** PUBLIC INSPECTION COPY **

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Form **99**



		of the Treasury	 Go to www.irs.gov/Form990 for instructions and th 	-	•	Open to Public Inspection
		enue Service			UN 30, 2022	inspection
Bc	heck if	C Name of	organization		D Employer identifica	ation number
	Addr		V CENTER TO DREVENT CIN VIOLENCE			
	Chan Name		Y CENTER TO PREVENT GUN VIOLENCE usiness as BRADY		52-128509	7
	chan Initia	°		oom/suite	E Telephone number	
	returr Final	8/10	FIRST STREET NE		(202) 370	-8100
	returr termi ated	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,190,569.
	Amer	nded WACT	INGTON, DC 20002		H(a) Is this a group ret	
	Appli		address of principal officer: KRISTIN BROWN		for subordinates?	
	pend		AS C ABOVE		H(b) Are all subordinates incl	
ΙT	ax-e>	empt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		st. See instructions
			BRADYUNITED.ORG		H(c) Group exemption	
ΚF	orm o	f organization: 🗌	X Corporation Trust Association Other ►	L Year (of formation: 1983 M	State of legal domicile: DC
Pa	nrt I	Summary				
0	1	Briefly describ	e the organization's mission or most significant activities: BRADY	IS U	NITING AMERI	CANS,
Governance		COAST T	O COAST, (CONT'D IN SCH. O)			
erna	2	Check this box	if the organization discontinued its operations or disposed	d of more	than 25% of its net asse	
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)			17
	4		ependent voting members of the governing body (Part VI, line 1b)			17
es c	5		of individuals employed in calendar year 2021 (Part V, line 2a)			85
viti	6	Total number of	of volunteers (estimate if necessary)			5000
Activities &			I 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>	7b	0.
					Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)		8,686,958.	11,587,015.
Revenue	9	•	ce revenue (Part VIII, line 2g)		0.	8,280.
Sev	10		ome (Part VIII, column (A), lines 3, 4, and 7d)		436.	19,905.
-	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-33,506.	39,060.
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,653,888.	11,654,260.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		8,125.	8,659.
	14		o or for members (Part IX, column (A), line 4)		0.4,483,290.	<u> </u>
ses	15		compensation, employee benefits (Part IX, column (A), lines 5-10)			5,738,781.
Expenses	16a	Professional fu	ndraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► 1,713,615		186,000.	192,200.
Ч					3,748,965.	4,108,519.
-			s (Part IX, column (A), lines 11a-11d, 11f-24e)			
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,426,380.	<u>10,048,159.</u> 1,606,101.
	19	Revenue less e	expenses. Subtract line 18 from line 12			
ts o ince	20	Total accets /	lart V line 16)		ginning of Current Year 8,267,277.	End of Year 9,683,459.
Asse Bala	20 21	Total assets (F	art X, line 16) (Part X, line 26)		1,665,934.	1,382,192.
Net Assets or - und Balances	21 22		und balances. Subtract line 21 from line 20		6,601,343.	8,301,267.
		Signature	Block		•,••±,5±5•	0,001,207.

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.

	XXA		05/	12/2023		
Sign	Signature of officer		Date			
Here	KRISTIN BROWN, CEO/PRES	SIDENT				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	ELIZABETH W. HELLER	Elizsellusfeller	05/12/23	self-employed	20039782	9
Preparer	Firm's name 🕒 RSM US LLP	\bigcirc	Firm	's EIN ▶ 42-	-0714325	
Use Only	Firm's address 🕨 1250 H STREET, S	UITE 700				
	WASHINGTON, DC 2	0005	Phor	ne no. 202 – 2	293-2200	
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No
132001 12-09	9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form 990 ((2021)
n		MEAN MEASTON AND MEN			т	

