**	PUBL	.IC	INSP	ECT	ON	COPY	**
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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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Form **99**



		of the Treasury enue Service	 Go to www.irs.gov/Form990 for instructions an 	st information.	Inspection	
				JUN 30, 2022		
Β	heck if pplicab	C Name o	f organization		D Employer identific	ation number
	Addre chang					
	Name		Y CAMPAIGN TO PREVENT GUN VIOLENCE usiness as BRADY	-	23-732101	7
	Initial		and street (or P.O. box if mail is not delivered to street address)	Room/suit		
	Final returr	8/0		400	(202) 370)-8100
	termi	~	own, state or province, country, and ZIP or foreign postal code	1	G Gross receipts \$	5,660,705.
	Amer returr	nded WACU	INGTON, DC 20002-8040		H(a) Is this a group ret	turn
	Appli tion	^{ca-} F Name a	nd address of principal officer: KRISTIN BROWN		for subordinates?	Yes X No
	pendi	ING SAME	AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
		empt status:	501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1)	or 52	If "No," attach a l	ist. See instructions
			BRADYUNITED.ORG		H(c) Group exemption	
	_		X Corporation Trust Association Other 🕨	L Yea	ar of formation: 1974 M	State of legal domicile: DC
Pa	art I					
¢	1		be the organization's mission or most significant activities: BRAD	Y IS	UNITING AMERI	CANS,
Governance			O COAST, (CONT'D IN SCH. O)			
erné	2	Check this bo			1 1	
Š	3					20
	4			20		
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a)			0
iviti	6		of volunteers (estimate if necessary)			21095
Act			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
					Prior Year	Current Year
ē	8		and grants (Part VIII, line 1h)		3,149,077.	5,608,619.
/eni	9	•	ce revenue (Part VIII, line 2g)		0.	<u> </u>
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		260. 50,340.	51,549.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,199,677.	5,660,705.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,130.	2,513.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		852,283.	762,889.
Expenses			r compensation, employee benefits (Part IX, column (A), lines 5-10)		438,000.	1,594,800.
ens			undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) \blacktriangleright 2,661,1	16	430,000.	1,394,000.
Ä					2,628,058.	2,615,954.
_			es (Part IX, column (A), lines 11a-11d, 11f-24e) .s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,934,471.	4,976,156.
	18 19		expenses. Subtract line 18 from line 12		-734,794.	684,549.
- z		I LEVELIUE IESS			Beginning of Current Year	End of Year
sts c	20	Total assets (F	Part X line 16)		2,170,408.	3,042,585.
Asse Bals	20		Part X, line 16) ; (Part X, line 26)		5,091,245.	5,278,873.
Net Assets or Fund Balances	22		fund balances. Subtract line 21 from line 20		-2,920,837.	-2,236,288.
	nrt II				_,,	_,,,,

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	$\frac{\chi_{\chi_{Q}}}{\text{Signature of officer}}$	05/12/2023 Date						
Sign Here	KRISTIN BROWN, CEO/PRESIDENT Type or print name and title							
Paid	Print/Type preparer's name Preparer's signature Date ELIZABETH W. HELLER Date 05/	12/23 Check PTIN if self-employed P00397829						
Preparer	Firm's name RSM US LLP	Firm's EIN 🕨 42-0714325						
Use Only	Firm's address 🖌 1250 H STREET, SUITE 700							
	WASHINGTON, DC 20005	Phone no. 202-293-2200						
May the II	RS discuss this return with the preparer shown above? See instructions	X Yes No						
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)							
C	THE COMPANY A ROD ODCANTZANTON MICCION CHAMPMENT	CONTRACTOR						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eile e	concrete	application	for oooh	roturn
File a	separate	application	tor each	return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instruct	Taxpayer identification number (TIN)							
print	BRADY CAMPAIGN TO PREVENT G		23-7321017						
File by the due date for filing your return. See	the te for Number, street, and room or suite no. If a P.O. box, see instructions.								
instructions.	City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20002-8040	oreign addı	ress, see instructions.						
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)	<u></u>					
Applicati	on	Return	Application			Return			
ls For		Code	Is For			Code			
Form 990	or Form 990-EZ	01	Form 1041-A			08			
Form 472	0 (individual)	03	Form 4720 (other than individual)	09					
Form 990	ŀPF	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			
Form 990	-T (corporation) BINDU MACCHIAVE	07							
 If the c If this box If this 1 I re the the p 	hone No. ► (202) 370-8100 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ► quest an automatic 6-month extension of time until organization named above. The extension is for the orgation calendar year or X tax year beginning JUL 1, 2021 he tax year entered in line 1 is for less than 12 months, ch Change in accounting period	Group Exe and atta MAX anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>X 15, 2023</u> , to file return for: d ending <u>JUN 30, 2022</u>	f this is fo all memb	r the whole gro ers the extensi npt organization	on is for.			
any	nis application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions.			3a	\$	0.			
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			-			
est	imated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.			
	ance due. Subtract line 3b from line 3a. Include your pa	•				•			
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.			
Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct det	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879-T	E for payment			
	- Driver Asternal Development Devlocities Ast Notice				F	60 (D 1 0000)			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form	990 (2021) BRADY CAMPAIGN TO PREVENT GUN VIOLENCE 23-7321017 Page 2
Par	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	BRADY IS UNITING AMERICANS, COAST TO COAST, GUN OWNERS AND NON-GUN
	OWNERS ALIKE, TO END AMERICA'S GUN VIOLENCE EPIDEMIC. A COMPLICATED
	PROBLEM REQUIRES A COMPREHENSIVE APPROACH, SO BRADY WORKS ACROSS
	CONGRESS, THE COURTS, AND COMMUNITIES TO FIGHT (CONT'D IN SCH. 0)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	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 \$ 927,045. including grants of \$ 13.) (Revenue \$)
	POLICY ADVOCACY AND GRASSROOTS ORGANIZING: BRADY'S EMPHASIS IS ON CRAFTING, PROMOTING, AND LOBBYING FOR LIFESAVING POLICY CHANGES AT THE
	FEDERAL AND STATE LEVEL TO EXPAND AND PROTECT UNIVERSAL BACKGROUND
	CHECKS, RENEW THE LAPSED ASSAULT WEAPONS BAN, ENACT PUBLIC HEALTH
	POLICIES AND INVESTMENTS THAT REDUCE VIOLENCE IN COMMUNITIES MOST
	IMPACTED ACROSS THE UNITED STATES, AND PROPOSE LIFE-SAVING GUN VIOLENCE
	PREVENTION INNOVATIONS THAT PROMOTE GUN INDUSTRY REFORMS CRITICAL TO
	STEMMING THE FLOW OF ILLEGAL GUNS.
	OUR POLICY AND ORGANIZING TEAMS ENGAGE OUR GRASSROOTS NETWORK ACROSS
	THE COUNTRY, ACTIVATING THEM TO ENGAGE LAWMAKERS TO SUPPORT OR OPPOSE
	KEY MEASURES NATIONALLY AND LOCALLY. THESE ADVOCATES ARE PROVIDED
4b	(Code:) (Expenses \$ 828,562. including grants of \$ 2,500.) (Revenue \$)
	YOUTH ADVOCACY: IN RESPONSE TO THE 2018 MASS SHOOTING AT MARJORY
	STONEMAN DOUGLAS HS IN PARKLAND, FL, BRADY CREATED TEAM ENOUGH. TEAM
	ENOUGH IS A YOUTH-LED INITIATIVE THAT MOBILIZES YOUNG PEOPLE IN THE
	MOVEMENT TO END GUN VIOLENCE, INCLUDING BY EDUCATING THE PUBLIC ON THE
	CAUSES AND LEGISLATIVE SOLUTIONS TO END NOT ONLY MASS SHOOTINGS, BUT
	ALSO THE DAILY GUN VIOLENCE THAT IMPACTS OUR URBAN COMMUNITIES. WITH
	THE CREATION OF THE NATIONAL LOBBYING COLLECTIVE, TEAM ENOUGH WORKS IN
	CONJUNCTION WITH OTHER YOUTH ORGANIZATIONS, SUCH AS MARCH FOR OUR
	LIVES, ON THE STATE AND LOCAL LEVEL, TRAINING THE NEXT GENERATION OF
	GUN VIOLENCE PREVENTION ADVOCATES ON EFFECTIVELY COMMUNICATING WITH
	ELECTED OFFICIALS TO PASS POLICIES TO END AMERICA'S GUN VIOLENCE
	EPIDEMIC.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,755,607.
	Form 990 (2021)
132002	12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (CAMPAIGN	то	PREVENT	GUN	VIOLENCE
Part IV	Checklist of R	equired S					

