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Internal Revenue Service

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)

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2009 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if Please use IRS X Address change label or UNITED AGAINST ILLEGAL GUNS SUPPORT FUND print or type 26-1598353 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-C/O GELLER & CO-909 3RD AVE. 212-583-6000 16 FL Instruc-Amende City or town, state or country, and ZIP + 4 G Gross receipts \$ 764.441. Applica-NEW YORK, NY 10022-7605 H(a) Is this a group return pending F Name and address of principal officer JOHN FEINBLATT for affiliates? Yes X No CENTRE ST., STE. 1012, NEW YORK, 10007 H(b) Are all affiliates included? NY Yes No. I Tax-exempt status X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► NOT YET AVAILABLE H(c) Group exemption number ► N/A K Form of organization: X Corporation Association Other > L Year of formation: 2007 M State of legal domicile; DE Part I Summary Briefly describe the organization's mission or most significant activities Expenses ANN ID Revenue 4 Mignities & Governance DURING THE PAST YEAR UNITED AGAINST ILLEGAL GUNS SUPPORT FUND HAS Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of employees (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Ine 34 0. **Prior Year Current Year** 2,262,123 762,059. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 2,749 2,382. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  $\overline{764},441.$ 2,264,872 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 320,000. 193,905. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-110, 111-241 492,154. 280,793. 812,154. 474,698. Total expenses Add lines 13-17 (must equal Part IX, column Ö 1,452,718. 289,743. Revenue less expenses. Subtract line 18 from line 19 Θ SS SS 580 NOV **Beginning of Current Year End of Year** က် 1,887,287. 20 Total assets (Part X, line 16) 1,543,340. 90,622 144,826. 21 Total liabilities (Part X, line 26) OGDEN. UT Net assets or fund balances Subtract line 21 from line 1,452,718 ,742,461. Part II Signature Block Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here JOHN FEINBLATT, PRESIDENT Type or print name and title Check If self-Preparer's identifying numbe (see instructions) Preparer's Paid mo signature employed Preparer's Firm's name (or GELLER & COMPANY LLC yours if self-employed), Use Only P.O. BOX 1510 NEW YORK, NY 10150 Phone no.  $\triangleright$  (212)583-6000

> X Yes Form 990 (2009)

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

	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission SEE STATEMENT 1
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported  SEE SCHEDULE O FOR CONTINUATION(S)
4a	250 060
	DURING THE 2009 TAX YEAR, UNITED AGAINST ILLEGAL GUNDS SUPPORT FUND HAS
	SUPPORTED MAYORS AGAINST ILLEGAL GUNS IN EDUCATING THE PUBLIC AND
	POLICYMAKERS ABOUT THE PROBLEM OF ILLEGAL GUNS AND GUN TRAFFICKING. TO
	THAT END, THE ORGANIZATION HAS PUBLISHED "A BLUEPRINT FOR FEDERAL
	ACTION ON ILLEGAL GUNS, " A SET OF 40 RECOMMENDATIONS FOR IMPROVING FEDERAL ENFORCEMENT OF EXISTING LAWS AIMED AT COMBATING ILLEGAL GUN
	TRAFFICKING. IN ADDITION, THE COALITION COMMISSIONED A NATIONAL POLL
	OF GUN OWNERS TO GAUGE THEIR OPINIONS ABOUT POLICIES FOR FIGHTING GUN
	TRAFICKING. LASTLY, UNITED AGAINST ILLEGAL GUNS SUPPORT FUND HAS
	SUPPORTED THE STAFFING, TRAVEL, AND EVENT COSTS OF THE MAYORS AGAINST
	ILLEGAL GUNS COALITION, WHICH HAS ALLOWED THE COALITION TO SHARE WITH
	MEMBER MAYORS BEST PRACTICES ABOUT REDUCING GUN VIOLENCE, COORDINATE
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
<i>A</i> ~4	Other program services. (Describe in Schedule O.)
4d	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ►\$ 379,263.
	Form 900 (2000)

02-04-10

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	Х	<del> </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			₩.
A	public office? If "Yes," complete Schedule C, Part I	3_	—· <del></del> -	X
4 5	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_4_		
J	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	A
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		<u>X</u>
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_		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
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	_		**
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	١		37
11	If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	10		<u> </u>
	as applicable			Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11_		
	Part VI.			
•	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.			
•	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			
•	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 167 If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	_X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A X			32
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u>X</u>
U	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	146		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		<u>X</u>
.0	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
	located outside the United States? If "Yes," complete Schedule F, Part III	16		х
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	17	j	X
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		X
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		_X_
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (2	2009)

Part IV Checklist of Required Schedules (continued)

		1	Yes	No
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	_X_	<u> </u>
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 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		X
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 through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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		х
ь	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	21		- 21
20	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		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		- 21
·	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	24		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	-	
32	Schedule N. Part II	32		Х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	22		v
24	Was the organization related to any tax-exempt or taxable entity?	33		_X_
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	,		v
05		34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			v
00	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		7,7
<b>^</b>	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.5
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
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	X	2009)

Form 990 (2009) UNITED AGAINST ILLEGAL GUNS SUPPORT FUND 26-1598353

Part V Statements Regarding Other IRS Filings and Tax Compliance

	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	_		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
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		X
b	If "Yes," enter the name of the foreign country. ▶			
	See the instructions for exceptions and 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		_X_
þ	, , , , , , , , , , , , , , , , , , , ,	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	_6a_		<u>X</u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
u	provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	,		
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h_		X
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?  N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?  N/A	9a		
_	Did the organization make a distribution to a donor, donor advisor, or related person?  N/A  Section 501(c)(7) organizations. Enter.	9b		
10	Initiation fees and capital contributions included on Part VIII, line 12  N/A  10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders  N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)	į		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
		Form	990 (	20091

