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# SCANNED JAN 0 2 2014

Form **990** 

**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

Department of the Treasury Internal Revenue Service

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

Inspection

ΑI	For the	e 2012 calendar year, or tax year beginning and	d ending	_	
В	Check if	C Name of organization		D Employer identific	ation number
	Addre	e   UNITED AGAINST ILLEGAL GUNS SUPPORT I	FUND		
	Name Chang	Doing Business As		26-15	598353
F	Initial return Termi ated	Number and street (or P.U. Dox if mail is not delivered to street address)	Room/suite		583-6000
	Amen	ded Charles and TD and	<u> </u>	G Gross receipts \$	3,762,014.
	Application	NEW TORK, NI 10022-7003		H(a) Is this a group re	turn
	pendi	F Name and address of principal officer JOHN FEINBLATT  C/O GELLER & CO, 909 3RD AVE, NY, NY	10022	for affiliates?	Yes X No
	Tav.av	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1		⊣ <sup></sup> '	list (see instructions)
		te: N/A	, 5: 52	H(c) Group exemption	
K	orm o	f organization: X Corporation Trust Association Other ▶	L Yea		State of legal domicile: DE
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: DUR	ING TH	E PAST YEAR,	UNITED
Activities & Governance		AGAINST ILLEGAL GUNS HAS PUBLISHED GROUN	NDBREA	KING RESEARCH	I REPORTS
j.	2	Check this box I if the organization discontinued its operations or disp	osed of mo	re than 25% of its net as	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	4
ن مع	4	Number of independent voting members of the governing body (Part VI, line 1b)	)	4	4
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	2
ΞĘ	6	Total number of volunteers (estimate if necessary)		6	0
Act	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	_ b	Net unrelated business taxable income from Form 990-T, line 34			0.
	١_	2	⊢	Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		3,104,939.	3,761,265.
Revenue	9	Program service revenue (Part VIII, line 2g)	-	483.	$\frac{0.}{749.}$
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	0.	749.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,105,422.	3,762,014.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,024,995.	1,213,816.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
"		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	,, <u> </u> -	557,984.	294,817.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	″ ⊢	0.	0.
Per	b	Total fundraising expenses (Part IX, column (D), line 25)	0. F		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	——————————————————————————————————————	988,815.	2,272,980.
	18	Total expenses. Add lines 13-17 (must equal Part IX, cqiamn-(A), line 25)		2,571,794.	3,781,613.
	19	Revenue less expenses Subtract line 18 from line 12		533,628.	-19,599.
۶۵.		- THE CEIVE	<b>D</b>	eginning of Current Year	End of Year
Net Assets	20	Total assets (Part X, line 16)	<u> </u>	2,683,567.	2,806,807.
A A	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)  NOV 2 5 20	12 191	412,970.	555,809.
2	22	Net assets or fund balances. Subtract line 21 from line 20	13 131	2,270,597.	2,250,998.
	art II				
		alties of perjury, I declare that I have examined this feturn, including accompanying schedu			/ knowledge and belief, it is
true	e, corre	ct, and complete Declaration of prepar <del>er (other</del> than officer) is based on all information of	which prepar	er has any knowledge.	
		Sidnature of officer		11/12/	<u> 13</u>
Sig		1 0		Date	
He	re	JOHN FEINBLATT, PRESIDENT Type or print name and title			
				Date / Check	PTIN
Doi	4	Print/Type preparer's name  Proofer's signature	_	11/1/12	 
Pai Pre	parer	Firm's name GELLER & COMPANY LLC	<u> </u>	self-employe	P00445956 13-4149326
	Only	Firm's name GELLER & COMPANY LLC Firm's address P.O. BOX 1510		Firm's EIN	17-4142350
Uat	. Only	NEW YORK, NY 10150		Phone no. (3	212)583-6000
M2	v the !	RS discuss this return with the preparer shown above? (see instructions)		Tritone ito. V	X Yes No
(AIC	7 11101	The disease this retain that the preparer shown above; (see instructions)			<u> </u>

	1990 (2012) UNITED AGAINST ILLEGAL GUNS SUPPORT FUND 26~1598353 Page 2
Ра	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Bnefly describe the organization's mission
	SEE EXPLANATION ON SCHEDULE O.
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?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 3,415,278. including grants of \$ 1,213,816.) (Revenue \$)
	DURING THE 2012 TAX YEAR, UNITED AGAINST ILLEGAL GUNS SUPPORT FUND
	SUPPORTED A COALITION OF MAYORS FROM AROUND THE COUNTRY CALLED MAYORS
	AGAINST ILLEGAL GUNS IN EDUCATING THE PUBLIC AND POLICYMAKERS ABOUT THE
	PROBLEM OF ILLEGAL GUNS AND GUN TRAFFICKING. THE ORGANIZATION HELPED
	DRAW ATTENTION TO THE DEADLY LOOPHOLES IN THE NATIONAL BACKGROUND CHECK
	SYSTEM. UNITED AGAINST ILLEGAL GUNS SUPPORT FUND HAS SUPPORTED A
	NETWORK OF REGIONAL COORDINATORS WHO HELP RAISE AWARENESS, AND ENGAGE
	WITH LAW ENFORCEMENT OFFICIALS, FAITH LEADERS, AND OTHER KEY
	STAKEHOLDERS FOR THE PURPOSE OF EDUCATING THE PUBLIC REGARDING THE
	PROBLEM OF ILLEGAL GUNS.
4b	(Code) (Expenses \$
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$
	Other program convece (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O )
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 3,415,278.
<u>4e</u>	Total program service expenses 5, 413, 276.

	•		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	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Х
	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	duning the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
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_		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3.7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		$\frac{x}{x}$
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		<del></del>
•	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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	4-		х
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		├ <u>^</u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5		<del></del>
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

#### Part IV Checklist of Required Schedules (continued)

			[ Yes ]	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		v	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		Х
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
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	$\Box$	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			Х
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	07		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
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
	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 (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			••
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	$\vdash$	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		х
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
<b></b>	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Transfer and a surface and required to complete contents of		990	2012)
		. 5	(	~~ (~)

Form **990** (2012)

14a

X

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Check if School In Cooptains a response to any question in this Book VI			X						
Sec	Check if Schedule O contains a response to any question in this Part VI tion A. Governing Body and Management		_	لما						
-	don't dovorming body and management		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 4			110						
	If there are material differences in voting rights among members of the governing body, or if the governing	1								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 4									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	_3_		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6	Х							
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
<b>a</b>	The governing body?	8a	X							
ь	Each committee with authority to act on behalf of the governing body?	8b		X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v						
202	organization's mailing address? If "Yes," provide the names and addresses in Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		<u> </u>						
Jec	tion B. Folicies (This Section & requests information about policies not required by the internal Revenue Code)		V	Na.						
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa								
_	and branches to ensure their operations are consistent with the organization's exempt purposes?									
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?									
b										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		_X_						
b	Other officers or key employees of the organization	15b		X						
4-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			47						
	taxable entity during the year?	16a		<u> </u>						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b								
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶DE , NY , AL , AR , AK , CT , HI , IL , KS	ΚV	ाम्.	MD						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a			, 211						
	for public inspection. Indicate how you made these available. Check all that apply.	. vallaD								
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	icial							
-	statements available to the public during the tax year.	ul	J.441							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion:	•							
	KATHLEEN MCINERNEY - 212-583-6000									
	909 3RD AVENUE, 16TH FL, NEW YORK, NY 10022									
232001 12-10-	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2012)						

