
1 a L	and											
b B	uildings											
	easehold improvements											
C L												
	quipment											
d E	quipment					1,468				245		1,223

Part VIII Investments—Other Securities. See I	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		d of valuation year market value
(1)Financial derivatives		Cost of the of	year market varue
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin			
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	e 15. tion 5)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	e 15. tion 5)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)	, , , , , , , , , , , , , , , , , , ,	(b) Book value

	Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	1113	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,687,446
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,960,899
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	726,547
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	726,547
Pari	XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Ret	· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements	1	2,687,446
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,687,446
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,687,446
	Reconciliation of Expenses per Audited Financial Statements With Expense	s per R	
1	Total expenses and losses per audited financial statements	1 1	1,960,899
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
С	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,960,899
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)]	
С	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,960,899
	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return

Return Reference | Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493318024271

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990

Inspection

Employer identification number

Part I General Informa	ation on Grant	s and Assistance				20-8802884	
1 Does the organization main			the grants or assistanc	e, the grantees' eligib	ulity for the grants or as	sistance, and	
the selection criteria used t	o award the grant	s or assistance?					
2 Describe in Part IV the orga	`	_					
	, line 21 for any	recipient that receive eeded	d more than \$5,000	. Check this box if	no one recipient rece	eived more than \$5,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CITY OF READING PENNSYLVANIA815 WASHINGTON STREET READING, PA 196013690			17,000				TO RENEWITS REGIONAL COORDINATOR POSITION THE FUNDS WILL COVER THE COORDINATOR'S SALARY, BENEFITS AND TRAVEL EXPENSES
(2) COALITION TO STOP GUN VIOLENCE1424 L STREET NW SUITE 2-1 WASHINGTON, DC 20005			122,000				GENERAL SUPPORT FOR PROMOTING AND EDUCATING PUBLIC ABOUT ILLEGAL GUNS AND DOMESTIC VIOLENCE
(3) CITY OF LEWISTONPO BOX 617 LEWISTON,ID 83501			12,000				TO FUND ITS REGIONAL COORDINATOR POSITION THE FUNDS WILL COVER THE COORDINATOR'S SALARY, BENEFITS AND TRAVEL EXPENSES
(4) BRADY CAMPAIGN TO PREVENT GUN VIOLENCE 1225 EYE STREET NW SUITE 1100 WASHINGTON, DC 20005			5,000				TO FUND A THREE- MONTH PROJECT CALLED "FLORIDA TARGETED MOBILIZATION INITIATIVE" IN ORLANDO AND MIAMI METRO AREAS
(5) AMERICA VOTES1401 NEW YORK AVENUE NW SUITE 720 WASHINGTON, DC 20005			350,000				GENERAL SUPPORT OF THE EFFORTS TO PROMOTE THE HERITAGE, TRADITIONS AND OPPORTUNITIES OF SPORTSMEN AND WOMEN
(6) CEASEFIRE PENNSYLVANIA EDUCATION FUND111 S INDEPENDENCE MALL EAST PHILADELPHIA, PA 19106			25,000				GENERAL SUPPORT TO BE USED FOR LEGISLATIVE ADVOCACY AND PUBLIC EDUCATION AIMED AT REDUCING GUN VIOLENCE IN PENNSYLVANIA

a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318024271

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE 0 (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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization MAYORS AGAINST ILLEGAL GUNS ACTION FUND **Employer identification number**

20-8802884

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION'S DIRECTORS ARE ITS MEMBERS, IN ACCORDANCE WITH DELAWARE LAW

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B		NO FORMAL COMMITTEE MEETINGS DURING THE YEAR

ldentifier	Return Reference	Explanation					
FORM 990, PART VI, SECTION B, LINE		THE DIRECTORS WILL BE PROVIDED COPIES OF THE 2010 FORM 990 BEFORE FILING					

Identifier	Return Reference	Explanation
	·	THE ORGANIZATION MAKES ALL REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST REQUEST FOR REVIEWING THE ORGANIZATION'S DOCUMENTS CAN BE ADDRESSED TO THE ORGANIZATION IN CARE OF GELLER & COMPANY AS NOTED IN PART VI, SECTION C, QUESTION 20

