See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

 must file Form 990. All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

For 2008 calendar year, or tax year beginning 01-01-2008, and ending 12-31-2008

Name of organization: NEW YORKERS AGAINST GUN VIOLENCE INC
Number and street (or P O box, if mail is not delivered to street address): 3 WEST 29TH STREET
City or town, state or country, and ZIP + 4:
NEW YORK, NY 10001

Employer Identification Number: 13-3780848
Telephone number: (212) 679-2345

Accounting Method: Cash

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1. Contributions, gifts, grants, and similar amounts received
2. Program service revenue including government fees and contracts
3. Membership dues and assessments
4. Investment income
5a. Gross amount from sale of assets other than inventory
5b. Less cost or other basis and sales expenses
5c. Gain or (loss) from sale of assets other than inventory
6. Special events and activities (complete applicable parts of Schedule G)
7a. Gross sales of inventory, less returns and allowances
7b. Less cost of goods sold
7c. Gross profit or (loss) from sales of inventory
8. Other revenue
9. Total revenue

Total revenue: $12,119

10. Grants and similar amounts paid (attach schedule)
11. Benefits paid to or for members
12. Salaries, other compensation, and employee benefits
13. Professional fees and other payments to independent contractors
14. Occupancy, rent, utilities, and maintenance
15. Printing, publications, postage, and shipping
16. Other expenses
17. Total expenses

Total expenses: $12,126

18. Excess or (deficit) for the year
19. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
20. Other changes in net assets or fund balances (attach explanation)
21. Net assets or fund balances at end of year

Net assets or fund balances: $0

Part II Balance Sheets

(See the instructions for Part I)

22. Cash, savings, and investments
23. Land and buildings
24. Other assets
25. Total assets
26. Total liabilities
27. Net assets or fund balances (line 27 of column (B) must agree with line 21)

Net assets or fund balances: $0

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
Part III  Statement of Program Service Accomplishments  (See the instructions for Part III)

What is the organization's primary exempt purpose?
CITIZENS' GROUP FOR REDUCING GUN VIOLENCE

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

<table>
<thead>
<tr>
<th>28 OPERATION OF WEBSITE AND E-MAIL ALERT SYSTEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Grants $ )</td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here . . . ▶ □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>29 PUBLICATION OF NEWSLETTER FOR MEMBERS, ELECTED OFFICIALS, AND OTHER CONCERNED INDIVIDUALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Grants $ )</td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here . . . ▶ □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>30 ALBANY DAY ANNUAL EVENT IN STATE CAPITAL BRINGS CONCERNED RESIDENTS FROM ACROSS THE STATE TO MEET LEGISLATORS AND VOICE CONCERNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Grants $ )</td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here . . . ▶ □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>31 Other program services (attach schedule)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Grants $ )</td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here . . . ▶ □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>32 Total program service expenses (add lines 28a through 31a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ □</td>
</tr>
</tbody>
</table>

Part IV  List of Officers, Directors, Trustees, and Key Employees.  (See the instructions for Part IV)

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation (If not paid, enter -0-)</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>JACKIE HILLY</td>
<td>Executive Direc 5 00</td>
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<td></td>
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<tr>
<td>3 WEST 29TH STREET</td>
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<td></td>
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<tr>
<td>NEW YORK, NY 10001</td>
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</tr>
</tbody>
</table>
Part V  Other Information (Note the statement requirements in the instructions for Part VI.)

33  Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity ................................................................. 33

34  Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conforming copy of the changes ................................................................. 34

35  If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T ......................................................... 35a

a  Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? .................................................................................. 35b

b  If "Yes," has it filed a tax return on Form 990-T for this year? ................................................................. 35c

36  Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N ................................................................. 36

37a  Enter amount of political expenditures, direct or indirect, as described in the instructions ................................................................. 37a

b  Did the organization file Form 1120-POL for this year? ................................................................. 37b

38  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? ................................................................. 38a

b  If "Yes," complete Schedule L, Part II and enter the total amount involved ................................................................. 38b

39  501(c)(7) organizations. Enter

a  Initiation fees and capital contributions included on line 9 ................................................................. 39a

b  Gross receipts, included on line 9, for public use of club facilities ................................................................. 39b

40a  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955  ................................................................. 40a

b  Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part 1 ................................................................. 40b

40e  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ................................................................. 40e

41  List the states with which a copy of this return is filed  ................................................................. NY

42a  The books are in care of  Telephone no (212) 679-2345

Located at  ZIP + 4 10001

3 WEST 29TH ST STE 1007

NY

b  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country  ................................................................. 42b

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

42c  At any time during the calendar year, did the organization maintain an office outside of the U S ?

If "Yes," enter the name of the foreign country  ................................................................. 42c

43  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ................................................................. 43

and enter the amount of tax-exempt interest received or accrued during the tax year  ................................................................. 43

44  Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ. ................................................................. 44

45  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ. ................................................................. 45
**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td></td>
<td></td>
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<tr>
<td>47</td>
<td></td>
<td></td>
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<tr>
<td>48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If “Yes,” complete Schedule C, Part I

Did the organization engage in lobbying activities? If “Yes,” complete Schedule C, Part II

Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If “yes,” complete Schedule E

Did the organization make any transfers to an exempt non-charitable related organization?

b If “Yes,” was the related organization(s) a section 527 organization?

---

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than $100,000 of compensation from the organization. If there are none, enter “None”

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
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</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of other employees paid over $100,000 ▶

---

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there are none, enter “None”

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of other independent contractors receiving over $100,000 ▶

---

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

<table>
<thead>
<tr>
<th>Signature of officer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2009-08-10</td>
</tr>
</tbody>
</table>

JACKIE HILLY Executive Diect

Type or print name and title

---

Preparer's signature: MICHAEL R HATTON CPA

Date

Check if self-employed ▫

Preparer's PTIN (See Gen Inst X)

Paid Preparer's
Use Only

Firm's name (or yours if self-employed), address, and ZIP + 4

DAVID CULP & CO LLP

70 HOME ST

HUNTINGTON, IN 467501346

EIN ▫

Phone no ▫ (260) 356-0640

May the IRS discuss this return with the preparer shown above? See instructions ▫

Yes ▫ No
TY 2008 Other Expenses Schedule

Name: NEW YORKERS AGAINST GUN VIOLENCE INC
EIN: 13-3780848
Software ID: 08000091
Software Version: 2008v2.7

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM COSTS</td>
<td>6,118</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>5,172</td>
</tr>
<tr>
<td>INSURANCE</td>
<td>884</td>
</tr>
<tr>
<td>DUES/FEES</td>
<td>125</td>
</tr>
<tr>
<td>CHAPTER EXPENSES</td>
<td>81</td>
</tr>
<tr>
<td>BOARD EXPENSES</td>
<td>66</td>
</tr>
</tbody>
</table>
TY 2008 Other Revenues Schedule

Name: NEW YORKERS AGAINST GUN VIOLENCE INC
EIN: 13-3780848
Software ID: 08000091
Software Version: 2008v2.7

<table>
<thead>
<tr>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>MISCELLANEOUS</td>
<td>7</td>
</tr>
</tbody>
</table>