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related of						пре	nsaı			
(A)	(B)			)) Pos	C) ation	,		(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per	offi	box, unless per officer and a c			ıs bot or/trus	han tee)	compensation	compensation	amount of
	week (list any	- i	İ		1	Γ	Ė	from the	from related	other
	hours for	lirect				_	ł	organization	organizations (W-2/1099-MISC)	compensation from the
	related	9 01 0	ge ge			satec		(W-2/1099-MISC)	(***2/1099****130)	organization
	organizations	ruste	ş		8	E E		(** 2) 1000 111100)		and related
	below	dual	ato it	١	줱	stco				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ē			
(1) JOHN FEINBLATT	1.50									
PRESIDENT & DIRECTOR		Х		Х		L		0.	0.	0.
(2) IAN SHAPIRO	0.50							_		
SECRETARY & DIRECTOR		Х		Х	L			0.	0.	0.
(3) ED SKYLER	0.20									
TREASURER & DIRECTOR		Х	L	X	L_	<u>L</u>	$ldsymbol{ld}}}}}}$	0.	0.	0.
(4) RICHARD K. DESCHERER	0.50	l		l						_
VICE PRESIDENT & DIRECTOR		Х	<u> </u>	X	Щ.	<u> </u>	<u> </u>	0.	0.	0.
		-	-	<u> </u>		-	┝			
					_		L			
			┢	$\vdash$		┢	⊢			
		$\vdash$	$\vdash$	⊢	-	-	$\vdash$			
	-		-		-		┝			
	-									
	<del>                                     </del>	├	$\vdash$	$\vdash$	-	$\vdash$	$\vdash$			_
		l		1	l	1	l	l		

232007 12-10-12

				_													
Par	t VII   Section A. Officers, Directors, Trus	, Trustees, Key Employees, and Highest Compensated Employees (continued)															
	. (A)	(B)			((	<b>C)</b>			(D)	(E)		(F)					
	Name and title	Average	(do		Pos		i than		Reportable Reportable			Estimate	ed				
		hours per	box	, unle	ss pe	rson	ıs bot	th an	compensation	compensation		amount	of				
		week	offic	cer an	d a d	recto	or/trus	itee)	from	from related	1	other					
		(list any	ector				1		the	organizations		mpensa	ation				
		hours for	or dir	٥			sated		organization	(W-2/1099-MISC	·	from th					
		related	stee	ruste		_	Bensi		(W-2/1099-MISC)			rganızat					
		organizations below	ra) tru	lan	1	loyee	5 g		ŀ			ind relat					
	:	line)	individual trustee or directol	institutional trustee	Officer	Key employee	Highest compens employee	<b>Р</b> огтег			or	ganızat	ions				
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				┢	$\vdash$	_	├	├			+						
1b	Sub-total Sub-total						▶		0.		٥.		0				
c	Total from continuation sheets to Part VI	I, Section A							0.		0.		0				
d	Total (add lines 1b and 1c)								0.		0.		0				
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	0,000 of reportable							
	compensation from the organization												-				
												Yes	No				
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on							
	line 1a? If "Yes," complete Schedule J for s	uch individual									3		X				
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization							
	and related organizations greater than \$150	0,000? If "Yes,	" co	mpl	ete S	Sch	eduk	e J f	for such individual		4		X				
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	y uni	relat	ted organization or indiv	idual for services							
	rendered to the organization? If "Yes," com	plete Schedul	e <i>J</i> 1	for s	uch	per	son				5		X				
Sec	tion B. Independent Contractors																
1	Complete this table for your five highest co	•	•							•	ensatio	n from					
	the organization. Report compensation for	the calendar y	ear	end	ng v	vrth	or w	/ithir		year.							
	(A) Name and business	address							(B) Description of s	senvices		(C)					

(A)	(B)	(C)
Name and business address	Description of services	Compensation
GELLER & COMPANY, 909 THIRD AVE, 16TH		
FLOOR, NEW YORK, NY 10022	ACCOUNTING	283,597.
THE RABEN GROUP, 1640 RHODE ISLAND AVENUE,		
NW SUITE 600, WASHINGTON, DC 20010	CONSULTING	192,500.
GAIL H. HOFFMAN, 300 N. WASHINGTON STREET		
SUITE 8-100, ALEXANDRIA, VA 22314	CONSULTING	110,000.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	
\$100,000 of compensation from the organization		

Form **990** (2012)

	_	Check if Schedule O cont	ains a response	to any question	in this Part VIII			
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts	1 a	Federated campaigns	1a			<del>-</del> -		010, 01014
ira		Membership dues	1b		1			
S,E		Fundraising events	1c		1			
a ii		Related organizations	1d					
S,E		Government grants (contribut	<u> </u>					
Sign	f	All other contributions, gifts, gran	· -		1			
her	•	similar amounts not included abor		761,265.				
를		Noncash contributions included in lines	-		1			
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	- 1α- 11 Ψ		3,761,265.			
				Business Code				·
g,	2 a							
ž.	ь							<u> </u>
SE	С					-		
e al	d							
Program Service Revenue	е							
4	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<b></b>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>•</b>	749.			749.
	4	Income from investment of tax	x-exempt bond p	roceeds	, <del> </del>			
	5	Royalties						
			(i) Real	(II) Personal				
İ	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses			ļ			
	C	Gain or (loss)						
		Net gain or (loss)						
e	8 a	Gross income from fundraising	= :					
venue		including \$						
ě		contributions reported on line	1c). See					
Other Re		Part IV, line 18	а					
₹		Less: direct expenses	b	L				
		Net income or (loss) from fund	_	<u>P</u> .				
	9 a	Gross income from gaming ac						
		Part IV, line 19	а.	<del></del>				
		Less direct expenses	b	Ļ	1			
		Net income or (loss) from gam	•		·	· · · · · · ·		
	iv a	Gross sales of inventory, less and allowances						
	<b>.</b>		a		1			
		Less: cost of goods sold	b		1			
ŀ		Net income or (loss) from sale		Business Code				
ŀ	11 a	Miscellaneous Revenu		Business Code	1			
	ıı a b							
	C						-	
	4	All other revenue			<del>                                     </del>			<del> </del>
	e	Total. Add lines 11a-11d		<u> </u>				
	12	Total revenue. See instructions.		•	3,762,014.	0.	0.	749.
23200 12-10-	12							Form <b>990</b> (2012)