			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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	A
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	X	
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<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?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
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	444		x
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u></u>	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
IZd		12a		х
Ь	Schedule D, Parts XI and XII	120		- 23
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.10		
~	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		X
20a	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

Form 990 (2021)					GUN	VIOLENCE			
Part IV Checklist of Required Schedules (continued)									

 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> 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? <i>If</i> "Yes," <i>complete Schedule J</i> 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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No," <i>go to line 25a</i> b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 	
 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? <i>If "Yes," complete Schedule J</i>	x
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 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 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	
Schedule J 23 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 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	
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 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b	
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b	
Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	
	X
	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	X
any tax-exempt bonds?	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d	<u> </u>
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	
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? <i>If</i> "Yes." <i>complete</i>	
	X
Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	x
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	+
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	x
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	
instructions for applicable filing thresholds, conditions, and exceptions):	
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	
"Yes," complete Schedule L, Part IV	<u> </u>
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	
"Yes," complete Schedule L, Part IV	<u> </u>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	
contributions? If "Yes," complete Schedule M	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	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	<u> </u>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	x
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	
 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 	<u></u>
	x
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	
	1/A
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	
Note: All Form 990 filers are required to complete Schedule O	<u> </u>
Note: All Form 990 filers are required to complete Schedule O 38 38 Part V Statements Regarding Other IRS Filings and Tax Compliance 38	
	·
	es No
 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 	
(gambling) winnings to prize winners?	2

<u>Form 990 (</u>			CAMPAIGN					23-7321017	Pa	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
										

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-	v	
	any contributions that were not tax deductible as charitable contributions?	6a	Х	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0	х	
-	were not tax deductible? Organizations that may receive deductible contributions under section 170(c). N/A	6b		
7		7-		
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
c	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
U	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a			
a ⊾				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
122	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{2}$	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any N/λ			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			

BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

Check if Schedule O contains a response or note to any line in this Part VI

X

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 on Schedule O. See instructions.

1a Enter the number of voting members of the governing body at the end of the tax year 1a 20 1f there are matried attenors in euting right among members of the governing body. 1b 20 2 Did any officer, director, trustee, or key employees to a management company or other person? 2 2 2 Did ary officer, director, trustee, or key employees to a management company or other person? 3 2 3 Did the organization delegate control over management company or other person? 4 X 4 Did the organization have any significant changes to its governing documents since the prior Form 990 was tiled? 4 X 5 Did the organization have any and uping they are of the organization asset? 5 X 6 Did the organization have any significant changes to its governing documents since the prior Form 990 was tiled? 4 X 7 Did the organization have members, stochholders? 6 X 7 Did the organization have members, stochholders? 7 X 8 Did the organization have members, stochholders? 7 X 9 Did the organization have members or the operation neaves to the power to elect or appoint one or more members of the governing bod? 8 X	Sec	tion A. Governing Body and Management			
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on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 X 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? 14 X a The organization's CEO, Executive Director, or top management official 15b X b Other officers or key employees of the organization 15b X if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a X 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization's exempt status with respect to such arrangements? 16b 16a X 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O 18 16b			12b	Х	
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14 Did the organization have a written document retention and destruction policy? 14 X 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? 14 X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b X 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b ff "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 exempt status with respect to such arrangements? 16b X 17 List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O 16b 16b 18 Section 6.104 requires an organization to make its Forms 1023 (1024 or 1024.A, if applicable), 990, and 990.T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 16b 16b 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy		on Schedule O how this was done	12c		
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? 15 a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b X 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 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 exempt status with respect to such arrangements? 16a X Section C. Disclosure 16b 16b 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O 16b 16b 16b 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 17 18 Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements a	13	-	13		
persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 15b X 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 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 exempt status with respect to such arrangements? 16b 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed >SEE SCHEDULE O 18 Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [D] Other (explain on Schedule O) 19 19 Describe on Schedule to whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records BINDU MACCHIAVELLO - (202) 370 - 8100 <td< th=""><th>14</th><th></th><th>14</th><th>Х</th><th></th></td<>	14		14	Х	
a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16b X 16a 15b X 16b 16a X 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 exempt status with respect to such arrangements? 16a X Section C. Disclosure 16b 16b 16b 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Image: Check all that apply. Image: Check all that apply. IX Own website Image: Check all that apply. Image: Check all that a	15				
 b Other officers or key employees of the organization					
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 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 exempt status with respect to such arrangements? 16a X Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O 16b 16b 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. IX Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			15a		
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taxable entity during the year? 16a X 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 16a X cexempt status with respect to such arrangements? 16b 16b<					
 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 exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶	16a				37
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exempt status with respect to such arrangements? 16b Section C. Disclosure 17 17 List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. IX Own website IX Another's website IX Upon request IP Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records BINDU MACCHIAVELLLO - (202) 370-8100	b				
 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► BINDU MACCHIAVELLO - (202) 370-8100 					
 17 List the states with which a copy of this Form 990 is required to be filed ►<u>SEE</u> SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► BINDU MACCHIAVELLO - (202) 370-8100 	800		16b		
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 X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ► BINDU MACCHIAVELLO - (202) 370-8100 	10		s or ity)	avalia	JIE
 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► BINDU MACCHIAVELLO - (202) 370-8100 					
 statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records BINDU MACCHIAVELLO - (202) 370-8100 	10		dfinan		
20 State the name, address, and telephone number of the person who possesses the organization's books and records ►	19		u iinani	JIAI	
BINDU MACCHIAVELLO - (202) 370-8100	20				
	20				

Form 990 (2	1021) BRADY CAMPAIGN TO PREVENT GUN VIOLENCE	23-7321017	Page 7					
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
	Employees, and Independent Contractors							
	Check if Schedule O contains a response or note to any line in this Part VII							
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending wi	ith or within the organization's	s tax year.					
 List a 	I of the organization's current officers, directors, trustees (whether individuals or organizations), rega	rdless of amount of compens	ation.					