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

File a separate application for 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 instru-	ctions.		Taxpayer	identificatio	on number (TIN)
print	BRADY CENTER TO PREVENT GUN	I VIOL	ENCE		52-12	85097
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so 840 FIRST STREET NE, 400				-	
return. See instructions.	City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20002	preign 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)			01
Applicati	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990	rm 990 or Form 990-EZ 01 Form 1041-A					08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	0-T (trust other than above)	06	Form 8870			12
Form 990	D-T (corporation) BINDU MACCHIAVE	07				
 If the e If this box I ree the 2 If the 	none 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 ► equest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization tax year beginning or X tax year beginningJUL 1, 2021 the tax year entered in line 1 is for less than 12 months, clair Change in accounting period	Group Exe and atta MAX anization's , an heck reasc	mption Number (GEN) If ch a list with the names and TINs of <u>Z</u> 15, 2023, to file return for: d ending	this is fo all membe	r the whole ers the exten npt organiza 	group, check this
	his application is for Forms 990-PF, 990-T, 4720, or 6069 / nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
	imated tax payments made. Include any prior year overp			Зb	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa					
usi	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.
instructio	If you are going to make an electronic funds withdrawal ons. For Privacy Act and Paperwork Reduction Act Notice,			53-TE and		9-TE for payment 8868 (Rev. 1-2022)

123841 01-12-22

 Behely describe the organization ≥ mission: BRADY 15 UNITING AMERICANS, COAST TO COAST, GUN OWNERS AND N OWNERS ALIKE, TO END THE GUN VIOLENCE EPIDEMIC, A PUBLIC HEZ CRISIS, THAT PLAGUES AMERICA. A COMPLICATED PROBLEM REQUIRES COMPREHENSIVE APPROACH, SO BRADY WORKS (CONT'D IN SCH. 0) Did the organization undertake any significant program services during the year which were not listed on the prior form 900 900-200. Did the organization case conducting, or make significant changes in how it conducts, any program services, as measu Section 501(c)0 and 501(c)40 organizations are required to report the amount of grants and allocations to others, the ' revenue, if any, for each program service accomplishments for each of its three largest program services, as measu Section 501(c)0 and 501(c)40 organizations are required to report the amount of grants and allocations to others, the' PUBLIC EDUCATION AND PUBLIC HEALTH PROMOTION PROGRAMS: END FAMILY FIRE: EDUCATING AND INFORMING THE AMERICAN PUBLIC ABOUT THE DANGER EDUCATING AND SUPPORTED BY WORLD-CLASS LEADERS IN CONTINGTION WI COUNCIL, AND SUPPORTED BY WORLD-CLASS LEADERS IN CONTENT DA END FAMILY FIRE HESSAGING AND DELIVERY FOCUSES ON SAFE STORT, AND SUPPORTS RESPONSIBLE AMERICAN GUN OWNERSHIF, CAMPAIGN ME POCUSED INITIALLY ON THE UNINTENTIONAL SHOVICUSES ON SAFE STORT, AND SUPPORTS RESPONSIBLE AMERICAN GUN OWNERSHIF, CAMPAIGN ME POCUSED INITIALLY ON THE UNINTENTIONAL SHOVICUSES ON SAFE STORT, AND SUPPORTS RESPONSIBLE AMERICAN GUN OWNERSHIF, CAMPAIGN ME POCUSED INITIALLY ON THE UNINTENTIONAL SHOVICUSES ON SAFE STORT, AND SUPPORTS RESPONSIBLE AMERICAN GUN OWNERSHIF, CAMPAIGN ME POCUSED INITIALLY ON THE UNINTENTIONAL SERVICE ORGANIZATION THE GUN K WITTH A RANGE OF MEDICAL AND SOCIAL SERVICO ORGANIZATION. TO UN ERGASSROOTS ORGANIZING: GRASSROOTS ORGANIZING: OUN GRASSROOTS NETWORK OF ACTIVISTS AND SUUVIVORS ACROSS THE WHO WORKS WITH A RANGE OF MEDICAL AND SOCIAL SERVICE ONA ACCENTION AND INFLUENCE, LENDING THEIR VOICE, CITICAL CONNE		X
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			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		_X_
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			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u>_</u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
U		11b		х
~	assets reported in Part X, line 16? If "Yes, " complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 21
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		X
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			Ι.
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
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	0000	X
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			Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
لم	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	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	26		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	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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	28c		X
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	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
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	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	21	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		- 23
U U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 28			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Statements	Regarding	Other IRS	Filin	gs and Tax C	Compl	iance	(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 85			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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		Х
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		Х
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		Х
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			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	76	x	
a h	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?	7a 7h	A X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	to file Form 8282?	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a			
a	Gross income from other sources. (Do not net amounts due or paid to other sources against			
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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
с	Enter the amount of reserves on hand 13c			
	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.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	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 activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A If "Yes," complete Form 6069.	17		
	If "Yes," complete Form 6069.	Form	990	(2021)