#### Part IX | Statement of Functional Expenses

	n 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon		s Part IX		X
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,213,816.	1,213,816.		
	Grants and other assistance to individuals in	1,213,010.	1,213,010.		
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				. <u> </u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	98,170.	98,170.		
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
	Other employee benefits	190,317.	190,317.		
	Payroll taxes	6,330.	6,330.		
	Fees for services (non-employees)				
	Management				
_	Legal	91,187.	260.	90,927.	
	Accounting	267,641.		267,641.	
	Lobbying			·	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	667,536.	667,536.		
12	Advertising and promotion	479,169.	479,169.		
13	Office expenses	3,196.	3,196.		
14	Information technology				
15	Royalties				
16	Occupancy		54 600		
17	Travel	71,692.	71,692.		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	365	3.65		
	Conferences, conventions, and meetings	365.	365.		
	Interest				
	Payments to affiliates	2 157	2 157		
	Depreciation, depletion, and amortization	3,157. 4,790.	3,157. 2,150.	2,640.	
	Insurance	4,/30.	4,130.	4,040.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	PROGRAM SUPPORT	486,542.	486,542.		
	POLLING	172,000.	172,000.		
	PRINTING	11,146.	11,146.		
d	MEALS	6,398.	6,398.		
е	All other expenses	8,161.	3,034.	5,127.	
	Total functional expenses. Add lines 1 through 24e	3,781,613.	3,415,278.	366,335.	(
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			L	Form <b>990</b> (201

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 893,573. 34,581. Cash - non-interest-bearing 1 1,761,474. 132,137. 2 2 Savings and temporary cash investments 875,000. 1,758,000. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 Inventories for sale or use 8 2,622. 3,326. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 18,943. basis. Complete Part VI of Schedule D 10a 3,157. 0. 15,786. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 9,890. 3,985. 15 Other assets. See Part IV, line 11 15 2,683,567. 337,970. 2,806,807. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 373,634. 17 Accounts payable and accrued expenses 17 75,000. 182,175. 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 412,970. 555,809. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 1,395,597. 27 135,256. 27 Unrestricted net assets 875,000. 2,115,742. Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds 2,270,597. 2,250,998. 33 33 Total net assets or fund balances 2,683,567. 2,806,807. 34 34 Total liabilities and net assets/fund balances

	990 (2012)		AGAINST	ILLEGAL	GUNS	SUPPORT	FUND	<u> 26</u> -	-159835	3 P	age 12
Pai	t XI Reconciliation	on of Net Ass	ets		-			,			
	Check if Schedu	le O contains a re	esponse to any	question in this l	Part XI						
1	Total revenue (must eq	ual Part VIII, colu	ımn (A), line 12)					1		62,C	
2	Total expenses (must e	equal Part IX, col	umn (A), line 25)					2			513.
3	Revenue less expense	s. Subtract line 2	from line 1					3			599.
4	Net assets or fund bala	ances at beginnir	ng of year (must	equal Part X, lın	e 33, colui	mn (A))		4	2,2	<u>70,5</u>	97.
5	Net unrealized gains (lo	osses) on investr	nents					5			
6	Donated services and	use of facilities						6			
7	Investment expenses							7			
8	Prior period adjustmen	ts						8			
9	Other changes in net a	ssets or fund ba	lances (explain i	n Schedule O)				9			0.
10	Net assets or fund bala	ances at end of y	ear Combine lin	nes 3 through 9 (	(must equa	al Part X, line 33	,				
	column (B))							10	2,2	50,9	98.
Pai	rt XII Financial Sta	itements and	I Reporting								
	Check if Schedu	le O contains a re	esponse to any	question in this I	Part XII						<u> X</u>
			_	_	,					Yes	No
1	Accounting method us	ed to prepare the	e Form 990: 🗀	_ Cash LX	Accrual	Other _					
	If the organization char	nged its method	of accounting fr	om a pnor year o	or checked	l "Other," explai	n in Schedule	• O		İ	İ
2a	Were the organization's	s financial staten	nents compiled o	or reviewed by a	n indepen	dent accountan	tን				X
	If "Yes," check a box b	elow to indicate	whether the fina	ıncıal statement	s for the ye	ear were compile	ed or reviewe	d on a			-
	separate basis, consol	idate <u>d b</u> asis, or t	ooth <sup>.</sup>								
	Separate basis	L Consol	idated basis	☐☐ Both con	solidated	and separate ba	asis			1	
b	Were the organization's	s financial staten	nents audited by	an independen	t accounta	ant?			2b	X	ļ
	If "Yes," check a box b	elow to indicate	whether the fina	ıncıal statement:	s for the ye	ear were audited	i on a separat	te basıs	i,	}	1
	consolidated basis, or	both:								1	
	X Separate basis	L Consol	idated basis	Both con	solidated	and separate ba	asis				
С	If "Yes" to line 2a or 2b	, does the organ	ization have a c	ommittee that as	ssumes re	sponsibility for d	versight of th	e audit,	,		
	review, or compilation	of its financial sta	atements and se	lection of an ind	lependent	accountant?			20		X
	If the organization char	nged either its ov	ersight process	or selection pro	cess durin	g the tax year, e	explain in Sch	edule C	).		
3a	As a result of a federal	award, was the	organization requ	uired to undergo	an audit o	or audits as set	forth in the Si	ngle Au	dit		
	Act and OMB Circular	A-133?							3a		X
ь	If "Yes," did the organiz	zation undergo tl	ne required audi	t or audits? If the	e organiza	tion did not und	ergo the requ	iired au	dıt		
	or audits, explain why i	n Schedule O an	d describe anv	steps taken to u	nderao su	ch audits			36	. [	1

Form **990** (2012)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**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

Open to Public Inspection

Name of the organization

UNITED AGAINST ILLEGAL GUNS SUPPORT FUND

Employer identification number 26-1598353

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	ist comple	te this par	t.) See ins	tructions.				
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox)					
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in <b>s</b> e	ection 170	)(b)(1)(A)(i	).				
2	A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)	)							
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).					
4 🔲			operated in conjunction					ур)(1)( <b>Д</b> )(і	ii). Enter	the hospita	l's nar	ne.
	city, and stat		,					· (- // - // - // -	,			,
5 🗆	An organizati	on operated for the	benefit of a college or ui	niversity o	wned or o	perated by	a govern	mental un	rt describ	bed in		
		(b)(1)(A)(iv). (Comple					-					
6 🗌	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d ın <b>sectio</b>	n 170(b)(	1)(A)(v).					
7 X	, and a second of the second o											
	section 170(b)(1)(A)(vi). (Complete Part II)											
8 🗔	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9 🗀			eives. (1) more than 33			rom contr	ibutions, n	nembersh	ıp fees, a	and aross re	ceipts	from
			nctions - subject to certa									
			axable income (less sect	-		•				•		
	See section	509(a)(2). (Complete	Part III.)		•		·	. •			•	
10	An organizati	ion organized and o	perated exclusively to te	st for publ	lic safety.	See <b>sect</b> io	n 509(a)(4	4).				
11	An organizati	on organized and o	perated exclusively for the	ne benefit	of, to perfe	orm the fu	nctions of	, or to can	y out the	e purposes	of one	or
			ations described in secti									
			organization and comple				•	`	, ,			
	a Type I	ı <b>ь</b> □ ту	ype II c 🔲 Ty	ype III - Fu	nctionally	integrated	۱ (	d 🔲 Typ	e III - No	n-functional	ly inte	grated
e 🗀	By checking	this box, I certify that	at the organization is not	controlled	d directly o	r indirectly	/ by one o				•	_
			han one or more publicly									
f			ten determination from t						- ()(-)		- (/(-/-	
		rganization, check th			•		, . , , , ,					
g	•		organization accepted ar	nv aift or c	ontribution	n from anv	of the foll	owina per	sons?			
•			irectly controls, either al			•		• •		<i>I</i> .	Yes	No
			upported organization?		,			()	(,	11g(i)	1.55	1
		- ·	n described in (i) above?	)						11g(ii)		<del>                                     </del>
			person described in (i) o		e?					11g(iii)	_	
h		·	about the supported or							1.3()	<u> </u>	
	, , , , , , , , , , , , , , , , , , , ,	onoming innomination	assur in o supported of	gumzanon	(0)							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did vo	u notify the	(vi) is	the	(vii) Amoun	t of mo	notoni
	anization	(11) = 114			sted in your		ion in col.	organizáti (i) organiz	on in col.		port	пецагу
				governing	document?	(i) of you	r support?	U.S	2		Port	
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
								1		1		
				<u> </u>				<b>-</b>				
						_			-			
Total												

