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
**Short Form**
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

**A** For the 2013 calendar year, or tax year beginning , 2013, and ending

**B** Check if applicable

- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C** STATES UNITED TO PREVENT GUN VIOLENCE

**D** Employer Identification number

- 20-5037507

**E** Telephone number

- 212-995-2297

**F** Group Exemption Number

**G** Accounting Method

- Cash
- Accrual
- Other (specify)

**H** Check □ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: WWW.SUPERC.ORG

**J** Tax-exempt status (check only one) -

- □ 501(c)(3)
- □ 501(c) ( )
- □ (insert no.)
- □ 4947(a)(1) or □ 527

**K** Form of organization:

- Corporation
- Trust
- Association
- Other

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ

- $ 147,211.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

<table>
<thead>
<tr>
<th>1</th>
<th>Contributions, gifts, grants, and similar amounts received</th>
<th>1</th>
<th>147,211.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Program service revenue including government fees and contracts</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Membership dues and assessments</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Investment income</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Gross amount from sale of assets other than inventory</td>
<td>5a</td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>Less: cost or other basis and sales expenses</td>
<td>5b</td>
<td></td>
</tr>
<tr>
<td>5c</td>
<td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td>
<td>5c</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Gaming and fundraising events</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Gross income from gaming (attach Schedule G if greater than $15,000)</td>
<td>6a</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>Gross income from fundraising events (not including $ of contributions)</td>
<td>6b</td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td>Less: direct expenses from gaming and fundraising events</td>
<td>6c</td>
<td></td>
</tr>
<tr>
<td>6d</td>
<td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td>
<td>6d</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Gross sales of inventory, less returns and allowances</td>
<td>7a</td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Less: cost of goods sold</td>
<td>7b</td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td>
<td>7c</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other revenue (describe in Schedule O)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td>
<td>9</td>
<td>147,211.</td>
</tr>
<tr>
<td>10</td>
<td>Grants and similar amounts paid (list in Schedule O)</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Benefits paid to or for members</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Salaries, other compensation, and employee benefits</td>
<td>12</td>
<td>10,986.</td>
</tr>
<tr>
<td>13</td>
<td>Professional fees and other payments to independent contractors</td>
<td>13</td>
<td>2,395.</td>
</tr>
<tr>
<td>14</td>
<td>Occupancy, rent, utilities, and maintenance</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Printing, publications, postage, and shipping</td>
<td>15</td>
<td>200.</td>
</tr>
<tr>
<td>16</td>
<td>Other expenses (describe in Schedule O)</td>
<td>16</td>
<td>89,257.</td>
</tr>
<tr>
<td>17</td>
<td>Total expenses. Add lines 10 through 16</td>
<td>17</td>
<td>102,838.</td>
</tr>
<tr>
<td>18</td>
<td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
<td>18</td>
<td>44,373.</td>
</tr>
<tr>
<td>19</td>
<td>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)</td>
<td>19</td>
<td>23,475.</td>
</tr>
<tr>
<td>20</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td>21</td>
<td>67,848.</td>
</tr>
</tbody>
</table>

**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

**JUL 1 5 2014**

**Form 990-EZ (2013)**

**TSEA0803L 11/27/13**
**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>28,743.22</td>
<td>68,450.23</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>SEE SCHEDULE O</td>
<td>SEE SCHEDULE O</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>28,743.25</td>
<td>68,450.26</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>5,268.26</td>
<td>602.26</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>23,475.27</td>
<td>67,848.26</td>
</tr>
</tbody>
</table>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 SEE SCHEDULE O

(Grants $ ) If this amount includes foreign grants, check here $ 28a 96,257.

29

(Grants $ ) If this amount includes foreign grants, check here

30

(Grants $ ) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a) $ 32 96,257.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>(a) Name and Title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-21599-MISC, if not paid, enter -0-)</th>
<th>(d) Health benefits contributions to employees benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>KATHLEEN MONAHA N</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROBERT WILLIAMSON</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BARBARA HOHT</td>
<td>20</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD CHAIR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANGUS McGUILEN</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUSAN HORNK</td>
<td>7.8</td>
<td>6,250.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>EXECUTIVE DIREC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ERIC GEORGE</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLEEN DALY</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOBY HOOVER</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
<td>5</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MARGOT BENNETT</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THOM MANNARD</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GAIL NEELY</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RON PINGAIO</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRANCES SCHENKAN</td>
<td>1</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANDY PELOSI</td>
<td>3.4</td>
<td>3,500.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>EXECUTIVE DIR.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Form 990-EZ (2013) STATES UNITED TO PREVENT GUN VIOLENCE 20-5037507 Page 2**
### Part V Other Information