 $\begin{array}{c} {}^{132005 \ 12-09-21} \\ 08240512 \ 148922 \ 7767094 - 7772405 \end{array}$

Form 990 (2021)

Part V

Form	990	(2021)
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BRADY CENTER TO PREVENT GUN VIOLENCE

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

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. X

			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17					
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
	The governing body?	8a	Х			
	Each committee with authority to act on behalf of the governing body?	8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х		
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
0a	Did the organization have local chapters, branches, or affiliates?	10a		Х		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe					
	on Schedule O how this was done	12c	Х			
13	Did the organization have a written whistleblower policy?	13	Х			
4	Did the organization have a written document retention and destruction policy?	14	Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Х			
	Other officers or key employees of the organization	15b	Х			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
l6a	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		Х		
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				
ect	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O					
	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)	availat	ole		
	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)					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finano	cial			
	statements available to the public during the tax year.					
20	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					
	840 FIRST STREET NE, 400, WASHINGTON, DC 20002					

Form 990 (2021)	BRADY CENTER	TO PREVENT	GUN	VIOLENCE	52-1285097	Page 1
Part VII Comp	ensation of Officers, Directo	rs, Trustees, Key	/ Emplo	oyees, Highest	Compensated	
Emplo	yees, and Independent Con	tractors				
Check if	Schedule O contains a response or i	note to any line in this	Part VII			
Section A. Officer	s, Directors, Trustees, Key Employ	ees, and Highest Cor	npensate	ed Employees		
	ble for all persons required to be liste			,	0 0	,

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	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aau	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1099-NEC)	and related
	below	ndividual trustee or director	nstitutional trustee	_	Key employee	st col	ar.	1000 1120/		organizations
	line)	Indivi	Institu	Officer	Key el	Highest compensated employee	Former			5
(1) KRISTIN BROWN	34.00									
PRESIDENT	4.00			Х				352,346.	14,681.	30,773.
(2) JON LOWY	38.00									
VP OF LITIGATION	0.00					Х		205,462.	0.	43,778.
(3) LIZ DUNNING	36.00									
VP OF DEVELOPMENT	2.00					Х		177,829.	9,359.	38,089.
(4) SUSAN LAVINGTON	33.00									
<u>coo</u>	5.00			Х				182,750.	29,750.	0.
(5) BINDU MACCHIAVELLO	36.00									
VP OF FINANCE	2.00			Х				164,126.	8,638.	38,372.
(6) CORDELIA GALLIGAN	37.62									
VP OF COMMUNICATIONS	0.38					X		171,781.	1,735.	19,720.
(7) MAISHA FIELDS	24.00									
VP, ORGANIZING	14.00					X		103,075.	63,175.	0.
(8) CHRISTIAN HEYNE	18.24									
VP POLICY	19.76					X		73,426.	79,545.	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							0	0	
SECRETARY	2.00	Х		Х				0.	0.	0.
(13) ALAN BENNETT	3.00							0.	0	
TRUSTEE (14) GENE BERNSTEIN	4.00	Х						0.	0.	0.
(14) GENE BERNSTEIN TRUSTEE	4.00	x						0.	0.	0.
(15) MICHAEL BUCKLEY	1.00	^						0.	0.	0.
TRUSTEE	1.00	v						0.	0.	0.
(16) PETER DETKIN	2.00	~						0.	0.	0.
TRUSTEE THRU 9/28/2021	2.00	x						0.	0.	0.
(17) THOMAS DIXON	3.00							0.	0.	0.
TRUSTEE	3.00	x						0.	0.	0.
	5.00	-77						0.	0.	Form 990 (2021)
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BRADY CENTER TO PREVENT GUN VIC	OLENCE
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52-1285097 Page 8