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

Sec	tion A. Governing Body and Management		_				
			ı			Yes	No
1a	Enter the number of voting members of the governing body	1a	-	4			
þ	Enter the number of voting members that are independent	_1b		4			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip wit	h any other	i			
	officer, director, trustee, or key employee?			-	2	_X	
3	Did the organization delegate control over management duties customarily performed by or under the	he dir	ect supervisio	on			
	of officers, directors or trustees, or key employees to a management company or other person?			-	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo		90 was filed?	-	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's asse	ets?			5		_ <u>X_</u>
6	Does the organization have members or stockholders?			-	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	embe	ers of the		_		7.7
	governing body?		^	-	7a 		<u>X</u>
_	Are any decisions of the governing body subject to approval by members, stockholders, or other pe				7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n aurir	ng the year	ŀ			
	by the following.				٥-	v	
a	The governing body?  Each committee with authority to act on behalf of the governing body?			-	8a_	X	
D	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	aabaa	l at tha	-	8b		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acnec	a at the	1	9		X
300	tion B. Policies (This Section B requests information about policies not required by the Internal F	20100	ue Code I		9		
<del>, , , , , , , , , , , , , , , , , , , </del>	tion D. I onotes (this dection b requests information about policies not required by the internal r	ieveri	ue code)	<del></del>		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			Γ	10a	103	X
	If "Yes," does the organization have written policies and procedures governing the activities of such	n char	oters, affiliates		iou		_==
~	and branches to ensure their operations are consistent with those of the organization?		,		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before the	filina t	the form?		11		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	3					
	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld g	ve rise				
	to conflicts?	Ĭ			12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,	" describe				
	ın Schedule O how this is done				12c	Х	
13	Does the organization have a written whistleblower policy?				13		X
14	Does the organization have a written document retention and destruction policy?				14		_ <u>X</u> _
15	Did the process for determining compensation of the following persons include a review and approve	al by	ındependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	7					
	The organization's CEO, Executive Director, or top management official				15a		<u>X</u>
b	Other officers or key employees of the organization		•		15b		<u>X</u> _
	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 arrange	ement	with a				
	taxable entity during the year?				16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva			ion			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganıza	ition's				
	exempt status with respect to such arrangements?				16b_		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed DE, NY, IL, CA	T (50:	1/0/(2)0 0 0 0 0 0				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990.	1 (50	r(c)(3)s only) a	avaliable fo	JΓ		
	public inspection. Indicate how you make these available Check all that apply  Own website Another's website X Upon request						
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflu	ot of interest :	andiev and	l fina	ncial	
19	statements available to the public	COLUM	or or witelest b	Juliuy, ali K	ııııa	iicidi	
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the	nraanizatu	nn 🕨		
LU	CHARLES POMO C/O GELLER & CO LLC - 212-583-6000	AI 10 1 E	ooida oi liie (	organizatil	<i>-</i> 11		
	909 THIRD AVENUE, 16TH FL, NEW YORK, NY 10022		<del>-</del>				
	305					000	2000)

Form **990** (2009

# Form 990 (2009) UNITED AGAINST ILLEGAL GUNS SUPPORT FUND 26-1 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

#### 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 Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter ·0· in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees.
- 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.

(A) Name and Title	<b>(B)</b> Average hours per	(c						(D)		(F)
	hours	(c		(C) Position				Reportable	(E) Reportable	Estimated
	per	I \-	heci	(check all that apply)			ly)	compensation	compensation	amount of
JOHN FEINBLATT	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
PRESIDENT & DIRECTOR	1.50	X	<u> </u>	X		<u> </u>		0.	0.	0
IAN SHAPIRO	0 50	,,	1	,,					•	
SECRETARY & DIRECTOR ED SKYLER	0.50	X	$\vdash$	Х				0.	0.	0
TREASURER & DIRECTOR	0.50	x		x				o.	0.	0
RICHARD K. DESCHERER	0.50				_	-		-		
V. PRESIDENT & DIRECTOR	0.50	X		Х				0.	0.	0
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	rt VII			OT ILLEGAL	J GONS SUP	PORT FUND	20-1598	353 Page 9
	,	· Cutement of Hevel			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a		- "			
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
is, g	С	Fundraising events	1c					
<u>a</u> gi	d	Related organizations	1d					
Ş.E	е	Government grants (contribut	tions) 1e					
ig is	f	All other contributions, gifts, gran	its, and					
혈		similar amounts not included abo	ve 1f	762,059.				
E S	g	Noncash contributions included in lines	s 1a-1f \$					
<u>2 g</u>	h	Total. Add lines 1a-1f			762,059.			
				Business Code				
9	2 a							
ه چَ	b							
Scale	С							
Program Service Revenue	d							
<u>6</u>	е							
<u>-</u>	f	All other program service reve	enue					
$\rightarrow$	g	Total. Add lines 2a-2f		<b>•</b>				
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶	2,382.			2,382.
	4	Income from investment of tax	x-exempt bond (	proceeds 🕨	- "			
	5	Royalties		, <b>&gt;</b>				
			(ı) Real	(ii) Personal				
	6 a	Gross Rents						
	þ	Less rental expenses		ļ				
		Rental income or (loss)						
ł		Net rental income or (loss)		, <b>&gt;</b>				
Ì	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses		<del>                                     </del>				
		Gain or (loss)						
		Net gain or (loss)			· · · — ·			
Other Revenue	ва	Gross income from fundraising including \$						
Ver								
8		contributions reported on line Part IV, line 18	•					
je	h	Less direct expenses	a b					
ਰ∤		Net income or (loss) from fund	<del></del>					
		Gross income from gaming ac	_				<del></del>	
	Ja	Part IV, line 19	a a					
	h	Less direct expenses	b					
		Net income or (loss) from gam						
		Gross sales of inventory, less				-		<del></del>
		and allowances	а	-				
	b	Less. cost of goods sold	b					
- 1		Net income or (loss) from sale	_	<b></b>				
T		Miscellaneous Revenu		Business Code				
r	11 a	Wilderland and Travella	***			İ		
	b							
	c	<del></del>						
	_	All other revenue			-	<del></del>		<del></del>
		Total, Add lines 11a-11d						<del></del>
	12	Total revenue. See instructions.		•	764,441.	0.	0.	2,382.
93200								Form <b>990</b> (2009)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses							
1	Grants and other assistance to governments and											
	organizations in the U.S. See Part IV, line 21	<u>19</u> 3,905.	193,905.									
2	Grants and other assistance to individuals in											
	the U.S. See Part IV, line 22	_										
3	Grants and other assistance to governments,											
	organizations, and individuals outside the U.S.											
	See Part IV, lines 15 and 16											
4	Benefits paid to or for members	•										
5	Compensation of current officers, directors,											
	trustees, and key employees											
6	Compensation not included above, to disqualified	•										
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages											
8	Pension plan contributions (include section 401(k)											
	and section 403(b) employer contributions)											
9	Other employee benefits											
10	Payroll taxes											
11	Fees for services (non-employees)											
а	Management											
b	Legal	16,575.		16,575.								
С	Accounting	73,984.		73,984.								
d	Lobbying											
е	Professional fundraising services. See Part IV, line 17											
f	Investment management fees											
g	Other	108,646.	108,646.									
12	Advertising and promotion											
13	Office expenses	7,095.	7,095.		··							
14	Information technology											
15	Royalties											
16	Occupancy	10 702	10 702									
17	Travel	18,783.	18,783.		<del></del>							
18	Payments of travel or entertainment expenses											
40	for any federal, state, or local public officials			-								
19	Conferences, conventions, and meetings											
20	Interest  Powments to efficience											
21	Payments to affiliates  Depreciation, depletion, and amortization											
22 23	Insurance	5,226.	2,870.	2,356.	<del></del>							
23 24	Other expenses. Itemize expenses not covered	J, 220 •	2,070.	2,330.								
24	above. (Expenses grouped together and labeled											
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)											
а	DDI I ONGUEDO	15,945.	15,945.		· · ·							
b	PRINTING	12,955.	12,955.									
c	EMPLOYEE RECRUITING	7,560.	7,560.									
d	MEALS	5,603.	5,603.									
e	MISCELLANEOUS	2,829.	2,829.		<del></del> -							
f	All other expenses	5,592.	3,072.	2,520.								
25 25	Total functional expenses. Add lines 1 through 24f	474,698.	379,263.	95,435.	0.							
26	Joint costs. Check here ▶ ☐ If following	, <del></del> , <del></del>		/								
	SOP 98-2. Complete this line only if the organization											
	reported in column (B) joint costs from a combined			1								
	educational campaign and fundraising solicitation											