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unles	ss per	rson is	s both	ı an	compensation	compensation	amount of
	week		cer an	aau	recio	r/trus	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120/	and related
	below	ndividual trustee or director	n stit utio nal tru stee	er	ƙey employee	Highest compensated employee	ler	,		organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) KRISTIN BROWN	4.00									
PRESIDENT	34.00			Х				14,681.	352,346.	30,773.
(2) LIZ DUNNING	2.00									
VP OF DEVELOPMENT	36.00					Х		9,359.	177,829.	38,089.
(3) SUSAN LAVINGTON	5.00									
<u>coo</u>	33.00			Х				29,750.	182,750.	0.
(4) BINDU MACCHIAVELLO	2.00									
VP OF FINANCE	36.00			Х				8,638.	164,126.	38,372.
(5) BRIAN LEMEK	38.00									
VP OF DEVELOPMENT	0.00					Х		166,375.	0.	29,820.
(6) CORDELIA GALLIGAN	0.38									
VP OF COMMUNICATIONS	37.62					Х		1,735.	171,781.	19,720.
(7) MAISHA FIELDS	14.00									
VP OF ORGANIZING	24.00					Х		63,175.	103,075.	0.
(8) CHRISTIAN HEYNE	19.76									
VP POLICY	18.24					Х		79,545.	73,426.	10,846.
(9) KEVIN QUINN	10.00									
CHAIR	10.00	Х		Х				0.	0.	0.
(10) JOE SAKRAN	3.00									
VICE CHAIR	3.00	Х		Х				0.	0.	0.
(11) TONY PORTER	4.00									
TREASURER	4.00	Х		Х				0.	0.	0.
(12) ROBERTO GONZALEZ	2.00									
SECRETARY	2.00	Х		Х				0.	0.	0.
(13) ALAN BENNETT	3.00									
TRUSTEE	3.00	Х						0.	0.	0.
(14) GENE BERNSTEIN	4.00									
TRUSTEE	4.00	Х						0.	0.	0.
(15) MICHAEL BUCKLEY	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(16) DELPHINE CHERRY	1.00									
TRUSTREE	0.00	Х						0.	0.	0.
(17) DAVID CLARK	3.00									
TRUSTEE	0.00	Х						0.	0.	0.

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BRADY CAMPAIGN TO PREVENT GUN VIOLENCE	
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23-7321017 Page 8

Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C	C)			(D)	(E)			(F)	
Name and title	Average				ition			Reportable	Reportable			imate	d
	hours per		not ch unles					compensation	compensation	n	am	ount	of
	week	offic	cer and	d a di	recto	r/trus	tee)	from	from related	.	c	other	
	(list any	ector						the	organizations	s	comp	ensa	tion
	hours for	r dire				eq		organization	(W-2/1099-MIS	C/	fro	m the	Э
	related	tee o	trustee			ensat		(W-2/1099-MISC/	1099-NEC)		orga	nizati	ion
	organizations	ll trus	nal tr		oyee	duo		1099-NEC)			and	relate	ed
	below	ndividual trustee or director	In stit utio nal 1	Officer	Key employee	Highest compensated employee	Former				orgai	nizatio	ons
	line)	lnd	Ins	Offi	Key	en Hig	For			$ \rightarrow $			
(18) PETER DETKIN	2.00												-
TRUSTEE THRU 9/28/2021	2.00	Х						0.		0.			0.
(19) THOMAS DIXON	3.00												
TRUSTEE	3.00	Х						0.		0.			0.
(20) RICKI TIGERT HELFER	4.00												
TRUSTEE	4.00	Х						0.		0.			0.
(21) MARTINA LEINZ	3.00												
TRUSTEE	3.00	Х						0.		0.			0.
(22) PAUL PODURI	2.00												
TRUSTEE	2.00	х						0.		0.			0.
(23) ROSA ROSENBERG	1.00												
TRUSTEE THRU 2/7/2022	0.00	х						0.		0.			0.
(24) STEVEN ROTHSTEIN	3.00												
TRUSTEE	3.00	х						0.		0.			0.
(25) IRA SHARP	3.00												
TRUSTEE	0.00	х						0.		0.			0.
(26) JOSHUA SOLOMON	1.00												
TRUSTEE	1.00	х						0.		0.			Ο.
dh. Oshtatal								373,258.	1,225,33	-	167	. 62	
c Total from continuation sheets to Part VII								0.	_,,	0.		/ • -	0.
d Total (add lines 1b and 1c)								373,258.	1,225,33	33.	167	. 62	
2 Total number of individuals (including but no							o re					1	
compensation from the organization		000	notoc	. 40		,	0.0						0
												Yes	No
3 Did the organization list any former officer,	director truste	e k	ev er	mpla	ove	e or	hia	hest compensated empl	ovee on	ſ			
line 1a? If "Yes," complete Schedule J for su			-		•		-		-		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	x	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	•				-			•			5		Х
Section B. Independent Contractors		2010	<u> </u>		1013	011 .						-	
1 Complete this table for your five highest cor	nnensated ind	ene	nden	t co	ntra	acto	rs th	nat received more than \$	100 000 of comp	ensat	ion fro	m	
the organization. Report compensation for t	•	•							•	chout			
(A)	ne oulendur ye		- Taing	9		/ //		(B)			(C)		
Name and business	address							Description of s	ervices	С	ompen	, satior	า
PRODUCTION SOLUTIONS, INC	. 1953	G	ALI	0	ws		1	DIRECT MAILI	NG				
ROAD, STE 500, VIENNA, VA								PRINTING AND			881	. 53	35.
ANNE LEWIS STRATEGIES, LL							_	MARKETING AN				,	
MASSACHUSETTS AVE NW, WAS	-		DC	20	00	01		FUNDRAISING	-		812	. 55	50.
NNE MARKETING, 1666 MASSA							_	DIRECT MAILI	NG			,	
14, LEXINGTON, MA 02420				,	-			MARKETING AN			234	,00	00.
							f						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 3

Form 990 (2021)