Form 990 (2021) BRADY CEI	ITER TO	PF	EV	ΈN	Т	GU	Ν	VIOLENCE	52-1	<u>285</u>	097	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)		(F)
Name and title	Average	(-1-		Posi				Reportable	Reportable	,	Estim	
	hours per	box	, unle	heck n ss per:	son is	s both	ı an	compensation	compensatio	on	amoui	nt of
	week	offi	cer ar T	ıd a diı	rector	r/trust	tee)	from	from related	k k	oth	er
	(list any	ector						the	organization	is	compen	sation
	hours for	or dir				ted		organization	(W-2/1099-MIS	I	from	the
	related	stee o	ruste			oensa		(W-2/1099-MISC/	1099-NEC)	į.	organiz	
	organizations below	al tru	onal t		loyee	com		1099-NEC)			and re	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	ations
(18) RICKI TIGERT HELFER	4.00	Ē	ŝ	0f	¥	e Hi	Б					
TRUSTEE	4.00	x						0.		0.		0.
(19) MARTINA LEINZ	3.00											0.
TRUSTEE	3.00	х						0.		0.		0.
(20) PAUL PODURI	2.00											<u> </u>
TRUSTEE	2.00	x						0.		0.		0.
(21) STEVEN ROTHSTEIN	3.00											
TRUSTEE	3.00	x						0.		0.		0.
(22) JOSHUA SOLOMON	1.00											
TRUSTEE	1.00	x						0.		0.		0.
(23) HELEN TORELLI	2.00											
TRUSTEE	2.00	х						0.		0.		0.
(24) JOE TRIPPI	1.00											
TRUSTEE	1.00	Х						0.		0.		0.
(25) DENISE TURNER ROTH	2.00											
TRUSTEE	2.00	Х						0.		0.		0.
(26) DAVID WAH	2.00											
TRUSTEE	2.00	Х						0.		0.		0.
1b Subtotal								1,430,795.	206,8		181,	
c Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								1,430,795.	206,88	83.	181,	<u>578.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove)) wh	o re	eceived more than \$100,	000 of reportable	е		
compensation from the organization												17
											Ye	s No
3 Did the organization list any former officer,	director, trust	ee, k	key e	emplo	oyee	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4 For any individual listed on line 1a, is the su												
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." con											5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of com	pensat	ion from	
the organization. Report compensation for	the calendar ye	ear e	endir	ng wi	ith o	or wi	thin	the organization's tax y	ear.			
(A)								(B)			(C)	
Name and business	address							Description of s	services	<u>с</u>	ompensat	tion
THE AD COUNCIL												
815 SECOND AVE, NEW YORK,								ADVERTISING			975,	971.
HELIOS HR, LLC, 1900 CAME	US COMM	ON	S	DR	S	ΤE		EMPLOYEE SEA				
520, RESTON, VA 20191								TEMPORARY HR			168,	641.
PRODUCTION SOLUTIONS, INC		G	AL	LOV	٨S			DIRECT MAILI			4 - 6	~
ROAD, STE 500, VIENNA, VA		~		_	~			PRINTING AND			156,	841.
NNE MARKETING, 1666 MASSA	CHUSETT	S	AV	Е,	S'	ΤE		DIRECT MAILI			4 - 6	
14, LEXINGTON, MA 02420								MARKETING AN			156,	000.
ROI SOLUTIONS, INC.			~	<u>-</u>				DATABASE HOS			1 4 0	000
200 RIVERS EDGE DRIVE, ME								REVENUE CAPT			149,	098.
2 Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot lir	niteo	t to t	hos 7	-	τed	above) who received me	bre than			
φτου, στο το compensation from the ordani	Lauuui 🚩								I			

Form **990** (2021)