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12 Schedule A (Form 990 or 990-EZ) 2012 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)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	2,262,123.	762,059.	1,290,145.	3,097,484.	3,761,264.	11,173,075.
2	Tax revenues levied for the organ-				·		
	ization's benefit and either paid to						
	or expended on its behalf						
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.	1,290,145.	3,097,484.	3,761,264.	11,173,075.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			ł		i	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						7,294,859.
6	Public support. Subtract line 5 from line 4		· · · · ·				3,878,216.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	2,262,123.	762,059.	1,290,145.	3,097,484.	3,761,264.	11,173,075.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2,749.	2,382.	448.	483.	749.	6,811.
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	Total support. Add lines 7 through 10			I			11,179,886.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
Se	organization, check this box and storetion C. Computation of Publ	here ic Support Pe	rcentage	<del> </del>			<u> </u>
	Public support percentage for 2012 (	• • •		olumn (fl)		14	
	Public support percentage from 2011			Oldifiif (1))		15	
	33 1/3% support test - 2012. If the c			n line 13, and line 1	4 is 33 1/3% or m		
	stop here. The organization qualifies				413 00 17070 0111	iore, ericek triis be	► □
ŀ	33 1/3% support test - 2011. If the o		•		line 15 is 33 1/3%	or more check th	us hoy
_	and stop here. The organization qual					or more, erreek a	<b>▶</b> □
17:	10% -facts-and-circumstances tes		• •		13 16a or 16b a	and line 14 is 10%	or more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	civilow the organ	► □
ŀ	10% -facts-and-circumstances tes	-	•		•	17a and line 15 in	10% or
•	more, and if the organization meets the						
	organization meets the "facts-and-circ				•		▶□
18							
<u></u>	The second of the organization	did not officer a	20x 011 mile 10, 100	<u>., .00,a, 0. 170</u>		dule A (Form 990	

## Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

•	(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to
	qualify under the tests listed below, please complete Part II.)
Section A	A. Public Support

Cale	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	-					
	membership fees received. (Do not					1	
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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-				1"		
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
	Amounts included on lines 1, 2, and		· -			<del>                                     </del>	
•	3 received from disqualified persons						
ŀ	Amounts included on tines 2 and 3 received		-	<del>                                     </del>	<del></del>		
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					1	
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support	<u></u>		<u> </u>		1.	
	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(4) 2011	(0) 2012	(f) Total
9		(a) 2000	( <b>b)</b> 2009	(6) 2010	(d) 2011	(e) 2012	(f) Total
_	Gross income from interest,		_	<del>                                     </del>		+	
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income	_			<del></del>	-	
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b			<del>                                     </del>			
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carned on Other income. Do not include gain			<del> </del>			<del></del>
	or loss from the sale of capital						
12	assets (Explain in Part IV.)				<del> </del>	<del> </del>	
	Total support. (Add lines 9, 10c, 11, and 12)	 			<u></u>	504(-)(0)	
14	First five years. If the Form 990 is for	r the organization s	s tirst, secona, thi	ra, tourth, or tirth t	ax year as a secti	on 501(c)(3) organiz	ation,
50	check this box and stop here	ic Support Po	roontago				
_			·	l (A)		Tasl	<del></del>
	Public support percentage for 2012 (		•	column (t))		15	%
	Public support percentage from 2011 ction D. Computation of Inve					<u>  16  </u>	%
_						147	
	Investment income percentage for 20	•	•	ne 13, column (f))		17	
	Investment income percentage from			and has did to the	. 45	18	
198	a 33 1/3% support tests - 2012. If the						I / IS NOT
	more than 33 1/3%, check this box a	=	-		• • •		. <b>▶</b> □
t	33 1/3% support tests - 2011. If the	-			•	· ·	and
~~	line 18 is not more than 33 1/3%, che						<b>P</b>
	Private foundation. If the organization	on did not check a	box on line 14, 19	la, or 19b, check t			<u> </u>
2320	23 12-04-12			4.5	Sc	hedule A (Form 99	0 or 990-EZ) 2012

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	ion 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
Name of	organization			4	Employer identification number
		AGAINST ILLEGAL			<u> 26-1598353</u>
Part I	A Complete if the or	ganization is exempt und	der section 501(c	) or is a section 52	27 organization.
2 Pol	vide a description of the organi tical expenditures unteer hours	ization's direct and indirect politi	cal campaign activities	s in Part IV	<b>▶</b> \$
Part I-	B Complete if the or	ganization is exempt und	der section 501(c	.)(3).	
		incurred by the organization un		,(0).	<b>▶</b> \$
		cincurred by organization manag		55	<b>▶</b> \$
		on 4955 tax, did it file Form 4720			Yes No
4a Was	s a correction made?		•		Yes No
<b>b</b> If "Y	'es," descnbe in Part IV				
Part I-	C Complete if the or	ganization is exempt und	der section 501(c	), except section (	501(c)(3).
1 Ente	er the amount directly expende	ed by the filing organization for se	ection 527 exempt fun	ction activities	<b>\$</b>
2 Ente	er the amount of the filing orgai	nization's funds contributed to o	ther organizations for	section 527	•
exe	mpt function activities				<b>▶</b> \$
3 Tota	al exempt function expenditure	s Add lines 1 and 2. Enter here a	and on Form 1120-PO		
line	17b				Yes No
	the filing organization file Form				L Yes L No
mac con	de payments. For each organiza tributions received that were pa	mployer identification number (E ation listed, enter the amount pa romptly and directly delivered to	id from the filing organ a separate political or	nization's funds. Also en ganization, such as a se	which the filing organization ter the amount of political
poli		additional space is needed, pro	vide information in Par	τιν ————————————————————————————————————	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fri filing organization funds. If none, enter	's contributions received and