1,887,287. Form 990 (2009)

1,742,461.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

1,452,718.

1,543,340.

33

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

За

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Act and OMB Circular A-133?

## SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED AGAINST ILLEGAL GUNS SUPPORT FUND 26-1598353

Public Charity Status (All organizations must complete this part ) See instructions

Total  The organization is not a private foundation because it is. For lines 1 through 11, check only one box.)  A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.)  A school described in section 170(b)(1)(A)(iii), (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii).  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)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  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 51 tax) from businesses acquired by the organization after June 30, 1975  Ses section 509(a)(2). (Complete Part II)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of ore or more publicly supported organizations described in section 509(a)(4).  A prograzion organization and observation in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 1 to through 11 in 4 organization or more publicly supported organization received a written determination from the IRS that it is a Type 1, Type III organization in col. (	Part I	Reason	for Public Char	rity Status (All organiz	zations mu	ıst comple	te this par	t ) See ins	tructions		<u> </u>	
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).  A nedical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).  A morganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).  A norganization that normally receives (1) more than 33 byte of the support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv).  A community fust described in section 170(b)(1)(A)(iv). Complete Part III)  A community from section 170(b)(1)(A)(iv). Complete Part III)  A community from section 170(b)(1)(A)(iv). Complete Part III)  A community from the section 170(b)(1)(A)(iv). Complete Part III)  An organization organized and operated exclusively for the peneltic of the section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations adescribed in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 te through 11th  a Type 1 b Type II c Type III - Functionally integrated d Type III - Other  by checking this box, I certly 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 organization received a written determination from the IIIs that it is a Type I, Type III or Type III organization (iii) III organization organization organization and completed organization?  (i) A person who directly or indirectly controls, either alone or together with persons described in (iii) III o	The organ											
A school described in section 170(b)(1)(A)(ii), (Altach Schedule E.)  A notable or a cooperative hospstal service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospstal described in section 170(b)(1)(A)(iii). Enter the hospstal's name, city, and state  City, and state  A norganization 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)  A norganization 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)(v). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  A norganization 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  Ses escion 509(a)(2). (Complete Part III)  A norganization organized and operated exclusively to test for public safety. See section 509(a)(3).  A norganization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that describes the type of supporting organization described in section 509(a)(1) in section 509(a)(3). The complete function organization organization and complete lines 11 th through 111h  A   Type II   D   Type II   D   Type III   City pelli II - Enutronally integrated   D   Type III - City pelli II - Enutronally integrated   D   Type III - City pelli II - Enutronally integrated   D   Type III - City pelli II - Enutronally integrated   D   Type III - City pelli II - Enutronally integrated   D   Type III - City pelli II - Enutronally integrated   D   Type III - City pelli III - City pelli III - C					_		-		<b>)</b> .			
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  A morganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part III)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III)  An organization organization and operated exclusively to test for public safety. See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and semipated in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization selected in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization selected in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization selected in section 509(a)(2). In the organization received a written determination from the IRS that it is a Type II. Type III other  by checking this box. I certify that the organization is controlled directly or indirectly by one or more disqualidate persons of the through a support organization in collinguity in the orga	2							(~)(·)(·)(·	,-			
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  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)(w). (Complete Part II)  An organization that normally reserves a substantal part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(w). (Complete Part II)  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)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(7). See section 509(a)(8). Check the box that describes the type of supporting organization and complete lines 1 te through 11h  a Type II b Type II c Type III rectionally integrated d Type III of the 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 (i) and (iii) below.  If the organization or a person described in (i) above?  If the organization or a person described in (i) above?  (ii) A family member of a person described in (i) above?  (iii) A family member of a person described in (ii) above?  (ivi) Is the organization in collaboration about the supported organizations (1) (iii) (							170(h)(1)	(A)(iii)				
city, and state    A rederal, state, or local government of governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II)   A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv),   X A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv),   X A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv),   X A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv),   X A rederal, state, or local government or government or governmental unit or from the general public described in section 170(b)(1)(A)(iv),   X A rederal, state, or local government or government or governmental unit or governmental unit or governmental unit or governmental unit of governmental unit or governmental unit or governmental unit of governmental unit or governmental unit of governm									//h//4/////	ii) Enter 1	the hospital's name	
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)(n). (Complete Part II)  A conganization that normally receives a substantal part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(n). (Complete Part II)  A community trust described in section 170(b)(1)(A)(n). (Complete Part II)  A community trust described in section 170(b)(1)(A)(n). (Complete Part II)  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 fix 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(4)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type II b Type II c Type III c Type III a Type III or Type III or Type III supporting organization and complete lines 11e through 11h  a Type II b Type II c Type III supported organizations described in section 509(a)(2) If the organization specified in the organization or more publicly supported organizations described in (ii) and (iii) below, the governing body of the supported organization in the IRS that it is a Type II, Type II, or Type III supporting organization, check this box.  I supporting organization, check this box or forganization in the IRS that it is a Type II, Type II, or Type III supporting organization or a person described in (ii) above?  (iii) A family member of a person described in (iii) above?  (ivi) A mount of supported organization about the suppo	· 🗀			oporatou in conjunction	Willia 1100	pha acso	iibca iii ge	cuon ire	ינטאר ואראאו	nj. Linter	ine nospitar s rizine,	
section 170(b)(1)(A)(iv). Complete Part II)  A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  Table A community trust described in section 170(b)(1)(A)(v). Complete Part II)  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)(v). Complete Part III)  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 trassbel income (less section 504(a)(2). Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(2). Complete Part III)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organizations and complete lines 11 et brough 11h  a	<b>.</b> [	• •		hanafit of a college or u	nworetw o	wood or o	porated by		montal un			
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)(v). (Complete Part II)  A community trust described in section 170(b)(1)(A)(v). (Complete Part II)  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)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	3 <u></u>				iliversity o	wiled of o	perated by	a govern	mental un	it describ	ea m	
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)  8				•								