	eees, Key En (B) Average hours per week (list any hours for related			(0	C) ition		est (Compensated Employe (D)	ees _(continued) (E)	(F)
Name and title (27) HELEN TORELLI or (27) HELEN TORELLI	Average hours per week (list any hours for			Posi	ition			(D)	(E)	(E)
(27) HELEN TORELLI TRUSTEE (28) JOE TRIPPI TRUSTEE (29) DENISE TURNER ROTH TRUSTEE (30) DAVID WAH	hours per week (list any hours for									
(27) HELEN TORELLI	per week (list any hours for		neck	all t				Reportable	Reportable	Estimated
(27) HELEN TORELLI	week (list any hours for	rector			that	app	ly)	compensation	compensation	amount of
(27) HELEN TORELLI	(list any hours for	rector						from	from related	other
(27) HELEN TORELLI TRUSTEE (28) JOE TRIPPI TRUSTEE (29) DENISE TURNER ROTH TRUSTEE (30) DAVID WAH	hours for	recto				o yee		the	organizations	compensation
(27) HELEN TORELLI						em pl		organization	(W-2/1099-MISC)	from the
(27) HELEN TORELLI TRUSTEE (28) JOE TRIPPI TRUSTEE (29) DENISE TURNER ROTH TRUSTEE (30) DAVID WAH	related	ordi	ee			sated		(W-2/1099-MISC)		organization
(27) HELEN TORELLI TRUSTEE (28) JOE TRIPPI TRUSTEE (29) DENISE TURNER ROTH TRUSTEE (30) DAVID WAH	rachizationa	ustee	trust		ee) pen				and related
TRUSTEE (28) JOE TRIPPI TRUSTEE (29) DENISE TURNER ROTH TRUSTEE (30) DAVID WAH	rganizations below	ual tr	ional		ploy	t corr				organizations
TRUSTEE (28) JOE TRIPPI TRUSTEE (29) DENISE TURNER ROTH TRUSTEE (30) DAVID WAH	line)	idivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TRUSTEE (28) JOE TRIPPI TRUSTEE (29) DENISE TURNER ROTH TRUSTEE (30) DAVID WAH	2.00	-	L.	0	×	Ŧ	Ē			
(28) JOE TRIPPI TRUSTEE (29) DENISE TURNER ROTH TRUSTEE (30) DAVID WAH	2.00	х						0.	0.	0.
TRUSTEE (29) DENISE TURNER ROTH TRUSTEE (30) DAVID WAH	1.00									
(30) DAVID WAH	1.00	х						0.	0.	0.
(30) DAVID WAH	2.00	-								
	2.00	х						0.	0.	0.
TRUSTEE	2.00									
	2.00	Х						0.	0.	0.
-										
-										
I										

	<u>1 990</u> rt VI		AIGI	N TO PRE	VENT GUN V	IOLENCE	23-7321	017 Page 9
Га	1	Check if Schedule O contains a resp		or note to any lin	e in this Part VIII			
		oneck in ochedule o contains a res			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts		a Federated campaigns 1a			-			
Contributions, Gifts, Grants and Other Similar Amounts	b	b Membership dues 1b	-		-			
Ăn,		c Fundraising events 1c	-		-			
ni ar		d Related organizations 1d			-			
Sir,		 Government grants (contributions) All other contributions, gifts, grants, and 			1			
her		similar amounts not included above 1f	5.	608,619.				
ltrib Otl		g Noncash contributions included in lines 1a-1f		,	1			
Con		h Total. Add lines 1a-1f		>	5,608,619.			
				Business Code				
e	2 a	a						
e ric	k	b						
am Serv evenue	c	c						
ran Seve	c	d						
Program Service Revenue	e	e						
Δ.	f	f All other program service revenue		•				
	3	g Total. Add lines 2a-2f Investment income (including dividends						
	3	other similar amounts)			537.			537.
	4	Income from investment of tax-exempt t						
	5	Royalties			42,280.			42,280.
		(i) Re	al	(ii) Personal				· ·
	6 a	a Gross rents]			
	k	b Less: rental expenses 6b]			
	c	c Rental income or (loss) 6c						
	c							
	7 a	a Gross amount from sales of (i) Secu	rities	(ii) Other	-			
	_	assets other than inventory 7a			-			
n	t	b Less: cost or other basis						
venue	,	and sales expenses 7b c Gain or (loss) 7c						
		d Net gain or (loss)		•				
Other Re		a Gross income from fundraising events (not						
đ		including \$ of						
		contributions reported on line 1c). See						
		Part IV, line 18	. 8a					
	k	b Less: direct expenses						
		c Net income or (loss) from fundraising ev		►				
	9 a	a Gross income from gaming activities. Se						
		Part IV, line 19			-			
		 b Less: direct expenses c Net income or (loss) from gaming activit 		>				
		 c Net income or (loss) from gaming activit a Gross sales of inventory, less returns 		····· •				
		and allowances	10a					
	Ł	b Less: cost of goods sold						
		c Net income or (loss) from sales of invent		►				
S				Business Code				
e sou:	11 a	a OTHER REVENUE		900099	9,269.			9,269.
lane	k	b						ļ
Miscellaneous Revenue	C							
Mis	C	d All other revenue	-		9,269.			
	12	e Total. Add lines 11a-11d			5,660,705.	0.	0.	52,086.
	14	IVIAI IEVENUE. OEE INSULUUIIS	<u></u>			<u> </u>	<u> </u>	,

25

26

	,/.	
5,607.	559,433.	2,661,116
7,649.	0.	889,177
		Form 990 (202

58,789.

430,515.

24,513.

75,342.

78,804.

6,206.

183,502.

152,408.

451,710.

77,464.

89,891.

20,123.

11,378.

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711.

5,208.

297.

911.

953.

18,537.

86,098.

229,099.

54,269.

15,536.

10,891.

2,060.

112,495.

(D) Fundraising

expenses

7,644.

55,974.

3,187.

9,795.

10,246.

1,594,800.

796,900.

173,084.

5,388.

423.

(B) Program service expenses (C) Management and general expenses (A) Do not include amounts reported on lines 6b, Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 2,513. 2,513. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors,

67,144.

491,697.

27,997.

86,048.

90,003.

6,206.

18,537.

1,594,800.

269,600. 152,408.

477,709.

304,817.

110,815.

31,437.

13,438.

112,495.

1,

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7

Form 990 (2021)

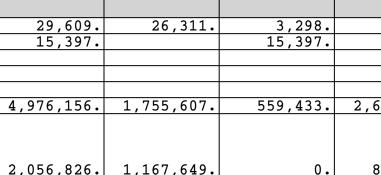
Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9

10 Payroll taxes 11 Fees for services (nonemployees): а Management b Legal Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, α column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 13 Office expenses 14 Information technology Royalties 15 16 Occupancy

17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 22 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If amount, list line 24e expenses on Schedule 0.) SUBSCRIPTIONS FEES а

Payments to affiliates 2,227. 44,530. 40,077. 2,226. Depreciation, depletion, and amortization 28,956. 26,061. 1,447. 1,448. line 24e amount exceeds 10% of line 25, column (A), 29,609. 26,311. 3,298. PROPERTY TAXES 15,397. 15 207 b С d All other expenses е 4,976,156. 1,75 Total functional expenses. Add lines 1 through 24e 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 X if following SOP 98-2 (ASC 958-720)