132008 12-09-21

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Form	<u>1 990</u>	0 (2021) BRADY CENTE	R TO PREVE	NT GUN VIOI	LENCE	52-1285	097 Page 9
Pa	rt V						
		Check if Schedule O contains a respo	onse or note to any lin	e in this Part VIII (A)	(B)	(C)	 (D)
				Total revenue	Related or exempt		Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
6 6	4	a Federated campaigns 1a					30010113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts							
DOL DOL			639,761.				
fts,		cFundraising events1cdRelated organizations1d					
, Gi		e Government grants (contributions) 1e	580,315.				
Sin		f All other contributions, gifts, grants, and	, · ·				
her		similar amounts not included above 1f	10,366,939.				
ot		g Noncash contributions included in lines 1a-1f					
Con		h Total. Add lines 1a-1f		11,587,015.			
0.0			Business Code				
e	2	a END FAMILY FIRE	900099	8,280.	8,280.		
vic		b					
Ser		c					
am		d					
Program Service Revenue		e					
Pr	t	f All other program service revenue					
		g Total. Add lines 2a-2f		8,280.			
	3	Investment income (including dividends, i	nterest, and				
		other similar amounts)	►	208.			208.
	4	Income from investment of tax-exempt bo	nd proceeds				
	5						
		(i) Real	l (ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securit					
		assets other than inventory 7a 367, 6	504. 20,000.				
		b Less: cost or other basis	0.7				
evenue		and sales expenses	907. 0. 303. 20,000.				
			, ,	19,697.			19,697.
r B		d Net gain or (loss)	······ ·	19,097.			19,097.
Other R	8	a Gross income from fundraising events (not including \$ 639,761. of					
0		contributions reported on line 1c). See					
		1 ,	8a 95,121.				
		Part IV, line 18b Less: direct expenses	8b 168,402.				
		c Net income or (loss) from fundraising ever		-73,281.			-73,281.
		a Gross income from gaming activities. See		,			,
		Part IV, line 19	9a				
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities	s ►				
		a Gross sales of inventory, less returns					
		and allowances	10a				
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventor	ry ►				
ŝ			Business Code				
jou; e	11 :	a OTHER REVENUE	900099	112,341.			112,341.
ane		b					
cell }ev		c					
Miscellaneous Revenue		d All other revenue					
		e Total. Add lines 11a-11d		112,341.			
	12		►	11,654,260.	8,280.	0.	58,965.
13200	9 12-0	-09-21					Form 990 (2021

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BRADY CENTER TO PREVENT GUN VIOLENCE Part IX Statement of Functional Expenses

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 respon	se or note to any line in t	his Part IX		
Do n	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	8,659.	8,659.		
2	Grants and other assistance to domestic				
	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	865,407.	708,719.	10,582.	146,106.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,042,616.	3,310,674.	49,430.	682,512.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	68,226.	55,873.	834.	11,519.
9	Other employee benefits	386,953.	316,893.	4,731.	65,329.
10	Payroll taxes	375,579.	307,578.	4,592.	63,409.
11	Fees for services (nonemployees):				
а	Management				
	Legal	17,504.	17,504.		
	Accounting	34,772.		34,772.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17	192,200.			192,200.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	763,764.	494,587.	231,984.	37,193.
12	Advertising and promotion	1,154,047.	1,143,952.		<u> </u>
13	Office expenses	364,779.	177,477.	118,961.	68,341.
14	Information technology	583,051.	119,108.	149,253.	314,690.
15	Royalties				
16	Occupancy	752,102.	650,103.	64,449.	37,550.
17	Travel	104,568.	51,164.	33,705.	19,699.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,324.	13,287.	7,649.	9,388.
20	Interest	312.		312.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	124,136.	112,096.	6,020.	6,020.
23	Insurance	82,967.	75,139.	3,914.	3,914.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	SUBSCRIPTION FEES	50,051.	20,029.	27,141.	2,881.
b	BAD DEBT	42,769.			42,769.
с	PROPERTY TAX	3,373.		3,373.	
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	10,048,159.	7,582,842.	751,702.	1,713,615.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	405,483.	210,413.	0.	195,070.
-					Form 990 (2021

 $08240512 \ 148922 \ 7767094 - 7772405$

Form 990 (2021) Part X Balance Sheet

		Check if Schedule O contains a response or not	e to anv lin	ne in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			2,029,094.	1	2,295,642.
	2	Savings and temporary cash investments			1,811,395.	2	2,082,783.
	3	Pledges and grants receivable, net			1,498,092.	3	2,015,889.
	4	Accounts receivable, net			9,171.	4	122,509.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial cont	ributor, or 35%			
		controlled entity or family member of any of thes	e persons			5	
	6	Loans and other receivables from other disqualit	fied person	ns (as defined			
		under section 4958(f)(1)), and persons described	l in section	1 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Å	9	Prepaid expenses and deferred charges			28,742.	9	13,828.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	850,513.			
	b	Less: accumulated depreciation	-	724,442.	41,200.	10c	126,071.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			0 040 500	14	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	15	Other assets. See Part IV, line 11			2,849,583.	15	3,026,737.
	16	Total assets. Add lines 1 through 15 (must equa			8,267,277.	16	9,683,459.
	17	Accounts payable and accrued expenses			909,633.	17	1,103,981.
	18	Grants payable		18			
	19	Deferred revenue	50,000.	19	266,317.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst				00	
Lial	00	controlled entity or family member of any of thes		Γ		22 23	
	23 24	Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated		·····		23 24	
	24	Other liabilities (including federal income tax, pa		Г		24	
	25	parties, and other liabilities not included on lines					
			-		706,301.	25	11,894.
	26	of Schedule D Total liabilities. Add lines 17 through 25			1,665,934.	26	1,382,192.
		Organizations that follow FASB ASC 958, che	ck here	X	, ,		
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			4,759,257.	27	5,556,221.
Bal	28	Net assets with donor restrictions			1,842,086.	28	2,745,046.
pu		Organizations that do not follow FASB ASC 9					
Εu		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			6,601,343.	32	8,301,267.
	33	Total liabilities and net assets/fund balances		I	8,267,277.	33	9,683,459.