section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(wi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(wi). (Complete Part II)  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)  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 to carry out the purposes of one or more publicly supported organization and complete lines 11e through 11th a												
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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												
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 businesses taxable income (less section 5014 (a)).  See section 509(a)(2). (Complete Part III)  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 to 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  a Type II b Type III c Type III - C Type III - Functionally integrated d Type III - Other  by checking this box, I certify that the organization is not controlled directly or indirectly or indirectly or directly 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 509(a)(2)  if the organization received a written determination from the IRS that it is a Type I, Type III, or Type III supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) 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 (described on lines 1-9 in col. (i) isted in your organization in col. (ii) Isted in your organization in col. (iii) Isted in your o												
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	9 📖										-	
See section 509(a)(2), (Complete Part III)  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 to 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 11 et briough 11h  a		activities rela	ited to its exempt fur	nctions - subject to certa	aın excepti	ons, and (	2) no more	than 33	1/3% of its	support	from gross investment	
10		income and	unrelated business t	axable income (less sect	tion 511 ta	ex) from bu	isinesses a	acquired b	y the orga	anization a	after June 30, 1975	
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported dorganizations 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  a		See section	509(a)(2). (Complete	e Part III)								
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  a	10 🖳	An organizat	ion organized and or	perated exclusively to te	st for publ	lic safety. S	See sectio	n 509(a)(4	4).			
describes the type of supporting organization and complete lines 11e through 11h  a	11 🗔	An organizat	ion organized and or	perated exclusively for the	he benefit	of, to perfo	orm the fu	nctions of	or to carr	y out the	purposes of one or	
describes the type of supporting organization and complete lines 11e through 11h  a		more publicly	y supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b>	ction 509(	a)(3). Che	eck the box that	
a Type II b Type II c Type III - C Type III - Functionally integrated 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 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) above?  (ii) A 35% controlled entity of a person described organization(s)  (ii) Name of supported organization about the supported organization(s)  (iii) Silved in your governing document?  (iv) Is the organization in col. (ii) organized in the U.S., above or IRC section (see instructions))  (vi) Is the organization in col. (ii) organized in the U.S., above or IRC section (see instructions))										,		
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 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) 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?  (iii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  (i) Name of supported organization  (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iii) Individual (iii) Ellicual (iii) E		a Type	I ь 🗆	☐ Type II	аут 🔲 з	e III - Fund	tionally in	tegrated		d	Type III - Other	
foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) 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?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  (ii) Name of supported organization accepted organization (described on lines 1-9 above or IRC section (see instructions))  (iii) III (iii) Type organization in col. (i) listed in your governing document?  (iv) Is the organization in col. (i) of your support?  (iv) I support (vii) Amount of support U.S.?  (viii) Amount of coll organization in col. (i) of your support?  (vii) I support (viii) organization in col. (i) organization in col. (ii) organization in col. (iii) organization in	е 🔲	By checking							r more dis	qualified i		
f If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) 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?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (i) above?  (i) Name of supported organization about the supported organization (described on lines 1-9 above or IRC section (see instructions))  (iii) Type of organization in colic (ii) listed in your organization in colic (ii) organized in the U.S.?  Yes No Yes No Yes No  (vii) Amount of supported organization in colic (ii) organized in the U.S.?  Yes No Yes No												
supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) 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?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  (ii) Name of supported organization about the supported organization (described on lines 1-9 above or IRC section (described on lines 1-9 above or IRC section (see instructions))  (iii) A 15 (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization (iii) organization in col. (iiii) organization in col. (iii) organization in col. (iiii	f									· (u)( · ) · ·	33311311 333(4)(2)	
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) 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?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) above?  h Provide the following information about the supported organization(s)  (iii) I Sill (iii) I Sil	-	_					Po ., .,po	., ., .,				
(i) 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?  (iii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (i) above?  (i) Name of supported organization  (ii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iii) Organization  (iv) Did you notify the organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (ii) organization in col. (ii) organization in col. (iii)	а		-		av aft or c	ontribution	from any	of the follo	owing per	eone2	<del>- ,_</del>	
the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organizations  (ii) Name of supported organization  (iii) EIN  (iii) Type of organization (escribed on lines 1-9 above or IRG section (see instructions))  (iv) Is the organization in col. (i) isted in your organization in col. (i) of your support?  Yes No Yes No Yes No  (vi) Is the organization in col. (i) of your support?  (vii) Amount of supported organization in col. (i) of your support?  Yes No Yes No	5	_		-			•		٠.		Von No	
(ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organization(described on lines 1-9 above or IRC section (see instructions))  (iii) I SIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization (v) Did you notify the organization in col. (i) organization in col. (i) organization in the U.S.?  Yes No Yes No Yes No  (vii) Is the organization in col. (i) organization in the U.S.?  Yes No Yes No				•	one or tog	journer with	persons	escribed	in (ii) and (	iii) DelOw,		
(ii) Name of supported organization  (ii) EIN  (iii) EIN  (iv) Is the organization (abscribed on lines 1-pabove or IRC section (see instructions))  (iv) Is the organization (v) Did you notify the organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiiiii) organization in col. (		-		•	ı							
h Provide the following information about the supported organization(s)  (ii) Name of supported organization  (iii) EIN  (iii) Type of organization of (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col. (i) Ilsted in your governing document?  Yes No Yes No Yes No  (vi) Is the organization in col. (i) of your support?  (vii) Amount of support U.S.?		• • •	•	• • • • • • • • • • • • • • • • • • • •		<b>^</b> 2						
(ii) Name of supported organization  (iii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization or col. (i) Isted in your governing document?  Yes  No  Yes  No  Yes  (vi) Is the organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiiii) organization in col. (iiiii) organization in	h	• •	-		.,						[11g(iii)]	
organization (described on lines 1-9 above or IRC section (see instructions))  The section of the section of the section of the section of the see instructions organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (ii) organization in col. (iii) organization in co	11	Flovide the i	ollowing information	about the supported on	ganization	(8)						
organization (described on lines 1-9 above or IRC section (see instructions))  The section of the section of the section of the section of the see instructions organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (ii) organization in col. (iii) organization in co			1	(iii) Type of	h				4.3 1	, tha	<del></del>	
(described on lines 1-9 above or IRC section (see instructions))    Ves   No   Yes   Ye			(ii) EIN	Organization.					(VI) IS   organizatio	s the on in col.	(vii) Amount of	
(see instructions)  Yes No Yes No  Yes No  Yes No  Yes No  Yes No	orga	anization		(described on lines 1-9	noverning	document?	(i) of vou		(i) organiz	ed in the L	support	
				above of IRC Section			-					
Total				(see instructions))	Yes	No	Yes	No	Yes	No		
Total							•					
Total												
Total												
Total												
Total											_	
Total												
Total											<del></del>	
Total												
Total												
Total												
<u>Total</u>								,				
	Total											