Part IX Statement of Functional Expenses



00 (/		_	_	
Χ	Ba	ance	Sheet			

	BRADY	CAMPAIGN	то	PREVENT	GUN	VIOLENCE	23-
Shoot							

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		Check if Schedule O contains a response or note t	o any li	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			776,392.	1	1,906,988.
	2	Savings and temporary cash investments			112,074.	2	112,386.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			69,906.	4	69,951.
	5	Loans and other receivables from any current or former officer, director,					
		trustee, key employee, creator or founder, substan	tial cor	ntributor, or 35%			
		controlled entity or family member of any of these	person	s		5	
	6	Loans and other receivables from other disqualified	d perso	ons (as defined			
		under section 4958(f)(1)), and persons described in	i sectio	n 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Duran side sources and shafe word share so			25,539.	9	12,590.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,999,631.			
	b	Less: accumulated depreciation	10b	1,062,211.	1,074,069.	10c	937,420.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			112,428.	15	3,250.
	16	Total assets. Add lines 1 through 15 (must equal I			2,170,408.	16	3,042,585.
	17	Accounts payable and accrued expenses			192,381.	17	317,631.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Par				21	
ŝ	22	Loans and other payables to any current or former officer, director,					
Liabilities		trustee, key employee, creator or founder, substan	tial cor	ntributor, or 35%			
abil		controlled entity or family member of any of these	person	s		22	
	23	Secured mortgages and notes payable to unrelated	d third	parties		23	
	24	Unsecured notes and loans payable to unrelated th	hird par	rties		24	
	25	Other liabilities (including federal income tax, payal	bles to	related third			
		parties, and other liabilities not included on lines 17	7-24). C	Complete Part X			
		of Schedule D			4,898,864.	25	4,961,242. 5,278,873.
	26	Total liabilities. Add lines 17 through 25			5,091,245.	26	5,278,873.
		Organizations that follow FASB ASC 958, check	here				
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			-2,926,765.	27	-2,242,166.
Ba	28	Net assets with donor restrictions			5,928.	28	5,878.
pur		Organizations that do not follow FASB ASC 958	, checł	khere 🕨 🗌			
ц		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds \dots				29	
set	30	Paid-in or capital surplus, or land, building, or equip	oment [·]	fund		30	
As	31	Retained earnings, endowment, accumulated inco	me, or	other funds		31	
Net	32	Total net assets or fund balances			-2,920,837.	32	-2,236,288.
	33	Total liabilities and net assets/fund balances			2,170,408.	33	3,042,585.

Form **990** (2021)

Form	1 990 (2021) BRADY CAMPAIGN TO PREVENT GUN VIOLENCE	23-7	321017	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,660		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,976		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>49.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-2,920),8:	<u>37.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-2,236	5,28	88.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2021)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

202⁻

Employer identification number

23-7321017

Name of the organization	
--------------------------	--

Drganization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

6

N/A

	B (Form 990) (2021) organization		Pag Employer identification numbe
BRADY CAMPAIGN TO PREVENT GUN VIOLENCE			23-7321017
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1	<u>N/A</u>	\$ <u>100,0</u>	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2	<u>N/A</u>	\$ <u>50,0</u>	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3	<u>N/A</u>	\$ <u>50,0</u>	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4	<u>N/A</u>	. \$ <u>40,0</u>	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5	<u>N/A</u>	\$30,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution

X Person Payroll Noncash

(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

27,000.

\$

Name of o	rganization	E
BRADY	CAMPAIGN TO PREVENT GUN VIOLENCE	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
7	N/A	
		\$25,00
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
8	N/A	
		\$20,00
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
9	N/A	

8	<u>N/A</u>	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	<u>N/A</u>	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	<u>N/A</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	<u>N/A</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	<u>N/A</u>	\$9,375.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Employer identification number

(d)

Type of contribution

(d)

Type of contribution

X

23-7321017

Person Payroll

Noncash (Complete Part II for noncash contributions.)

25,000.

Schedule	B (Form 990) (2021)		Pag
Name of o	rganization	Emplo	oyer identification numbe
BRADY	RADY CAMPAIGN TO PREVENT GUN VIOLENCE 23		
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<u>N/A</u>	\$6,904.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14	<u>N/A</u>	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 17</u>	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_	<u>N/A</u>	_	Person X Payroll

Page 2

noncash contributions.) Schedule B (Form 990) (2021)

Noncash

(Complete Part II for

5,000.

\$

(a) No.

24

	B (Form 990) (2021) rganization	Emp	Pag loyer identification numbe
	CAMPAIGN TO PREVENT GUN VIOLENCE		3-7321017
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	<u>N/A</u>	\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	<u>N/A</u>	\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	<u>N/A</u>	\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	<u>N/A</u>	\$5,000.	Person X Payroll Noncash

N/A	\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
N/A	\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)

Page 2

(a) No.

30

N/A

Sabadula	R (Form 000) (2021)			Bag
	B (Form 990) (2021) organization		Emplo	Pag yer identification numbe
BRADY	CAMPAIGN TO PREVENT GUN VIOLENCE		23	-7321017
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
25	<u>N/A</u>	\$5,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
26	<u>N/A</u>	\$5,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
27	N/A	\$5,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
<u> </u>	Name, address, and ZIP + 4 N/A	s5,0		Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
29	<u>N/A</u>	\$5,0		Person X Payroll Noncash (Complete Part II for

	\$ <u>5,000.</u>	Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
		Schedule B (Form 990) (2021)

Name of o	rganization			Emplo	yer identification number	
BRADY	CAMPAIGN TO PREVENT GUN VIOLENCE			23	-7321017	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space	e is needed.			
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributio	(d) Type of contribution		
31	<u>N/A</u>	\$	5,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributio	าร	(d) Type of contribution	
32	<u>N/A</u>	\$	5,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	ne	(d) Type of contribution	
		\$			Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contribution	าร	(d) Type of contribution	
		\$			Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributio	าร	(d) Type of contribution	
		\$_			Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributio	าร	(d) Type of contribution	
		\$_			Person Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990) (2021)

	3 (Form 990) (2021) rganization		Page Employer identification number
BRADY	CAMPAIGN TO PREVENT GUN VIOLENCE		23-7321017
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
(a)		\$	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	LISTA PACAIVAG

\$

Schedule E	3 (Form 990) (2021)			Page 4				
Name of or				Employer identification number				
BRADY	CAMPAIGN TO PREVENT GUN	VIOLENCE		23-7321017				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ons to organizations described in se) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	rv. For organizations	hat total more than \$1,000 for the year				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
-		(e) Transfer of gift	L					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
		(e) Transfer of gift	1					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				
			1					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
-		(e) Transfer of gift	L					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				

SCHEDULE C	OMB No. 1545-0047								
(Form 990)	For Organizations Exempt From Income Tax Under section 501(c) and section 527								
		Open to Public							
Department of the Treasury Internal Revenue Service									
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then								
-		plete Parts I-A and B. Do not com							
)1(c)(3)) organizations: Complete P		Do not complete Par	t I-B.				
 Section 527 organiz 									
If the organization ans	wered "Yes," on	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	e 47 (Lobbying Act	ivities), th	ien			
		nave filed Form 5768 (election und							
		nave NOT filed Form 5768 (election		•	•				
	•	Form 990, Part IV, line 5 (Proxy		•		•			
Tax) (See separate inst									
 Section 501(c)(4), (5) 	, or (6) organizat	ions: Complete Part III.							
Name of organization					Employe	er identification number			
	BRADY C	AMPAIGN TO PREVEN	T GUN VIOLEN	NCE		23-7321017			
Part I-A Compl	ete if the org	anization is exempt under	r section 501(c) o	r is a section 5	27 orga	nization.			
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.					
2 Political campaign	activity expendit	ures			▶\$_	<u> 15,617.</u> 0.			
3 Volunteer hours for	political campai	gn activities				0.			
Part I-B Compl	ete if the org	anization is exempt under	section 501(c)(3						
1 Enter the amount o	f any excise tax	incurred by the organization under	section 4955		► \$				
2 Enter the amount o	f any excise tax	incurred by organization managers	s under section 4955		► \$				
		n 4955 tax, did it file Form 4720 fo				Yes No			
4a Was a correction m	ade?					Yes No			
b If "Yes," describe in	n Part IV.								
Part I-C Compl	ete if the org	anization is exempt under	r section 501(c), e	except section	501(c)(3				
1 Enter the amount d	irectly expended	by the filing organization for secti	on 527 exempt functio	on activities	► \$	15,617.			
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	er organizations for sec	tion 527					
exempt function ac	tivities				▶\$_	0.			
3 Total exempt funct	on expenditures	. Add lines 1 and 2. Enter here and	d on Form 1120-POL,						
line 17b					▶\$_	15,617.			
4 Did the filing organ	zation file Form	1120-POL for this year?				X Yes No			
5 Enter the names, a	ddresses and em	nployer identification number (EIN)	of all section 527 polit	ical organizations to	which th	e filing organization			
	-	tion listed, enter the amount paid f							
	•	omptly and directly delivered to a s			eparate se	egregated fund or a			
political action com	imittee (PAC). If	additional space is needed, provid	e information in Part IV	/.					
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's co er-0	(e) Amount of political portributions received and promptly and directly delivered to a separate political organization. If none, enter -0			