232041 01-07-13

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09461112 737725 26-1598353

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

2012.04040 UNITED AGAINST ILLEGAL GUNS 26-15981

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012	UNITE	D AGAI	NST ILLEGAL	GUNS SUPPO	RT FUN 26-1	598353 Page 2
Part II-A Complete if the org			mpt under section	n 501(c)(3) and fil	lea Form 5/68	
A Check If the filing organiza expenses, and share	tion belon	igs to an affiliss lobbying	liated group (and list in expenditures).		I group member's nam	e, address, EIN,
Limi	ts on Lob	bying Expe	•		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence pub	olic opinion (	grass roots lobbying)		9,004.	-
<b>b</b> Total lobbying expenditures to infli	uence a le	gislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a an	d 1b)			9,004.	
d Other exempt purpose expenditure	es				3,406,274.	
e Total exempt purpose expenditure	s (add line	es 1c and 1c	i)		3,415,278.	
f Lobbying nontaxable amount. Enter	er the amo	ount from the	e following table in bot	h columns	320,764.	
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17	000,000		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
	. 050/	41 40			80,191.	
g Grassroots nontaxable amount (er		•			0.	
<ul> <li>h Subtract line 1g from line 1a. If zer</li> <li>i Subtract line 1f from line 1c. If zero</li> </ul>					0.	_
j If there is an amount other than ze	•		line 1. did the organize	ation file Form 4720		
reporting section 4911 tax for this		er line in or	inte 11, did the organiza	ation life Point 4720	Г	Yes No
reperting economics to the text of time	your.	4-Year Ave	eraging Period Under	Section 501(h)		
•		at made a s	ection 501(h) election e instructions for line	do not have to comp		
	Lob	bying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2009	<b>(b)</b> 2010	(c) 2011	( <b>d</b> ) 2012	(e) Total
2a Lobbying nontaxable amount			194,825.	265,789.	320,764.	781,378.
b Lobbying ceiling amount (150% of line 2a, column(e))						1,172,067.
c Total lobbying expenditures			5,302.	5,325.	9,004.	19,631.
d Grassroots nontaxable amount			48,706.	66,447.	80,191.	195,344.
e Grassroots ceiling amount (150% of line 2d, column (e))						293,016.
Graseroote lobbuing expenditures			5 302.	5 325.	9 004.	19 631

Schedule C (Form 990 or 990-EZ) 2012

# Schedule C (Form 990 or 990 EZ) 2012 UNITED AGAINST ILLEGAL GUNS SUPPORT FUN 26-1598353 Page 3 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i belo	ow, provide in Part IV a detailed description	(a	a)	(b	)
of the lobbying activity		Yes	No	Amo	ount
Dunng the year, did the filing organization attributed local legislation, including any attempt to influor referendum, through the use of Volunteers?	•				
<ul><li>b Paid staff or management (include compensa</li><li>c Media advertisements?</li></ul>	ttion in expenses reported on lines 1c through 1i)?			_	
d Mailings to members, legislators, or the public	o?			_	
e Publications, or published or broadcast state	ments?				
f Grants to other organizations for lobbying pur	rposes?				
g Direct contact with legislators, their staffs, go	vernment officials, or a legislative body?				
h Rallies, demonstrations, seminars, convention	ns, speeches, lectures, or any similar means?				
i Other activities?					
j Total Add lines 1c through 1:					
2a Did the activities in line 1 cause the organizat	ion to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred	under section 4912				-
c If "Yes," enter the amount of any tax incurred	by organization managers under section 4912				
d If the filing organization incurred a section 49	12 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organizatio 501(c)(6).	n is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
-				Yes	No
1 Were substantially all (90% or more) dues rec	eived nondeductible by members?		1		
2 Did the organization make only in-house lobb	ying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobby	ring and political expenditures from the prior year?		3		•
501(c)(6) and if either (a) BC answered "Yes."	n is exempt under section 501(c)(4), section The Part III-A, lines 1 and 2, are answered		R (b) Par		ie 3, is
Dues, assessments and similar amounts from			1		
	olitical expenditures (do not include amounts of politi	icai			
expenses for which the section 527(f) tax v a Current year	vas paid).		_		
-			2a	-	
b Carryover from last year c Total			2b		
	e)(1)(A) notices of nondeductible section 162(e) dues		2c 3		
	c exceeds the amount on line 3, what portion of the ex		-		
	ne reasonable estimate of nondeductible lobbying and				
expenditure next year?	ie reasonable estimate of nondeductible lobbyling and	political			
5 Taxable amount of lobbying and political expe	enditures (see instructions)		5		
Part IV Supplemental Information	enditures (see instructions)	_		<del></del>	
	ired for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, P	art II.A (affilia	ated group	het\. Dart II.	Λ line 2:
and Part II-B, line 1. Also, complete this part for any		art ii A (ainiid	ateu group	nsty, i art ii	A, III 6 2,
·				, . =	
<del> </del>	<del></del>			_	

#### **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	UNITED AGAINST ILI					<u> 26-15983</u>	
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Otl	ner Similar Fund	s or A	ccou	nts.Complete if the	ne
	organization answered "Yes" to Form 990, Part IV, lir	ne 6.					
		(a) Donor a	dvised funds	(	<b>b)</b> Fund	ds and other accou	ınts
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	writing that the ass	ets held in donor advis	sed fun	ds		
	are the organization's property, subject to the organization's	s exclusive legal con	trol?			Yes	□ No
6	Did the organization inform all grantees, donors, and donor	•		used o	only		
	for charitable purposes and not for the benefit of the donor	_	-		-		
	impermissible private benefit?	·	, , ,		Ū	Yes	☐ No
Pai	t II Conservation Easements. Complete if the or	rganization answered	d "Yes" to Form 990, I	Part IV,	line 7		
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (e.g., recreation or		Preservation of an his	stoncal	v impo	rtant land area	
	Protection of natural habitat		Preservation of a cer				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qual	lified conservation co	ontribution in the form	of a co	nserva	tion easement on t	the last
	day of the tax year.						
	•					Held at the End of th	e Tax Year
а	Total number of conservation easements				2a		· -
ь	Total acreage restricted by conservation easements				2b		
C	Number of conservation easements on a certified historic st	ructure included in (	a)		2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06, and r	ot on a historic struct	ure			
	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguishe	d, or terminated by th	e organ	ization	during the tax	_
	year▶		•	J		3	
4	Number of states where property subject to conservation ea	asement is located	•				
5	Does the organization have a written policy regarding the pe	eriodic monitoring, in	spection, handling of				
	violations, and enforcement of the conservation easements	it holds?	-			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing cons	servation easements o	luring ti	he year	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, and						
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requir	ements of section 170	)(h)(4)(E	3)(i)		-
	and section 170(h)(4)(B)(ii)?					Yes	☐ No
9	In Part XIII, describe how the organization reports conservation	tion easements in its	revenue and expense	stater	nent, ai	nd balance sheet,	and
	include, if applicable, the text of the footnote to the organization	ation's financial state	ements that describes	the org	ganızatı	on's accounting fo	r
	conservation easements.						
Pai	t III Organizations Maintaining Collections of		l Treasures, or O	ther :	Simila	ır Assets.	
	Complete if the organization answered "Yes" to Form						
1a	If the organization elected, as permitted under SFAS 116 (A						
	historical treasures, or other similar assets held for public ex	thibition, education,	or research in furthera	ınce of	public :	service, provide, in	Part XIII,
	the text of the footnote to its financial statements that descri	nbes these items					
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in	ıts revenue statemen	t and b	alance	sheet works of art	, historical
	treasures, or other similar assets held for public exhibition, e	education, or researc	h in furtherance of pu	blic sei	vice, pi	rovide the following	g amounts
	relating to these items:						
	(i) Revenues included in Form 990, Part VIII, line 1				▶ \$		
	(ii) Assets included in Form 990, Part X				▶ \$		
2	If the organization received or held works of art, historical tre	easures, or other sım	nilar assets for financia	al gaın,	provide	•	
	the following amounts required to be reported under SFAS	116 (ASC 958) relatır	ng to these items:				
а	Revenues included in Form 990, Part VIII, line 1				<b>&gt;</b> \$		
b	Assets included in Form 990, Part X				<b>&gt;</b> \$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