Form 990 (2021)

Form	1 990 (2021) BRADY CENTER TO PREVENT GUN VIOLENCE	52-1	285097	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		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,654	<u> </u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,048		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,606		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,601		
5	Net unrealized gains (losses) on investments	5		-1(08.
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	93	, 93	31.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,301	,26	<u>57.</u>
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	0.			
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	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3 a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

	SCH	EDU	LE	Α
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Department of the Treasury

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Interna	Final Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection										
Nam	e of t	the organizati	ion						Employer	identificatio	on number
			BRAD	Y CENTER TO	O PREVENT GUI	N VIOI	LENCE		5	2-12850	097
Pa	rt I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	ns.		
The	organ	ization is not a	a private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, co	nvention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3					anization described in se		(b)(1)(A)(ii	i).			
4		A medical re	search organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital'	s name,
		city, and stat	e:								
5		An organizat	ion operated fo	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	init describe	ed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6					nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X				ntial part of its support fr				he general p	oublic descrit	bed in
				omplete Part II.)		°,			U .		
8					(1)(A)(vi). (Complete Par	t II.)					
9					in section 170(b)(1)(A)(ed in conju	nction with a	a land-grant	college	
		-			ulture (see instructions).		-		-	-	
		university:			· · · · · · · · · · · · · · · · · · ·			,	0		
10			ion that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	hip fees, and	d gross receiv	pts from
					t to certain exceptions; a						
					(less section 511 tax) fro						
				mplete Part III.)				,	0	,	
11					vely to test for public sat	fety. See	section 50)9(a)(4).			
12		-	-	-	vely for the benefit of, to	•			arry out the	purposes of	one or
		-	-	-	d in section 509(a)(1) o	-			-		
					f supporting organizatior						
а		-	-	• •	upervised, or controlled		-		-	giving	
				-	gularly appoint or elect a	• • • •	-				
			-	complete Part IV, Se		, ,					
b		¬ -		-	or controlled in connect	ion with it:	s supporte	d organizatio	on(s), by hav	ina	
				-	anization vested in the sa			-		-	
			-	t complete Part IV,					•		
с		¬ -		-	g organization operated	in connect	tion with, a	nd functiona	Illy integrate	d with,	
			-). You must complete I				, ,		
d		_			orting organization oper				rted organiz	ation(s)	
					ation generally must sat						
		requiremer	nt (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this	box if the orga	anization received a \	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally	y integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number	of supported of	organizations							
g	Prov	vide the follow	ring informatior	n about the supporte	d organization(s).						
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount o		(vi) Amoun	
		organization	n		above (see instructions))	Yes	No	support (see i	nstructions)	support (see i	nstructions)
									-		
Tota	1										