Schedule C (Form 990) 2021 BRAD Part II-A Complete if the organizat section 501(h)).			ENT GUN VIOI • 501(c)(3) and file		7321017 Page 2 ection under
A Check ► if the filing organization below expenses, and share of exc B Check ► if the filing organization che	ess lobbying	expenditures).		group member's nam	e, address, EIN,
Limits on Lo (The term "expenditures"	bbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pu	blic opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a					
c Total lobbying expenditures (add lines 1a a	nd 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add lir	es 1c and 1d)			
f Lobbying nontaxable amount. Enter the an	ount from the	e following table in botl	n columns.		
If the amount on line 1e, column (a) or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,000		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,	000.			
 h Subtract line 1g from line 1a. If zero or less i Subtract line 1f from line 1c. If zero or less, j If there is an amount other than zero on eit reporting section 4911 tax for this year? 	enter -0 ner line 1h or		ation file Form 4720		Yes No
(Some organizations that mad S	e a section 5	eraging Period Under 01(h) election do not ate instructions for lir	have to complete all o	of the five columns b	elow.
Lo	bbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures				Cabad	ule C (Form 990) 2021

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BRADY CAMPAIGN TO PREVENT GUN VIOLENCE 23-7321017 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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(k)
	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
b b	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).			Yes	Νο
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				Х
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and percenditure next year?	olitical	4		
5	Taxable amount of lobbying and political expenditures. See instructions				
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (See	
	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT I-A, LINE 1:				

DIRECT POLITICAL CAMPAIGN ACTIVITY - ENDORSEMENT OF CANDIDATES FOR

POLITICAL OFFICES

Department of the Treasury

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2 3

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Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number BRADY CAMPAIGN TO PREVENT GUN VIOLENCE 23-7321017 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a а Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No _____ [Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X ▶ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2021

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	dule D (Form 990) 2021 BRADY CA	MPAIGN TO							21017		ige 2
									• (continu	ied)	
3	Using the organization's acquisition, accessio	n, and other record	is, check	any of the	e following that	t make s	Ignifican	it use of its			
	collection items (check all that apply):		. — .								
а	Public exhibition				change progra						
b	Scholarly research	6	e 🗌 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	-		•	-			oose in Part	XIII.		
5	During the year, did the organization solicit or				•			_	_		1
D.	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		lete if the	organizat	ion answered	"Yes" on	Form 9	90, Part IV,	line 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia								_		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	ind complete the fo	llowing ta	able:					<u> </u>		
									Amount		
	Beginning balance							:			
	Additions during the year										
е	Distributions during the year						. 1 e	•			
f	Ending balance								_		
	Did the organization include an amount on Fo						ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete if					T		<u> </u>	1 () 5		
	-	(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Thre	e years back	(e) Four y	/ears t	Dack
	Beginning of year balance				_						
	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs				_						
f	Administrative expenses				_						
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	, column	(a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	6									
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organization	ation that	are held	and administe	red for th	ne organ	ization	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requi	red on Sc	hedule R	?				3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" on Form 990	0, Part IV	, line 11a.	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr			st or other s (other)		ccumula		(d) Book	value)
1a	Land										
	Buildings										
	Leasehold improvements			1,3	11,168.		680,	896.	630	, 27	12.
	Equipment										
	Other			6	88,463.		381,	315.	307	,14	18.
	Add lines 1a through 1e. (Column (d) must ec		X. colum	n (B). line	10c.)			🕨	937	, 42	20.

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" or	n Form 990 Part IV line	e 11b. See Form 990. Part X. line 12	
(a) Descrip	Dition of Security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financi	al derivatives			
• •	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>				
(F)				
<u>(G)</u> (H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.)			
	Complete if the organization answered "Yes" of	n Form 990 Part IV line	e 11d. See Form 990. Part X. line 15	
		escription		(b) Book value
(1)				()
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)		
FallA	Complete if the organization answered "Yes" of	n Form 000 Part IV line	a 11a ar 11f Saa Farm 000 Part X lina 25	
4	(a) Description of liability	111 0111 330, 1 at 10, int		(b) Book value
<u>1.</u> (1) Ecc	deral income taxes			
	CFERRED RENT			1,934,505.
	JE TO BRADY CENTER TO PRE	VENT GUN		1,551,5050
	IOLENCE			3,026,737.
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) line 2	25.)		4,961,242.
2. Liability	/ for uncertain tax positions. In Part XIII, provide t	he text of the footnote t	to the organization's financial statements the	at reports the

BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2021

	edule D (Form 990) 2021 BRADY CAMPAIGN TO PREVENT O				7321017 Page 4			
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements			1	5,901,894.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a						
b	Donated services and use of facilities	2b	241,189.					
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d			2e	<u>241,189.</u> 5,660,705.			
3	Subtract line 2e from line 1			3	5,660,705.			
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						
b	Other (Describe in Part XIII.)	4b						
с	Add lines 4a and 4b			4c	0.			
					E 660 70E			
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,660,705.			
5 Ра	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	-				
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	Expenses per F	-	1.			
5 Ра 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	-				
_	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	Expenses per F	Return	1.			
1	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents With	Expenses per F	Return	1.			
1 2	rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	Return	1.			
1 2	rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	Expenses per F	Return	1.			
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per F	Return	n. 5,217,345.			
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	Return	n. <u>5,217,345.</u> 241,189.			
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1	n. 5,217,345.			
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>5,217,345.</u> 241,189.			
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>5,217,345.</u> 241,189.			
1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	Expenses per F	1 2e	n. <u>5,217,345.</u> 241,189.			
1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	Expenses per F	1 2e	n. <u>5,217,345.</u> <u>241,189.</u> <u>4,976,156.</u> 0.			
1 2 d e 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	Expenses per F	1 2e 3	n. 5,217,345. 241,189. 4,976,156.			