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Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Schedule A (Form 990 or 990-EZ) 2009 UNITED AGAINST ILLEGAL GUNS SUPPORT FUND 26-1598353 Page 2

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

Support Schedule for Organizations Described in Sections	1/U(b)(1)(A)(iv) and	1 /U(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I)		

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")				2,262,123.	762,059.	3,024,182.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf				1		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				2,262,123.	762,059.	3,024,182.
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)						2,832,424.
	Public support Subtract line 5 from line 4				.].		191,758.
Se	ction B. Total Support		<b>I</b>	_	<del></del>		
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				2,262,123.	762,059.	3,024,182.
8	Gross income from interest,						
	dividends, payments received on			İ	1		
	securities loans, rents, royalties						
	and income from similar sources				2,749.	2,382.	<u>5,131.</u>
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	<b>Total support.</b> Add lines 7 through 10						3,029,313.
12	Gross receipts from related activities,	, etc (see instruction	ons)			12	- <del> </del>
13	First five years. If the Form 990 is for	•	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	n 501(c)(3)	
80	organization, check this box and stor						<b>▶</b> X
	ction C. Computation of Publ		<del></del>			Г <b>Т</b>	
	Public support percentage for 2009 (		•	column (f))		14	
	Public support percentage from 2008	•	•	. 1 40 11	14 00 1/00/	[ 15 ]	
162	33 1/3% support test - 2009.If the o	-			14 is 33 1/3% or m	iore, check this box	x and
	stop here. The organization qualifies		-				
	33 1/3% support test - 2008.If the o	-			1 line 15 is 33 1/3%	or more, check th	IS DOX
47.	and stop here. The organization qual				- 10 10 10		▶∟
1/2	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the organ	ization
	meets the "facts-and-circumstances"	_	•		-		▶∟
t	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				- · · · · · · · · · · · · · · · · · · ·		,
	organization meets the "facts-and-circ		-		· · · · · · · · · · · · · · · · · · ·		▶⊨
<u> 18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	oa, 160, 1/a, or 17			
					Sche	dule A (Form 990	or 990-EZ) 2009