(See the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

- **33** Did the organization engage in any significant activity not previously reported to the IRS?  
  - Yes:  
  - No: X

- **34** Were any significant changes made to the organizing or governing documents? If "Yes," attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
  - Yes: X
  - No: X

- **35 a** Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
  - Yes: X
  - No: X

- **35 b** If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.
  - Yes: X
  - No: X

- **35 c** Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.
  - Yes: X
  - No: X

- **36** Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.
  - Yes: X
  - No: X

- **37 a** Enter amount of political expenditures, direct or indirect, as described in the instructions.
  - Yes: X
  - No: X

- **37 b** Did the organization file Form 1120-POL for this year?
  - Yes: X
  - No: X

- **38 a** 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 outstanding at the end of the tax year covered by this return?
  - Yes: X
  - No: X

- **39** Section 501(c)(7) organizations Enter
  - A. Initiation fees and capital contributions included on line 9
  - B. Gross receipts, included on line 9, for public use of club facilities
  - Yes: X
  - No: X

- **40 a** Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 — section 4912 — section 4955 — section 4995 — section 4958 — section 4981 — section 4982 — section 4984 — section 4986 — section 4987.
  - Yes: X
  - No: X

- **41** List the states with which a copy of this return is filed.
  - IL

---

**42 a** The organization's books are in care of

- **B. Barbara Hohti**
- Located at **223 West Jackson Boulevard Chicago IL**
- Telephone no. **(212) 995-2297**

- **42 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)?
  - Yes: X
  - No: X

- **42 c** 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.
  - Yes: X
  - No: X

---

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

- **43 a** Yes: X
  - No: N/A

- **44 a** Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
  - Yes: X
  - No: X

- **44 b** Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
  - Yes: X
  - No: X

- **44 c** Did the organization receive any payments for indoor tanning services during the year?
  - Yes: X
  - No: X

- **44 d** If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If No, provide an explanation in Schedule O.
  - Yes: X
  - No: X

- **45 a** Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
  - Yes: X
  - No: X

- **45 b** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).
  - Yes: X
  - No: X
Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  

Yes  No

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II

Yes  No

Is the organization a school as described in section 170(b)(1)(A)(ii)?  If "Yes," complete Schedule E

Yes  No

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

Yes  No

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization.  If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC)</th>
<th>(d) Health benefits contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of other employees paid over $100,000

Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization.  If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Did the organization complete Schedule A?  Note.  All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

Yes  No

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.

Signature of officer  Date

SIGNATURE  7/11/14

EXECUTIVE DIRECTOR

Type or print name and title

Preparer's name  Preparer's signature  Date  Check if self-employed  PTIN

RONALD KARLIN  7/1/14  P1029744

Firm's name  Firm's address  Firm's EIN  Phone number

KARLIN KERSCHNER SHARPE & COMPANY, LLP  666 DUNDEE ROAD STE. 1802  NORTHBROOK, IL 60062-2739  36-3670769  (847) 272-6050

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

Yes  No

Form 990-EZ (2013)
**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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**2013**

**Open to Public Inspection**

---

**Name of the organization**

STATES UNITED TO PREVENT GUN VIOLENCE  
C/O IL COUNCIL AGAINST HANDGUN VIOLENCE  
Employer identification number  
20-5037507

---

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1. □ A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
2. □ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3. □ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. □ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital’s name, city, and state.
5. □ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v).
6. □ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. □ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
9. □ An organization that normally receives more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2).
10. □ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11. □ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a. □ Type I  

b. □ Type II  

c. □ Type III – Functionally integrated  

d. □ Type III – Non-functionally integrated

e. □ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f. □ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) □ A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) □ A family member of a person described in (i) above?

(iii) □ A 35% controlled entity of a person described in (i) or (ii) above?

h. □ Provide the following information about the supported organization(s)

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in column (iii) listed in your governing document?</th>
<th>(v) Did you notify the organization in column (i) of your support?</th>
<th>(vi) Is the organization in column (d) organized in the U.S.?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td></td>
<td>Yes No</td>
<td>No Yes</td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td></td>
<td>No Yes</td>
<td>Yes No</td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td></td>
<td>Yes No</td>
<td>No Yes</td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td></td>
<td>No Yes</td>
<td>Yes No</td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td>Yes No</td>
<td>No Yes</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td>Yes No</td>
<td>No Yes</td>
</tr>
</tbody>
</table>