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493318024271

OMB No 1545-0172

Department of the Treasury

Form 4562

Attachment

See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** MAYORS AGAINST ILLEGAL GUNS ACTION FUND FORM 990 PAGE 10 20-8802884 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 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 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 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 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 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 15 **16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 18 If you are electing to group any assets placed in service during the tax year into one or more . general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property 1.468 3 0 245 **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 27 5 yrs MM S/L property 27 5 yrs ΜМ S/L 39 yrs ММ S/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System **20a** Class life S/L **b** 12-year 12 yrs S/L **c** 40-year ΜМ S/L 40 yrs **Summary** (see instructions) Part IV 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 22 245 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for

entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense.

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	Caution	: See	the i	nstruct	ions for	limits	for pa	sseng	er au	tomot	iles.)	
24a Do you have evider	nce to support t	the business/inv	estment ι	ise claime	d? ┌ Ye s	Гио		24	lb If "Yes	" is the e	v idence	written?	Гүе	sГn)	
(a) Type of property (list vehicles first)	(b) Date placed in service	placed in investment Cost or			r other (husiness/investment				(g) Metho Conven	d/	(h) Depreciation/ deduction			(i) Elected section 179 cost		
25 Special depreciation allo 50% in a qualified busi	•		rty placed	in service (during the	tax year	and u	ised more		25						
26 Property used mor	e than 50%	ın a qualıfıed	business	use												
		%											+			
		%														
27 Property used 50%	orless in a		ıness us	е												
		%							S/L - S/L -				-			
		%							S/L -							
28 Add amounts in c	olumn (h), lır	nes 25 throug	h 27 En	ter here a	and on lı	ne 21,	page	1 .	28							
29 Add amounts in c	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1						29					
				_Infor												
Complete this section If you provided vehicles to													se vehic	les		
30 Total husiness/in	vestment mi	les driven dui	una the	_	a)	-	b)		(c)		d)	-	≘)		f)	
30 Total business/investment miles driven during the year (do not include commuting miles)			Vehicle 1 V			hicle 2 Vehic		hicle 3	cle 3 Veh		hicle 4 Vehicl		Vehi	cle 6		
31 Total commuting	miles driven	during the ve	ar			1										
32 Total other person						 										
33 Total miles driver	•															
through 32 .																
34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
during off-duty ho	urs? .					<u> </u>										
35 Was the vehicle u		by a more the	nan 5%													
owner or related p 36 Is another vehicle		r personal us	e? .		1				+							
		stions for		vers W	ho Pro	vide \	l Jehi	cles f	nr lise	hv Th	<u>∣</u> eir Fr	nnlov				
Answer these questio 5% owners or related	ns to determ	ine if you me	et an exc											not mo	re thar	
37 Do you maintain a employees?		y statement	that prof	nibits all	personal •	use of	vehi	cles, ind	luding c	ommutı •	ng, by	our •	<u> </u>	es	No	
30 D		4-4	* l * l			c	L l						-			
38 Do you maintain a employees? See t																
39 Do you treat all us	se of vehicles	s by employe	es as pei	sonal us	e? .											
40 Do you provide movehicles, and reta		•		oyees, o	btaın ınfo	ormatio •	n fror	n your e	employee	s about	the us	e of th	e 🗀			
41 Do you meet the r	equirements	concerning	ualified a	automobi	ıle demoi	nstratio	n us	e? (See	ınstruct	ons)						
Note: If your ansv	•							•		-	·s					
	rtization	, , ,		<u>, </u>	<u> </u>											
(a) Description of c		(b) Date amortization begins	1	A mort	c) tızable ount		(d) Code section		A mo pei	(e) A mortization period or percentage		(f) A mortizat this ye			tion for	
42 A mortization of co	sts that beg	ıns durıng yo	ur 2010	tax year	(see ins	truction	ns)									
WEBSITE		2010-07-01			45,000 197				36 M						7,500	
43 A mortization of co	sts that beg	an before you	ır 2010 t	ax year						43						
44 Total. Add amoun	ts ın column	(f) See the in	structio	ns for wh	ere to re	port				44					7,500	