Pa	rt III   Support Schedule for C	rganizations	Described in	Section 509(a	<b>)(2)</b> (Complete only	ıf you checked the bo	x on line 9 of Part I.)
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)				<u> </u>		
	tion B. Total Support			1	т	1	
	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)	<u></u>	1	1.6		504( )(2)	
14	First five years. If the Form 990 is for	the organization'	's tirst, second, thi	ra, tourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	ation,
<u></u>	check this box and stop here	ia Cuppart Da	roontoss				
	ction C. Computation of Publ					45	
_	Public support percentage for 2009 (			column (t))		15	%
<u>16</u>	Public support percentage from 2008					16	%
	ction D. Computation of Inves					17	%
	Investment income percentage for 20			ne 13, column (i))			
18	Investment income percentage from 33 1/3% support tests - 2009. If the			on line 14 and lin	e 15 is more than	33 1/3% and line 1	
19a	• •						► □
	more than 33 1/3%, check this box a 33 1/3% support tests - 2008. If the	-	-				and end
10	line 18 is not more than 33 1/3%, che						a.iu ▶□
20	Private foundation. If the organization		•				
20	THATE IOUNGATION II THE O'GANZARE	did flot officer b	- Den String 17; It			hedule A (Form 99	0 or 990-EZ) 2009

## Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ 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. 2009 Open to Public Inspection

Name of the organization

Employer identification number

		EGAL GUNS SUPPORT FUND	26-1598353
Pa			Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		funds
	are the organization's property, subject to the organization's	_	└─ Yes
6	Did the organization inform all grantees, donors, and donor a	-	-
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	
Pai	impermissible private benefit?		Yes No
			IV, line /
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or publi	· —	
	Protection of natural habitat	Preservation of a certified	I historic structure
	Preservation of open space	final annual state of the state	
2	Complete lines 2a through 2d if the organization held a quali day of the tax year.	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Hold at the Fod of the Toy Voca
•	Total number of conservation easements		Held at the End of the Tax Year
a b	Total acreage restricted by conservation easements		2a
C	Number of conservation easements on a certified historic str	ructure included in (a)	2b 2c
_	Number of conservation easements included in (c) acquired	• ,	2d
3	Number of conservation easements modified, transferred, re		
•	year >	iodood, extinguished, or terminated by the org	ganization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements	J. , , ,	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	i)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for
	conservation easements	· · · · · · · · · · · · · · · · · · ·	
Pai	t III Organizations Maintaining Collections o	•	r Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e		service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service, pro	ovide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		<b>&gt;</b>
2	If the organization received or held works of art, historical tre	_	n, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1		▶ \$ ▶ \$
Þ	Assets included in Form 990, Part X		<b>&gt;</b> \$

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Schedule D (Form 990) 2009

		AGAINST IL								3 Page <b>2</b>
Par	t III   Organizations Maintaining (	Collections of A	rt, Hist	torical Tr	easures,	or Oth	er Simil	ar Asse	ts (conti	nued)
3	Using the organization's acquisition, access (check all that apply)	ion, and other record	ds, checl	k any of the	following that	at are a s	significant	use of its	collectio	n items
а	Public exhibition	C	ı 🔲	Loan or exc	hange progr	ams				
b	Scholarly research	•	, 🔲	Other						
C	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how th	ney further t	he organizat	ion's exe	empt purp	ose in Par	t XIV	
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or oth	ner sımıla	r assets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?				Yes_	No_
Par	t IV Escrow and Custodial Arran		ete if org	ganızatıon aı	nswered "Ye	s" to Fo	rm 990, Pa	art IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	lan or other intermed	diary for	contribution	ns or other a	ssets no	t included		_	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table					***	
									Amount	<u>t</u>
C	Beginning balance						1c			
d	Additions during the year						1d	-		
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	☐ No
	If "Yes," explain the arrangement in Part XIV			<del></del>						
Par	t V Endowment Funds. Complete	rf the organization ar	swered	"Yes" to Fo						
		(a) Current year	<b>(b)</b> P	rior year_	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance				<del></del>					
Ь	Contributions				<del></del>					
С	Net investment earnings, gains, and losses									
	Grants or scholarships				ļ <u>-</u>					
е	Other expenditures for facilities									
	and programs		<u> </u>							
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	ir end balance held a								
	Board designated or quasi-endowment	<del></del>	%							
	Permanent endowment	%								
		%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for t	the organiz	zation	Г	<del></del>
	by									Yes No
	(i) unrelated organizations								3a(i)	<del></del>
	(ii) related organizations		0.1	t. I. 50					3a(ıi)	<del></del>
D	If "Yes" to 3a(ii), are the related organization								3b	
Dar	Type Test Test Test Test Test Test Test Tes				Dort V. Inc.	10				
, ai		<del></del>			<del></del>				(-D) DI	
	Description of investment	(a) Cost or o			or other (other)		ccumulate preciation		(d) Book	value
	Lond	Dasis (ilivesti		Dasis	(onioi)	ue	Preciation			
	Land									
D	Buildings			<del></del> -						
C	Leasehold improvements	<del></del>						<del></del>		
	Equipment	<del>                                     </del>				<u> </u>	-	<del></del>		
	Other  Add lines 1a through 1e. (Column (d) must e	equal Form 990 Port	Y colun	nn (R) line 1	10(c) )	L				0.
Uldi	<u>, riad intes la trirough le looidhin lu) must e</u>	<u>iquai i Uiiii 33U, Fail</u>	A, COIUII	ו אוווו, עשו יייי	V(V/-/					· ·