---

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
Schedule A (Form 990 or 990-EZ) 2013
### 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.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gits, grants, contributions, and membership fees received. (Do not include any 'usual grants')</td>
<td>192,638</td>
<td>190,205</td>
<td>97,756</td>
<td>69,877</td>
<td>147,211</td>
<td>697,687</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td><strong>Total.</strong> Add lines 1 through 3</td>
<td>192,638</td>
<td>190,205</td>
<td>97,756</td>
<td>69,877</td>
<td>147,211</td>
<td>697,687</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>478,129.</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>219,558.</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>192,638</td>
<td>190,205</td>
<td>97,756</td>
<td>69,877</td>
<td>147,211</td>
<td>697,687</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td>128.</td>
<td>13.</td>
<td></td>
<td>141.</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td><strong>Total support.</strong> Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>697,828.</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12 0.</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).</td>
<td>14</td>
<td>31.46 %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public support percentage from 2012 Schedule A, Part II, line 14</td>
<td>15</td>
<td>23.37 %</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

16a 33-1/3% support test — 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

16b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

17b 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.
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. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal yr beginning m)</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions and membership fees received (Do not include any unusual grants)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal yr beginning m)</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c Add lines 10a and 10b</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Support.</strong> (Add lines 5, 10c, 11 and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C. Computation of Public Support Percentage

| Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | % |

19a 33-1/3% support tests — 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3% support tests — 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions
Part IV  Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information.
(See instructions).

PART II, LINE 17A - 10% FACTS AND CIRCUMSTANCES TEST - CURRENT YEAR

SEE ATTACHED EXPLANATION
FORM 990-EZ, PART III - ORGANIZATION’S PRIMARY EXEMPT PURPOSE

STATES UNITED TO PREVENT GUN VIOLENCE'S (SUPGV) MISSION IS TO SUPPORT THE
EDUCATION WORK OF STATE-BASED GUN VIOLENCE PREVENTION GROUPS ACROSS THE COUNTRY IN
ORDER TO EDUCATE THE PUBLIC ABOUT THE PROBLEMS AND POSSIBLE SOLUTIONS TO GUN
VIOLENCE.

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

SUPGV SUPPORTS 28 STATE-BASED GUN VIOLENCE PREVENTION ORGANIZATIONS, GROWING FROM
22 IN 2012. 21 OF THESE ORGANIZATIONS ARE INCORPORATED AS 501 (C ) 3’S AND THE
REST ARE APPLYING FOR THIS STATUS.

IN 2013:

SUPGV PROVIDED TECHNICAL HELP TO STATE AFFILIATE ORGANIZATIONS ON WEBSITE
REDEVELOPMENT, THE USE OF SOCIAL MEDIA AND ON THE USE OF SALSA LABS ONLINE
COMMUNICATIONS SOFTWARE TO HELP THE STATE ORGANIZATIONS BETTER EDUCATE THEIR
MEMBERS AND THE GENERAL POPULATION ON THIS ISSUE. THIS YEAR MORE WORK WAS DONE ON
GRAPHICS FOR STATE ORGANIZATIONS TO USE ON THEIR FACEBOOK AND TWITTER ACCOUNTS TO
INCREASE THEIR MEMBERSHIP.

SUPGV, WITH PRO-BONO HELP, RELEASED A NEW SHORT VIDEO CALLED ED THAT HIGHLIGHTS
HOW GUNS HAVE CHANGED AND HENCE LAWS NEED TO CHANGE AS WELL. THIS VIDEO WON AN
ADVERTISING AWARD AND HAD OVER 1 MILLION HITS ON YOUTUBE.

SUPGV CONTINUED TO WORK WITH STATE ORGANIZATIONS ON ISSUES OF STRATEGIC PLANNING
ON PROGRAMS AND POLICIES AND OFFERED TECHNICAL HELP AND WEBINARS.
SUPGV CONTINUED TO PROVIDE THE GVP REPORT, A TWICE A MONTH E-NEWSLETTER, WHICH
REPORTS ON THE WORK OF NATIONAL AS WELL AS STATE GUN VIOLENCE PREVENTION

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

Organizations as well as on national gun violence stories and research. This report is sent to people who live in states without state groups and then syndicated for use by the affiliate state organizations to send to their own members or to post on their websites.

SupGv continued to update its sharing site, a Google Drive, for our state organizations and continues to hold regular telephone conference calls to share program, policy and fundraising ideas.