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

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivi	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2021
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization								entification number
		AMPAIGN TO PREVENT					23-7321	
	complete this par	Complete if the organization answe t.	ered "Y	'es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E2	Z filers are not
 a X Mail solicitation b X Internet and c X Phone solicitation d X In-person social 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written c red in Form 990, P		tion of tion of fundra (incluc rofessi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	itees,	X Yes	
compensated at le	east \$5,000 by the	organization.	_			_		
(i) Name and addres or entity (fund				Did raiser ustody ntrol of utions?	(iv) Gross receipts to (from activity		Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
ANNE LEWIS - 650		FUNDRAISING	Yes	No				
MASSACHUSETTS AVEN	UE, SUITE	CONSULTANCY-DIGITAL		x	2,128,345.		1,360,800.	767,545.
NNE MARKETING - 16	66	FUNDRAISING						
MASSACHUSETTS AVEN	UE, SUITE	CONSULTANCY-DIRECT MAIL		x	1,500,628.		234,000.	1,266,628.
Total				►	3,628,973.		1,594,800.	2,034,173.
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit of	contrib	utions	or has been notified	it is e	exempt from re	egistration

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY DC

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

BRADY CAMPAIGN TO PREVENT GUN VIOLENCE 23-7321017 Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of failabiling of one contribution of and gro		EE, milee i ana ee. Elet e	Torne Mich grooo rooolp	e groutor than oo,ooo.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
0			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
se	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct I		Food and beverages				
		Entertainment				
		Other direct expenses				
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lin				
Pa	rt I	II Gaming. Complete if the organization a		990, Part IV, line 19, or r		I
		\$15,000 on Form 990-EZ, line 6a.				
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(,,,,	bingo/progressive bingo	(-,	col. (a) through col. (c))
Rev						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		<u>u</u> u 1			E Contraction de la c	•
		er the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	lf "	No," explain:				
10a	We	re any of the organization's gaming licenses re	voked suspended or te	rminated during the tax y	rear?	Yes No
		Yes," explain:				
		· · · · · · · · · · · · · · · · · · ·				

Scł	hedule G (Form 990) 2021 BRADY CAMPAIGN TO PREVENT GUN VIOLENCE 23-7	32101	17 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	es 🗌 No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye	es 🗌 No
	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	b An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗌 Ye	es 🗌 No
I	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
	of gaming revenue retained by the third party \$		
(c If "Yes," enter name and address of the third party:		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	🗌 Ye	s 🗌 No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, lines	9, 9b, 10b,
sc	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:	
(1	I) NAME OF FUNDRAISER: ANNE LEWIS		
<u>`</u>			
<u>(</u>]			
<u>65</u>			
(1	II) ACTIVITY: FUNDRAISING CONSULTANCY-DIGITAL FUNDRAISING		

(I) NAME OF FUNDRAISER: NNE MARKETING

(I) ADDRESS OF FUNDRAISER:

Schedul	e G (Form 990) V Supplemental Info	BRADY		GN I	O PREVENT	GUN \	/IOLENCE	23-7321017	Page 4
1666	MASSACHUSETTS	AVENUE,	SUITE	14,	LEXINGTON	, MA	02420		

SC	HEDULE J	EDULE J Compensation Information					
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	71		
	-	Compensated Employees		20			
D	har and a falle a Transmission			Open to	Publ	ic	
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nam	e of the organizatior	1	Employer	identificatio	on nui	nber	
		BRADY CAMPAIGN TO PREVENT GUN VIOLENCE	23-	<u>732101'</u>	7		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Complete if the organization and the latest information. Porom 990. Complete if the organization and the latest information. Employer idem BRADY CAMPAIGN TO PREVENT GUN VIOLENCE 23–732 Cuestions Regarding Compensation Reading Compensation Reading Compensation Reading Compensation Power of the organization provided any of the following to or for a person listed on Form 990, All, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Personal services (such as maid, chauffeur, chef) of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or uursement or provision of all of the expense described above? If "No," complete Part III to explain e organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, ees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Ate which, if any, of the following the organization used to establish the compensation of the organization to lish compensation consultant Compensation survey or study Form 990 of other organization: we a severance payment from an equify-based compensation arrangement? we a severance payment from an equify-based compensation arrangement? "to any of lines 4a-c, list the person and provide the applicable amounts for each item in Part III. section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s				
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if ar	y, of the following the organization used to establish the compensation of the organization's	;				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
	establish compensa	tion of the CEO/Executive Director, but explain in Part III.					
	Compensation	committee Written employment contract					
	Independent c	ompensation consultant Compensation survey or study					
	Form 990 of o	ther organizations Approval by the board or compensation of	ommittee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а	Receive a severanc	e payment or change-of-control payment?		4a		X	
b	-	· · · · · · · · · · · · · · · · · · ·		4b		X	
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
5			'n				
	-				37		
					X	├──	
b				5b	X		
6	-		n				
	•	•					
						X	
b				6b		X	
_							
7					37		
				7	X	-	
8	-		ie			37	
				8	_	X	
9							
						<u> </u>	
LHA	For Paperwork Re	BRADY CAMPAIGN TO PREVENT GUN VIOLENCE 23-73210 Questions Regarding Compensation 23-73210 Questions Regarding Compensation 23-73210 Augestions Regarding Compensation 23-73210 Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Section A, line 1a. Complete Part III to provide any relevant information regarding these items. sticlass or charter travel Payments for business use of personal residence with or companions Payments for business use of personal residence is indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) ft the boxes on line 1a are checked, did the organization follow a written policy regarding payment or resement or provision of all of the expenses described above? If "No," complete Part III to explain 11 organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, s, and officers, including the organization used to establish the compensation of the organization's executive Director, but explain in Part III. 2 owhich, if any, of the following the organization to the compensation comsultate Compensation survey or study m generation consultant Compensation survey or study m generation consultant Compensation survey or study m or recieve payment from a supplemental nonqualified ret		dule J (Forn	n 990)	2021	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KRISTIN BROWN	(i)	13,681.	1,000.	0.	342.	1,531.	16,554.	0.
PRESIDENT	(ii)	328,346.	24,000.	0.	8,208.	22,861.	383,415.	0.
(2) LIZ DUNNING	(i)	8,859.	500.	0.	276.	2,488.	12,123.	0.
VP OF DEVELOPMENT	(ii)	168,329.	9,500.	0.	5,249.	34,727.		0.
(3) SUSAN LAVINGTON	(i)	26,250.	3,500.	0.	0.	219.	29,969.	0.
coo	(ii)	161,250.	21,500.	0.	0.	1,046.	183,796.	0.
(4) BINDU MACCHIAVELLO	(i)	8,638.	0.	0.	261.	1,544.	10,443.	0.
VP OF FINANCE	(ii)	164,126.	0.	0.	4,966.	33,367.		0.
(5) BRIAN LEMEK	(i)	148,375.	18,000.	0.	5,786.	25,476.	197,637.	0.
VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CORDELIA GALLIGAN	(i)	1,735.	0.	0.	36.	46.	1,817.	0.
VP OF COMMUNICATIONS	(ii)	171,781.	0.	0.	3,549.	17,856.	193,186.	0.
(7) MAISHA FIELDS	(i)	63,175.	0.	0.	0.	0.	63,175.	0.
VP OF ORGANIZING	(ii)	103,075.	0.	0.	0.	0.	103,075.	0.
(8) CHRISTIAN HEYNE	(i)	79,545.	0.	0.	0.	5,931.	85,476.	0.
VP POLICY	(ii)	73,426.	0.	0.	0.	6,280.	79,706.	0.
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

ALL COMPENSATION AMOUNTS ARE PAID BY BRADY CENTER TO PREVENT GUN VIOLENCE,

A RELATED ENTITY. THIS ENTITY USES THE FOLLOWING METHODS TO ESTABLISH THE

COMPENSATION FOR THE ORGANIZATION'S CEO/PRESIDENT: COMPENSATION COMMITTEE,

INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS,

COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION

COMMITTEE.