Schedule D (Form 990) 2009

Part VII Investments - Other Securities.  (a) Description of security or category (including name of security)	(b) Book value		(c) Method of valu Cost or end-of-year ma	
Financial derivatives				
Closely-held equity interests				
Other				
	<del></del>	<del> </del>	<del></del>	<del></del>
		<del> </del>		<del></del>
				<del></del>
	<del></del>	-		
****	- <del>-</del>			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	<u> </u>			
Part VIII Investments - Program Related.	See Form 990, Part X, line	13.		
(a) Description of investment type	(b) Book value		(c) Method of value	
			Cost or end-of-year ma	arket value
<del></del>			-	
*				
			<u> </u>	<del></del>
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, li				
	(a) Description	·		(b) Book value
			- <del></del>	
			- <u>-</u>	
Total. (Column (b) must equal Form 990, Part X, col (B) I	line 15.)			
Part X Other Liabilities. See Form 990, Part	X, line 25			
1. (a) Description of liability		(b) Amount		
Federal income taxes				
Total. (Column (b) must equal Form 990, Part X, col (B) I	line 25 )	<u> </u>		
	· / /			
	footnote to the organization	's financial statem	ents that reports the or	ganization's liability for
2. FIN 48 Footnote In Part XIV, provide the text of the funcertain tax positions under FIN 48	footnote to the organization	's financial statem	ents that reports the or	ganization's liability for

	dule D (Form 990) 2009 UNITED AGAINST ILLEGAL GUNS	SUPPORT	FUND		<u> 598353</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Final	ncial Stat	ements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		764	,441.
2	'Total expenses (Form 990, Part IX, column (A), line 25)		2			,698.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			,743.
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 through 8		9	<del> </del>		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	10	10	·	289	743.
	t XII Reconciliation of Revenue per Audited Financial Statemen			Return		, / <del>.</del> J •
1	Total revenue, gains, and other support per audited financial statements	ito with heve	nuc per i		761	,441.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			1	/04/	<u>, 441                                   </u>
	Net unrealized gains on investments	0-				
a _	Donated services and use of facilities	2a		-		
D		2b		-		
С.	Recoveries of prior year grants	2c		-{		
d	Other (Describe in Part XIV)	2d		-		•
	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	<u>764</u> ,	<u>,441.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
b	Other (Describe in Part XIV)	4b		_		
С	Add lines 4a and 4b			4c		0.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5		<u>,441.</u>
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Exp	enses pe	r Return		
1	Total expenses and losses per audited financial statements			1	474,	<u>,698.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c		1		
d	Other (Describe in Part XIV.)	2d		7		
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	474	698.
4	Amounts 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				
	Other (Describe in Part XIV)	4b		7		
	Add lines 4a and 4b	10		4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	474	698.
Par	t XIV Supplemental Information				<u> </u>	. 0 2 0 .
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1a and 4. B	Part IV lines	1b and 2b	Part \/ kno	4 Port
	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also compl					4, Fail
Λ, ιιι ι	52, Fait AI, line 6, Fait AII, lines 20 and 40, and Fait AIII, lines 20 and 40. Also compl	ete tris part to pr	ovide any ac	iditional ini	ormation	
		·				
-				<del></del> -		
			<del></del>			

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

2009 OMB No 1545-0047

Open to Public

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

▶ Attach to Form 990.

2 REGIONAL POINT PERSON FOR Employer identification number TO SUPPORT ONGOING EFFORT REGIONAL POINT PERSON FOR REGIONAL POINT PERSON FOR 26-1598353 TO PREVENT GUN VIOLENCE, COORDINATOR TO ACT AS Inspectión COORDINATOR TO ACT AS COORDINATOR TO ACT AS (h) Purpose of grant or assistance THE MAYORS AGAINST HE MAYORS AGAINST THE MAYORS AGAINST X Yes recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Amount of or government or government

(b) Amount of cash grant assistance or government or government or government assistance or government or go TO HIRE A CITY TO HIRE A CITY TO HIRE A CITY Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection o. o Ö ી Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States UNITED AGAINST ILLEGAL GUNS SUPPORT FUND 15,000 000 09 43,905 75,000 Enter total number of section 501(c)(3) and government organizations Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization RELATIONS OF SEATTLE - 600 FOURTH AVE. 5TH FLR - SEATTLE, WA 98124 DEPARTMENT - 841 NORTH BROADWAY, 3RD FLOOR - MILWAUKEE, WI 53202 EDUCATIONAL FUND TO STOP GUN 1424 L STREET NW, SUITE 2-1 OFFICE OF INTERGOVERNMENTAL CITY OF MILWAUKEE HEALTH 815 WASHINGTON STREET WASHINGTON, DC 20005 Name of the organization READING, PA 19601 CITY OF READING

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009

(f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. WITH THE TERMS OF THE PROJECT BUDGETS AND REPORTING REQUIREMENTS CONTAINED Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. REPORTING WILL BE REVIEWED ON A TIMELY BASIS TO ENSURE ONGOING COMPLIANCE 2: UNITED AGAINST ILLEGAL GUNS SUPOPRT FUND WILL MONITOR THE USE OF GRANT FUNDS BY REQUIRING GRANTEES TO PROVIDE PERIODIC THE REPORTS DURING THE TERM OF THE GRANTS AS WELL AS A FINAL REPORT. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance LINE PART I, IN THE GRANT SCHEDULE I,

Page 2

26-1598353

UNITED AGAINST ILLEGAL GUNS SUPPORT FUND

Schedule I (Form 990) 2009

Part III

NAME OF ORGANIZATION OR GOVERNMENT:

932102 02-02-10

COLUMN (H)

LINE

PART II

Schedule I (Form 990) 2009

Schedule   (Form 990) 2009 UNITED AGAINST ILLEGAL GUNS SUPPORT FUND 6-1598353 Page 2  Part IV Supplemental Information
OFFICE OF INTERGOVERNMENTAL RELATIONS OF SEATTLE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO HIRE A CITY COORDINATOR TO ACT AS
REGIONAL POINT PERSON FOR THE MAYORS AGAINST ILLEGAL GUNS COALITION.
NAME OF ORGANIZATION OR GOVERNMENT: CITY OF READING
(H) PURPOSE OF GRANT OR ASSISTANCE: TO HIRE A CITY COORDINATOR TO ACT AS
REGIONAL POINT PERSON FOR THE MAYORS AGAINST ILLEGAL GUNS COALITION.
NAME OF ORGANIZATION OR GOVERNMENT: CITY OF MILWAUKEE HEALTH DEPARTMENT
(H) PURPOSE OF GRANT OR ASSISTANCE: TO HIRE A CITY COORDINATOR TO ACT AS
REGIONAL POINT PERSON FOR THE MAYORS AGAINST ILLEGAL GUNS COALITION.