		AGAINST II								Page <b>2</b>
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other recor	ds, chec	k any of the	following that	at are a sig	ınıfıcant ı	use of its	collection	items
	(check all that apply)									
а	Public exhibition		<u>ا</u> ه	Loan or exc	hange progr	ams				
Ь	Scholarly research		e 🗀	Other						
Ç	Preservation for future generations									
4	Provide a description of the organization's co	-		-	-			se in Pai	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	er sımılar	assets	_	_	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran		lete if the	e organizatio	n answered	"Yes" to F	om 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other interme	ediary for	contribution	ns or other as	ssets not i	ncluded		_	
	on Form 990, Part X?								」 Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on F	orm 990, Part X, lın	e 21?						_ Yes	└─ No
	If "Yes," explain the arrangement in Part XIII									<u> Ш</u>
Par	t V Endowment Funds. Complete	f the organization a	nswered	"Yes" to Fo						
		(a) Current year	(b) F	nor year	(c) Two yea	rs back (	<b>d)</b> Three y	ears back	(e) Four	years back
1a	Beginning of year balance		ļ						ļ	
b	Contributions					<u> </u>				
С	Net investment earnings, gains, and losses		_							
d	Grants or scholarships									
е	Other expenditures for facilities					ľ				
	and programs		ļ						ļ	
f	Administrative expenses		<del> </del>	<del></del> .						
g	End of year balance				L					
2	Provide the estimated percentage of the cur	rent year end balan	•	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should be should	•								
За	Are there endowment funds not in the posse	ession of the organi	zation th	at are held a	and administe	ered for th	e organız	ation	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations								3b	<u> </u>
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm			i	-					
	Description of property	(a) Cost or			t or other		cumulate	ed	(d) Book	value
	<del> </del>	basis (invest	unent)	Dasis	(other)	aepi	reciation	-		
	Land									
	Buildings									
	Leasehold improvements				2 500		Α.	20		150
	Equipment			-	2,580.			30.		2,150.
_	Other (October 4d) south		434 : 1		6,363.		2,7			796
ıota	I. Add lines 1a through 1e. (Column (d) must e	quai rom 990, Pai	τx, colui	ກາກ ( <i>B</i> ), line 1	ι U(C) )		_		Т:	786.

Schedule D (Form 990) 2012

		GUNS SUPPOR	T FUND 26	-1598353 Pag	e J
Part VII Investments - Other Securities. Se  (a) Description of security or category (including name of security)			alications Coot on an	d =6=== ====d	
	(b) Book value	(c) Wethod of Va	aluation Cost or end	d-of-year market value	
(1) Financial derivatives		<del></del>			
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C) (D)					
(E)					
(F)			-		
(G)					
(H)					
(1)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			•		
Part VIII Investments - Program Related. S	ee Form 990, Part X, lin	e 13.			
(a) Description of investment type	(b) Book value		aluation: Cost or end	d-of-year market value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)			<del></del>		
(9)					
(10)					
Total. (Col. (b) must equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, line	45				
	Description			(b) Book value	
(1)	Description	-		(b) Book value	
(2)	<del></del>	<del></del>			
(3)					
(4)			-		
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col (B) lin			<b>&gt;</b>		
Part X Other Liabilities. See Form 990, Part X,	line 25.				
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(8)					
(9)					
(10)					
/4-4\	1-				
(11) Tabel (Column (b) must equal Form 000, Part V, col. (R) (re	25)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lir		organization la financia	atatamanta 45-4	nouto the same	
	ext of the footnote to the				 §

Sche	dule D (Form 990) 2012 UNITED AGAINST ILLEGAL GUNS	S SUI	PPORT	FUND	26-	1598353	Page 4
Par		nts W	th Reve	nue per F	Retur	n	
1	Total revenue, gains, and other support per audited financial statements				1	3,762	014.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a			4		
b	Donated services and use of facilities	2b	<u> </u>		1		
C	Recoveries of prior year grants	2c			_		
d	Other (Describe in Part XIII )	2d			]		
e	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3	3,762	014.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			4		
b	Other (Describe in Part XIII.)	4b_			]		
C	Add lines 4a and 4b				4c		0.
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			<u> </u>	5	3,762	014.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	<u>ents W</u>	ith Exp	enses per	Retu		
1	Total expenses and losses per audited financial statements				1	3,781	613.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				1		
а	Donated services and use of facilities	2a			1		
b	Pnor year adjustments	2b					
С	Other losses	2c			_		
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3	3,781	,613.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
ь	Other (Describe in Part XIII )	4b	-		╛		_
C	Add lines 4a and 4b				4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	3,781	,613.
Pai	t XIII Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	II, lines 1	a and 4; P	art IV, lines	1b and	2b; Part V, line	4; Part
X, lın	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide	any additi	onal informa	tion		
					Sche	dule D (Form 9	90) 2012

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service General Information on Grants and Assistance

Parti

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

Open to Public Inspection

OMB No 1545-0047

26-1598353

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

**Employer identification number** ▶ Attach to Form 990. SUPPORT FUND GUNS UNITED AGAINST ILLEGAL Name of the organization

the selection X Yes No		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 criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Part II 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	recipient that received more than \$5,000. Part il can be duplicated if additional space is needed
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TO SUPPORT A NEW SENIOR K TO PAY THE SALARY AND RAVEL FOR A REGIONAL TO PAY THE SALARY AND RAVEL FOR A REGIONAL TO PAY THE SALARY AND RAVEL FOR A REGIONAL (h) Purpose of grant or assistance PRAVEL FOR A REGIONAL TO PAY THE SALARY AND TO PAY THE SALARY OF REGIONAL COORDINATOR, COORDINATOR. CORDINATOR. CORDINATOR COORDINATOR FELLOW. (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ö 0 。 0 0 ö (e) Amount of assistance non-cash (d) Amount of cash grant 702. 31,174. 53,569, 85,000. 70,000 70,677 9 (c) IRC section if applicable 501(C)(3) 501(C)(3) (p) EIN 1 (a) Name and address of organization CITY HALL, 350 SOUTH FIFTH STREET STREET, 2ND PLOOR - COLUMBUS, OH OFFICE OF THE MAYOR 90 W BROAD PROGRESSNOW COLORADO EDUCATION 1536 WYNKOOP STREET, STE 203 CENTER FOR AMERICAN PROGRESS 3RD FL 1333 H STREET NW, 10TH FL or government ORLANDO, FL 32802-4990 MINNEAPOLIS, MN 55415 CITY HALL PO BOX 4990 WASHINGTON, DC 20005 841 NORTH BROADWAY, MILWAUKEE, WI 53202 CITY OF MINNEAPOLIS CITY OF MILWAUKEE CITY OF COLUMBUS DENVER, CO 80202 CITY OF ORLANDO 43215 N