PART I, LINE 5:

EMPLOYEES WERE PAID A FIXED BONUS IF BRADY REVENUE GOALS WERE MET. THESE

BONUS PAYMENTS WERE PAID IF THEY MET OR BEAT REVENUE GOALS.

PART I, LINE 7:

KRISTIN BROWN, BRIAN LEMEK, SUSAN LAVINGTON AND LIZ DUNNING RECEIVED

PERFORMANCE BASED BONUSES.

Schedule J (Form 990) 2021

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.



BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

Employer identification number 23-7321017

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

GUN OWNERS AND NON-GUN OWNERS ALIKE, TO END AMERICA'S GUN VIOLENCE

EPIDEMIC. A COMPLICATED PROBLEM REQUIRES A COMPREHENSIVE APPROACH, SO

BRADY WORKS ACROSS CONGRESS, THE COURTS, AND COMMUNITIES TO FIGHT FOR

COMMON-SENSE GUN LAWS, HOLDING BAD ACTORS ACCOUNTABLE, AND EDUCATING

EVERYONE ON THE ISSUES SO WE ARE ALL PART OF THE SOLUTION. IT IS

IMPERATIVE THAT WE ALSO ACCOUNT FOR HOW ACCESS TO AND REPRESENTATION BY

CONGRESS, PARTICIPATION IN COURTS, AND IMPACT OF THE CRIMINAL LEGAL

SYSTEM, AND DAILY LIFE IN COMMUNITIES DIFFERS ACROSS RACIAL, ETHNIC,

AND SOCIOECONOMIC GROUPS. CENTERING RACIAL JUSTICE IN GUN VIOLENCE

PREVENTION IS THEREFORE ESSENTIAL TO OUR MISSION.

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

FOR COMMON-SENSE GUN LAWS, HOLDING BAD ACTORS ACCOUNTABLE, AND

EDUCATING EVERYONE ON THE ISSUES SO WE ARE ALL PART OF THE SOLUTION.

IT IS IMPERATIVE THAT WE ALSO ACCOUNT FOR HOW ACCESS TO AND

REPRESENTATION BY CONGRESS, PARTICIPATION IN COURTS, AND IMPACT OF THE

CRIMINAL LEGAL SYSTEM, AND DAILY LIFE IN COMMUNITIES DIFFERS ACROSS

RACIAL, ETHNIC, AND SOCIOECONOMIC GROUPS. CENTERING RACIAL JUSTICE IN

GUN VIOLENCE PREVENTION IS THEREFORE ESSENTIAL TO OUR MISSION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MATERIALS, COMMUNICATIONS GUIDELINES, SUPPORT, AND EXPERTISE IN SHAPING

STRATEGY AND MESSAGING AROUND ENHANCING STATE, LOCAL, AND FEDERAL LAWS.

THIS GRASSROOTS NETWORK IS A KEY DRIVER OF BRADY'S MESSAGE AND

Name of the organization

BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

CAPABILITY TO BRADY PROGRAMS AS WELL.

WE KNOW THAT WE CANNOT PREVENT GUN VIOLENCE IN AMERICA UNTIL WE

DISMANTLE STRUCTURAL BARRIERS TO A HEALTHY DEMOCRACY. OUR GUNS &

DEMOCRACY WORK RELIES ON GRASSROOTS ADVOCACY TO INCREASE VOTING ACCESS,

REFORM THE FILIBUSTER, AND MORE.

FORM 990, PART VI, SECTION A, LINE 4:

BYLAWS CHANGES DURING FY22 ARE LISTED BELOW:

12/2021 - ALLOWS PUBLIC MEMBERS TO ELECT MORE THAN ONE PUBLIC

REPRESENTATIVE TO THE BRADY CAMPAIGN BOARD

6/2022 - CHANGE TO DUES STRUCTURE FOR PUBLIC MEMBERS

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS WHICH PAY MEMBERSHIP DUES.

FORM 990, PART VI, SECTION A, LINE 7A:

IN ALTERNATE YEARS MEMBERS CONTRIBUTING \$25 OR MORE IN THE PREVIOUS

24-MONTH PERIOD ARE ALLOWED TO PARTICIPATE IN THE ELECTION OF ONE BOARD

MEMBER. IN ALTERNATE YEARS, AFFILIATED CHAPTERS ARE ALLOWED TO PARTICIPATE

IN THE ELECTION OF A BOARD MEMBER FROM THE RANKS OF THE CHAPTER MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS PREPARED BY AN INDEPENDENT OUTSIDE CPA FIRM. THE FORM IS

REVIEWED BY MANAGEMENT AND THE FINANCE COMMITTEE BEFORE SUBMISSION. THE

FULL BOARD IS PROVIDED WITH A COPY OF THE FORM 990 PRIOR TO FILING WITH THE

IRS.

Employer identification number 23 - 7321017

FORM 990, PART VI, SECTION B, LINE 12C:

ALL FINANCIAL TRANSACTIONS WITH BOARD MEMBERS ARE TRACKED AND REPORTED TO

THE PRESIDENT AND CHAIR OF THE ORGANIZATION, INCLUDING ANY DONATIONS

RECEIVED BY THE ORGANIZATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MN, MO, MS, NC, ND, NH, NY, OH OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES GOVERNING MATERIALS AND POLICIES AVAILABLE UPON

REQUEST AS REQUIRED BY EXISTING LAW FOR THE SAME PERIOD OF DISCLOSURE AS

SET FORTH IN SECTION 6104(D).

SCH	IED	UL	.E	R

(Form 990)

. .

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

23-7321017

Department of the Treasury Internal Revenue Service Name of the organization

BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	olled
				501(c)(3))		(g Section 5 contre entit Yes	No
BRADY CENTER TO PREVENT GUN VIOLENCE -							
52-1285097, 840 FIRST STREET, NE, SUITE 400,	ADVOCACY, EDUCATION &						
WASHINGTON, DC 20002	LEGAL ACTION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	N/A		х
BRADY CAMPAIGN TO PREVENT GUN VIOLENCE VOTER							
EDUCATION FUND - 47-4913329, 840 FIRST]						
STREET, NE, SUITE 400, WASHINGTON, DC 20002	VOTER EDUCATION	DISTRICT OF COLUMBIA	527		N/A		Х
	-						

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

23-7321017 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(b) (c) (d) (e) (t		(f)	(f) (g)		h)	(i)	(j)		(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportionate		Code V-UBI	V-UBI Genera		Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year		tions?	amount in box	man	aging ner?	Percentage ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Voc	No		Vos	No	
		oounay)					163					
	1											
										+		
	1											
	•											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)		0				Yes	No

Schedule R (Form 990) 2021 BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		X

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2021 BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e	e)	(f)	(g)	0	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partner 501(c orgs	e all rs sec.	Share of	Share of		ropor- nate	Code V-UBI	General o	Percentage
of entity		(state or foreign	(related, unrelated,	501(c orgs	c)(3) s.?	total	end-of-year	tion alloca	nate tions?	amount in box 20	managin partner?	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes		income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes No	
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.