### **SCHEDULE O** (Form 990)

# **Supplemental Information to Form 990**

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

UNITED AGAINST ILLEGAL GUNS SUPPORT FUND	Employer identification number 26-1598353
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
PUBLISHED GROUNDBREAKING RESEARCH REPORTS ON INTERSTATE G	UN TRAFFICKING
AND STRAW PURCHASING, IN AN EFFORT TO EDUCATE THE PUBLIC	ABOUT THE
DETRIMENTAL EFFECTS OF ILLEGAL GUNS IN ORDER TO REDUCE GU	N VIOLENCE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:
ENFORCEMENT EFFORTS ON ILLEGAL GUNS, AND SUPPORT PUBLIC E	DUCATION
INITIATIVES ABOUT ILLEGAL GUN VIOLENCE.	
FORM 990, PART VI, SECTION A, LINE 2: JOHN FEINBLATT AND	ED SKYLER, BOTH
DIRECTORS OF THE ORGANIZATION, HAVE A BUSINESS RELATIONSH	IP. JOHN
FEINBLATT IS CURRENTLY THE CRIMINAL JUSTICE COORDINATOR O	F THE CITY OF NEW
YORK AND ED SKYLER WAS THE DEPUTY MAYOR FOR OPERATIONS OF	THE CITY OF NEW
YORK.	
FORM 990. PART VI. SECTION B. LINE 11. FORM 990 IS PROVID	בים חים חים בי

PRESIDENT OF THE ORGANIZATION FOR REVIEW BEFORE THE RETURN IS SIGNED BY THE PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 12C: WHEN CONDUCTING THE PERIODIC REVIEW, UNITED AGAINST ILLEGAL GUNS SUPPORT FUND, MAY, BUT NEED NOT, USE OUTSIDE ADVISORS. IF OUTSIDE EXPERTS ARE USED, THEIR USE SHALL NOT RELIEVE THE GOVERNING BOARD OF ITS RESPONSIBILITY FOR ENSURING THAT PERIODIC REVIEWS ARE CONDUCTED.

THE PERIODIC REVIEWS, AT A MINIMUM, INCLUDE THE FOLLOWING:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

## SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.



Name of the organization

UNITED AGAINST ILLEGAL GUNS SUPPORT FUND

Employer identification number 26-1598353

A. WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON
COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING.
B. WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT
ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE PROPERLY
RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENT FOR GOODS AND SERVICES,
FURTHER CHARITABLE PURPOSE AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE
PRIVATE BENEFIT.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ALL
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.
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:
JOHN FEINBLATT - 1 CENTRE STREET, SUITE 1012, NEW YORK, NY 10007
IAN SHAPIRO - COOLEY GODWARD KRONISH-1114 AVE OF AMERICAS
NEW YORK, NY 10036
ED SKYLER - C/O J. FEINBLATT 1 CENTRE ST, STE 102, NEW YORK, NY 10007
RICHARD K. DESCHERER - WILLKIE FARR & GALLAGHER-787 SEVENTH AVENUE
NEW YORK, NY 10019

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FOOTNOTES

STATEMENT

### STATEMENT OF ORGANIZATION'S MISSION PART III QUESTION 1:

UNITED AGAINST ILLEGAL GUNS SUPPORT FUND WAS FORMED BOTH TO EDUCATE THE PUBLIC ABOUT THE DETRIMENTAL EFFECTS OF ILLEGAL GUNS IN ORDER TO REDUCE GUN VIOLENCE IN THE UNITED STATES AND TO LESSEN THE BURDENS OF GOVERNMENT BY ASSISTING AMERICAN LOCAL GOVERNMENTS AND LAW ENFORCEMENT AGENCIES IN THEIR EFFORTS TO DEVELOP EFFECTIVE POLICIES TO COMBAT ILLEGAL GUNS. IN ADDITION, UNITED AGAINST ILLEGAL GUNS SUPPORT FUND WILL SUPPORT THE MORE THAN 500 MAYORS IN THE COALITION OF MAYORS AGAINST ILLEGAL GUNS AS WELL AS OTHER GOVERNMENT OFFICIALS AND LAW ENFORCEMENT LEADERS SEEKING TO LEARN MORE AND SHARE IDEAS ON HOW TO REDUCE GUN VIOLENCE IN COMMUNITIES THROUGHOUT THE COUNTRY. THE ORGANIZATION WILL SUPPORT SEMINARS, FORUMS AND DISCUSSION MEETINGS AMONG GOVERMENT OFFICIALS AND ACADEMIC EXPERTS ABOUT THE IMPACT OF ILLEGAL GUNS, WHICH WILL BE OPEN TO THE PUBLIC. MATERIALS THAT WILL BE DISTRIBUTED TO THE PUBLIC INCLUDE STUDIES ABOUT ILLEGAL GUN USE, DESCRIPTIONS OF SUCCESSFUL LAW ENFORCEMENT MEASURES TO COMBAT SUCH USE AND THE ILLEGAL TRAFFICKING OF GUNS AND STATISTICAL DATA ABOUT THE EFFECTIVENESS OF VARIOUS LAW ENFORCEMENT TECHNIQUES. THE ORGANIZATION WILL ACCUMULATE INDEPENDENTLY COMPILED STATISTICAL DATA AND RESEARCH FROM RESEARCH GROUPS AND GOVERNMENTAL AGENCIES. THE ORGANIZATION WILL MAKE SUCH INFORMATION AVAILABLE TO THE PUBLIC AT WWW.MAYORSAGAINSTILLEGALGUNS.ORG.

IN ADDITION, THE ORGANIZATION WILL SUPPORT AND SPONSOR NEW INDEPENDENT RESEARCH AND ANALYSIS OF THE ILLEGAL GUN ISSUE. ALL MATERIALS DISSEMINATED BY THE ORGANIZATION WILL CONTAIN A FULL DOCUMENTATION OF THE FACTS RELIED UPON TO SUPPORT THE CONCLUSIONS CONTAINED THEREIN.