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2012)

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Page 1

Schedule | (Form 990) UNITED AGAINST ILLEGAL GUNS SUPPORT FUND Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Porm 390), Part II)	Assistance to do	Werminents and Organ	O all miles	שונפת סושיפים ליייין	a r (loss) i ain		•
(a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATIONAL FUND TO STOP GUN VIOLENCE - 1424 L STREET NW, SUITE 2-1 - WASHINGTON DC 20005		501(C)(3)	8900	0			GENERAL SUPPORT GRANTS TO BUILD AWARENESS ABOUT THE PROBLEMS WITH THE NATIONAL GUN BACKGROUND
		501(C)(3)	279,000.	0.0			GENERAL SUPPORT GRANT.
NEW VENTURE FUND 734 15TH STREET, NW SUITE 600 WASHINGTON, DC 20005		501(C)(3)	400,000.	.0			SUPPORT FOR GUN VIOLENCE PREVENTION PROGRAMS.
PROGRESSNOW COLORADO EDUCATION 1536 WYNKOOP STREET, STE 203 DENVER, CO 80202		501(C)(3)	40,000.	.0			GENERAL PURPOSE GRANTS TO SUPPORT MAIG COALITION EFFORTS.
PROGRESSOHIO EDUCATION, INC. 251 S. 3RD STREET COLUMBUS, OH 43215		501(C)(3)	.000,09	.0			GENERAL PURPOSE GRANTS TO SUPPORT MAIG COALITION EFFORTS.
WAVE EDUCATIONAL FUND 7040 N. GREEN BAY ROAD MILWAUKEE, WI 53209		501(C)(3)	10,000.	0.			GENERAL PURPOSE GRANT TO PROMOTE COMMONSENSE GUN LAWS.
							Schedule I (Form 990)

Schedule | (Form 990) (2012) UNITED AGAINST ILLIEGAL GOLVA COLLAGATION answered "Yes" to Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

Page 2

26-1598353

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV   Supplemental Information. Complete this part to provide the	le the information	required in Part I, I	ine 2, Part III, colum	information required in Part I, line 2, Part III, column (b), and any other additional information	ormation
SCHEDULE I, PART I, LINE 2: CERTAIN	GRANT	RECIPIENTS	ARE	REQUIRED TO	
PROVIDE INFORMATION/NARRATIVES ON ACT	ACTIVITIE	S ENGAGED	IN AND AC	IVITIES ENGAGED IN AND ACCOMPLISHMENTS	
IN SUPPORT OF MISSION. THESE REPORTS		MAINLY DUE	ARE MAINLY DUE FROM THE VARIOUS	VARIOUS	
COORDINATORS HIRED BY THE CITIES R	RECEIVING	IVING GRANTS AN	D OTHER OR	AND OTHER ORGANIZATIONS	
(PROGRESSNOW COLORADO).					

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: EDUCATIONAL FUND TO STOP GUN VIOLENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT GRANTS TO BUILD 232102 12-16-12

232102 12-18-12

Schedule I (Form 9 Part IV Sup	90)	l Infor	NITED	AG	AINST	ILL	EGAL GUNS	SUPI	PORT	FUND 26	5-1598353 Page 2
Part IV Sup	olementa	Intori	nation				<del></del>			<del></del> .	
AWARENESS	ABOUT	THE	PROBL	EMS	WITH	THE	NATIONAL	GUN	BACK	GROUND	CHECK
SYSTEM.											
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#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

UNITED AGAINST ILLEGAL GUNS SUPPORT FUND

Employer identification number 26-1598353

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN AN EFFORT TO EDUCATE THE PUBLIC ABOUT THE DETRIMENTAL EFFECTS OF

ILLEGAL GUNS AND TO HELP REDUCE GUN VIOLENCE.

FORM 990, PART III, LINE 1, DESCRIPTION OF THE ORGANIZATION'S MISSION: 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 800 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 GOVERNMENT 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. IN ADDITION, ORGANIZATION WILL SUPPORT AND SPONSOR NEW INDEPENDENT RESEARCH AND ANALYSIS OF THE ILLEGAL GUN ISSUE. ALL MATERIALS DISSEMINATED BY THE

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

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization **Employer identification number** UNITED AGAINST ILLEGAL GUNS SUPPORT FUND 26-1598353 ORGANIZATION WILL CONTAIN A FULL DOCUMENTATION OF THE FACTS RELIED UPON TO SUPPORT THE CONCLUSIONS CONTAINED THEREIN. FORM 990, PART VI, SECTION A, LINE 6: NEITHER THE ORGANIZATION'S CERTIFICATE OF INCORPORATION NOR ITS BYLAWS PROVIDE FOR MEMBERS. PURSUANT TO SECTION 102(A)(4) OF THE DELAWARE GENERAL CORPORATION LAW ("DGCL"), HOWEVER, THE ORGANIZATION'S DIRECTORS ARE DEEMED TO BE ITS MEMBERS BECAUSE THE DIRECTORS ARE ENTITLED TO VOTE FOR THE ELECTION OF DIRECTORS PURSUANT TO THE ORGANIZATION'S BYLAWS. FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION'S BYLAWS PROVIDE THAT THE DIRECTORS ARE ENTITLED TO VOTE FOR THE ELECTION OF DIRECTORS. AS NOTED ABOVE, NEITHER THE ORGANIZATION'S CERTIFICATE OF INCORPORATION NOR ITS BYLAWS PROVIDES FOR MEMBER, AND, AS A NON-STOCK CORPORATION, THE ORGANIZATION HAS NO STOCKHOLDERS. DELAWARE LAW, HOWEVER, DEEMS THE ORGANIZATION'S DIRECTORS TO BE THE ORGANIZATION'S MEMBERS UNDER SECTION 102(A)(4) OF THE DGCL. FORM 990, PART VI, SECTION A, LINE 8B: THE CORPORATION HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD.