SupGv continued to represent our state organizations on national calls and to pass along information, advocacy alerts and press advisory templates to them. SupGv also worked with these state organizations to help them in their coalition building efforts.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(B) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No
### OTHER EXPENSES

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising and Promotion</td>
<td>$80.</td>
</tr>
<tr>
<td>Bank &amp; Credit Card Charges</td>
<td>$547.</td>
</tr>
<tr>
<td>Campus Campaign Expense</td>
<td>$10,272.</td>
</tr>
<tr>
<td>Conferences, Conventions, and Meetings</td>
<td>$627.</td>
</tr>
<tr>
<td>Consulting</td>
<td>$51,075.</td>
</tr>
<tr>
<td>Information Technology</td>
<td>$22,100.</td>
</tr>
<tr>
<td>Insurance</td>
<td>$1,764.</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>$2,180.</td>
</tr>
<tr>
<td>Travel</td>
<td>$612.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$89,257.</strong></td>
</tr>
</tbody>
</table>

### TOTAL LIABILITIES

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning</th>
<th>Ending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable and Accrued Expenses</td>
<td>$5,268.</td>
<td>$602.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$5,268.</strong></td>
<td><strong>$602.</strong></td>
</tr>
</tbody>
</table>
Public Support Statement - 2013

States United to Prevent Gun Violence – EIN 20-5037507

States United to Prevent Gun Violence (SUPGV) is a national 501 (c) (3) non-profit organization working to decrease gun death and injury by providing support to state-based gun violence prevention organizations, currently 28. SUPGV provides shared technical support to these state organizations and provides ways for these state groups to share best practices on programs, policy and fundraising. It also helps these state organizations with strategic planning and provides a shared Website and a biweekly e-newsletter for these state organizations and others across the United States.

SUPGV satisfies the requirements of the facts and circumstances public support test of Regulation Section 1.170-9 (e) (3) for the following reasons:

- Significantly more than 10% of the total support for SUPGV is eligible public support. The number for this year is 31.46%.

- Although a 501(c)(3) with this EIN number has been in existence since 2006, the current configuration of States United occurred in 2010 when an all-volunteer association of state based gun violence prevention organizations merged with Freedom States Alliance and legally changed its name to State United to Prevent Gun Violence. This new entity has been working diligently to increase both its Board and public support strength.

- SUPGV actively seeks and receives support from a number of sources. It does not receive any significant funding from one family. Rather it receives funding from four major foundations, from individuals across the country and from membership dues from its state affiliates.

- The Board of SUPGV now has 12 members from across the country representing individuals affected by gun violence and leaders from gun violence prevention groups.

- SUPGV has 28 state affiliates that are membership organizations. The majority of these are also 501 (c) (3)'s. SUPGV provides the public with education on this issue through its support of these state based organizations.

- SUPGV also supports the public that lives in states without such state based organizations with education through its Website and twice-monthly e-newsletter.

- SUPGV is working to help five of its state affiliates evaluate their youth education programs so these programs can be strengthened and replicated in other states.

- SUPGV helps its state affiliates with coalition building and information dissemination to bring more people into the issue of preventing death and injuries from gun violence.

P.O. Box 1359, New York, NY 10003
www.ceasefireUSA.org 631-275-8986
Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for a **Automatic 3-Month Extension**, complete only Part I and check this box. 
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 990-T, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file](http://www.irs.gov/e-file) and click on e-file for Charities & Nonprofits.

**Part I. Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

**Type or print**

<table>
<thead>
<tr>
<th>Name of exempt organization or other filer, see instructions</th>
<th>Employer identification number (EIN) or social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATES UNITED TO PREVENT GUN VIOLENCE C/O IL COUNCIL AGAINST HANDGUN VIOLENCE</td>
<td>20-5037507</td>
</tr>
<tr>
<td>223 WEST JACKSON BOULEVARD #802 C/O IL COUNCIL AGAINST HANGUN VIOLENCE</td>
<td></td>
</tr>
<tr>
<td>CHICAGO, IL 60606</td>
<td></td>
</tr>
</tbody>
</table>

Enter the Return code for the return that this application is for (file a separate application for each return).

**Application Is For** | **Return Code** | **Application Is For** | **Return Code**
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (section 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

- The books are in the care of [BARBARA HOHLT] ____________________________

  **Telephone No.** [212] 995-2297 ____________________________
  **Fax No.** ____________________________

- If the organization does not have an office or place of business in the United States, check this box .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box [ ] If it is for part of the group, check this box [ ] and attach a list with the names and EINs of all members of 

  1. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until [ ]/15/2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for [ ] calendar year 2014 or [ ] tax year beginning [ ] and ending [ ] 20

  2. If the tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

  3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions $ 0
  3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit $ 0
  3c Balance due. Subtract line 3b from line 3a include your payment with this form, if required, by using EFTPS. (Electronic Federal Tax Payment System). See instructions $ 0

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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