FORM 990, PART VI, SECTION B, LINE 11: (LINE 11A) FORM 990 IS PROVIDED TO THE ENTIRE BOARD 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 232212 01-04-13 Schedule O (Form 990 or 990-EZ) (2012) Schedule O (Form 990 or 990-EZ) (2012) Page 2 **Employer identification number** Name of the organization UNITED AGAINST ILLEGAL GUNS SUPPORT FUND 26-1598353 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: 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 B, LINE 15: THE CORPORATION DID NOT COMPENSATE ANY PERSONS IN THE POSITION OF CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT OFFICIAL, OFFICER, OR KEY EMPLOYEE. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: DE, NY, AL, AR, AK, CT, HI, IL, KS, KY, FL, MD, MA, MI, MS, NC, NM, NH, NJ, ND, OH, OK, OR, PA, RI SC, TN, UT, VA, WA, WV, WI FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS CERTIFICATE OF INCORPORATION, BYLAWS, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. REQUESTS FOR REVIEWING THE ORGANIZATION'S DOCUMENTS SHOULD BE ADDRESSED TO THE ORGANIZATION IN CARE OF GELLER & COMPANY AS NOTED IN PART VI, SECTION C, QUESTION 20. FORM 990, PART IX, LINE 11G, OTHER FEES:

PROGRAM SERVICE EXPENSES

667,536.

PROFESSIONAL FEES:

Schedule O (Form 990 or 990-EZ) (2012)  Name of the organization	Employer identification number
UNITED AGAINST ILLEGAL GUNS SUPPORT FUND	26-1598353
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	667,536.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	667,536.
FORM 990, PART XII, LINE 2C:	
THE BOARD OF DIRECTORS DIRECTLY EXERCISES OVERSIGHT ON THE	HE AUDIT OF
FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT	ACCOUNTANT.

#### Form **8868**

(Rev January 2013) Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		1	$\mathbf{X}$
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)	•	
	omplete Part II unless you have already been granted		· · · · · · · · · · · · · · · · · · ·			
	nic filing (e-file) . You can electronically file Form 8868 if y					poration
	to file Form 990-T), or an additional (not automatic) 3-mo					•
	o file any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in pag					
	w irs gov/efile and click on e-file for Chanties & Nonprofits		(		ou or no many or a m	5 10111I,
Part I			submit original (no copies ne	eded)		
A corpor	ation required to file Form 990-T and requesting an autor					
Part I on					ı	
	corporations (including 1120-C filers), partnerships, REM come tax returns.	IICs, and t	rusts must use Form 7004 to reques	st an exter	nsion of time	
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	r identification nur	nber (EIN) or
print File by the	UNITED AGAINST ILLEGAL GUNS	S SUP	PORT FUND		26-15983	53
due date fo filing your return See	Number, street, and room or suite no. If a P.O. box, s C/O GELLER & CO-909 3RD AVI			Social se	ecunty number (SS	SN)
instructions	City, town or post office, state, and ZIP code. For a for NEW YORK, NY 10022-7605	oreign add	lress, see instructions.			
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			01
			· · · · · · · · · · · · · · · · · · ·			
Applicat	ion	Return	Application			Return
Is For	0 or Form 000 F7	Code	Is For			Code
	0 or Form 990-EZ	01 02	Form 990-T (corporation)			07
Form 990-BL         02         Form 1041-A           Form 4720 (individual)         03         Form 4720						08
Form 99						09
	0-T (sec. 401(a) or 408(a) trust)	04 05	Form 5227 Form 6069			10
	0-T (trust other than above)	06	Form 8870	***		11
1 01111 33			C/O GELLER&CO LLC		<del>-</del>	12
• The h	ooks are in the care of > 909 3RD AVENUE			v 100	22	
	hone No. ► 212-583-6000	,	FAX No. ▶ 212-583-62			
-	organization does not have an office or place of business	s in the Lir			<del></del>	
	is for a Group Return, enter the organization's four digit			If this is fo	r the whole group	check this
box 🕨	If it is for part of the group, check this box					
	equest an automatic 3-month (6 months for a corporation					
			tion return for the organization name		The extension	
ısı	for the organization's return for:	_	•			
<b>•</b>	X calendar year 2012 or					
<b>&gt;</b>	tax year beginning	, an	d ending		_	
2 If t	he tax year entered in line 1 is for less than 12 months, c  Change in accounting period	heck reas	on: Initial return	Final retui	π	
	his application is for Form 990-BL, 990-PF, 990-T, 4720, nrefundable credits. See instructions.	or 6069, e	nter the tentative tax, less any	35	\$	0.
_	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	3a	Ψ	
	timated tax payments made Include any prior year overp	-		3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa			1 55		
	using EFTPS (Electronic Federal Tax Payment System)	-	•	Зс	s	0.
	If you are going to make an electronic fund withdrawal v					
	For Privacy Act and Paperwork Reduction Act Notice,			.,,,,,,,		Rev. 1-2013)

223841 01-21-13

Form 8868 (Rev. 1-2013)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box		▶ [X]
Note. Only complete Part II if you have already been granted an a			iled Form	8868.	
<ul> <li>If you are filing for an Automatic 3-Month Extension, complet</li> </ul>					
Part II Additional (Not Automatic) 3-Month E	xtensio	<b>n of Time.</b> Only file the origin	al (no co	opies need	led).
		Enter filer's	identifylr	ng number, s	ee instructions
Type or Name of exempt organization or other filer, see instruction	ctions		Employe	rıdentificatio	n number (EIN) or
print					
File by the UNITED AGAINST ILLEGAL GUNS	SUPP	ORT FUND		26-15	98353
due date for Number, street, and room or suite no. If a P.O. box, so			Social se	cunty numbe	er (SSN)
return See C/O GELLER & CO-909 3RD AVE					
City, town or post office, state, and ZIP code. For a foliation NEW YORK, NY 10022-7605	oreign add	Iress, see instructions.			
president 100 and 1000	· · · · · · · · · · · · · · · · · · ·		<del></del>		
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 1
Application	Return	Application			Return
ls For	Code	1s For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227	-		10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted			iously file	d Form 886	3
		C/O GELLER&CO LLC			
• The books are in the care of   909 3RD AVENUE	, 16T			22	
Telephone No. ▶ 212-583-6000		FAX No. $\triangleright 212-583-62$	41		
If the organization does not have an office or place of business		•	-	•	
If this is for a Group Return, enter the organization's four digit (					
box . If it is for part of the group, check this box		ich a list with the names and EINs of	ali memb	ers the exter	sion is for.
	AO A EM	BER 15, 2013.			
5 For calendar year 2012, or other tax year beginning		, and ending	*	<del>.</del>	<del></del>
6 If the tax year entered in line 5 is for less than 12 months, ci	neck reas	on' La Initial return	⊥	etum	
Change in accounting period  State in detail why you need the extension					
AN ADDITIONAL EXTENSION OF TIME	Æ TS	RECUIRED TO FILE	A COM	מיתום	MD
ACCURATE TAX RETURN BECAUSE AI					TAILD .
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nonrefundable credits. See instructions	J. 0000, 0	The are tornautre tax, loss arry	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and estimated	-   -		
tax payments made. Include any prior year overpayment all	•				
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your pa	vment wit	h this form, if required, by using		7	<u></u>
EFTPS (Electronic Federal Tax Payment System). See instru			8c	\$	0.
		st be completed for Part II o		<del>-</del>	
Under penalties of perjury. I declare that I have examined this form, include	no accomo			f my knowleda	e,and belief,
it is true, correct, and complete, and that I am adhorized to prepare this fo	mī.	,			
Signature ► / Mules Form Title ► C	CPA		Date	× 810	115
				- 6/ /	B68 (Rev. 1-2013)