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OMB No. 1545-0047

2021

Open to Public

Schedule A (Form 990) 2021 BRADY CENTER TO PREVENT GUN VIOLENCE 52-1285097 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	9576149.	7471406.	8104796.	8686958.	<u>11587015.</u>	45426324.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
	Total. Add lines 1 through 3	9576149.	7471406.	8104796.	8686958.	11587015.	45426324.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						2664142.				
	Public support. Subtract line 5 from line 4.						42762182.				
Sec	ction B. Total Support	1			1	1					
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
	Amounts from line 4	9576149.	7471406.	8104796.	8686958.	11587015.	45426324.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources \dots	132,730.	28,722.	3,306.	495.	208.	165,461.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)	59,168.	120,438.	102,895.	77,012.	112,341.					
11	Total support. Add lines 7 through 10						46063639.				
	Gross receipts from related activities,	•	,			12					
13	First 5 years. If the Form 990 is for the		rst, second, third, f	fourth, or fifth tax y	ear as a section /	01(c)(3)					
_	organization, check this box and stor										
	ction C. Computation of Publi					1 1					
	Public support percentage for 2021 (I		•			14	92.83 %				
	Public support percentage from 2020					15	94.05 %				
16a	33 1/3% support test - 2021. If the c				14 is 33 1/3% or m	iore, check this bo					
	stop here. The organization qualifies		-								
b	33 1/3% support test - 2020. If the c										
	and stop here. The organization qual		•••								
17a	10% -facts-and-circumstances test										
	and if the organization meets the fact			-	-	vi now the organiz	zation				
-	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or										
b		-					10% or				
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
10	-		-								
18	Private foundation. If the organization	IT UIU HOL CHECK A		a, 100, 17a, or 170	, check this box a						
						Scriedule A	(Form 990) 2021				

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Schedule A (Form 990) 2021	BRADY	CENTER	то	PREVENT	GUN	VIOLENCE	52-1285097
Part III Support Schedule fo	r Organiz	ations Des	crib	ed in Sectior	n 509(a	a)(2)	

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Page 3

Section A. Public Support					-	
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	L					
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	ļ					
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	. <u></u>			1	1	
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975	L					
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	L					
14 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organ	ization,
					<u></u>	
Section C. Computation of Publi			. (2)			
15 Public support percentage for 2021 (I		•			15	%
16 Public support percentage from 2020 Section D. Computation of Invest					16	%
· · · · · ·			· · · · · · · · · · · · · · · · · · ·			0/
17 Investment income percentage for 20					17	%
18 Investment income percentage from 1 19a 33 1/3% support tests - 2021. If the					18	ine 17 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2020. If the						▶□
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization						
132023 01-04-22		,				lule A (Form 990) 2021

7

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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17 08240512 148922 7767094-7772405 2021.

BRADY CENTER TO PREVENT GUN VIOLENCE 52-1285097 Schedule A (Form 990) 2021 Page **5** Part IV Supporting Organizations

ιa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization	2	

Section C. Type II Supporting Organizations	

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction	s).
---	--	---	---	-----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

3

2a

2b

3a

Yes No

Yes No

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_	edule A (Form 990) 2021 BRADY CENTER TO PREVENT			52-1285097 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrat	ed Type III supporting org	anization (see

Schedule A (Form 990) 2021

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instructions).

BRADY	CENTER	то	PREVENT	GUN	VIOLENCE
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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive)		
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
с	c From 2018				
d	d From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
_	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Schedule A (Form 990) 2021	BRADY CE	ITER TO	PREVENT	GUN	VIOLENCE	52-1285097	Page 8
Part VI Supplemental Inforr	nation. Provide	the explanati	ions required by	Part II, li	ne 10; Part II, line 17	a or 17b; Part III, line 12;	
Part IV, Section A, lines 1,	2, 3b, 3c, 4b, 4c,	5a, 6, 9a, 9b,	9c, 11a, 11b, an	id 11c; F	Part IV, Section B, lin	es 1 and 2; Part IV, Section	С,
line 1; Part IV, Section D, I	ines 2 and 3; Part	IV, Section E	, lines 1c, 2a, 2b,	, 3a, and	1 3b; Part V, line 1; Pa	art V, Section B, line 1e; Pa	rt V,
Section D, lines 5, 6, and 8	3; and Part V, Sec	ion E, lines 2	, 5, and 6. Also c	omplete	e this part for any add	ditional information.	
(See instructions.)							

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2017 AMOUNT: \$	59,168.
2018 AMOUNT: \$	120,438.
2019 AMOUNT: \$	102,895.
2020 AMOUNT: \$	77,012.
2021 AMOUNT: \$	112,341.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021

Employer identification number

52-1285097

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	\fbox 501(c)(3) (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 CENTER 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

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

X 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 \dots \blacktriangleright \$

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.

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

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BRADY CENTER TO PREVENT GUN VIOLENCE

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 1,500,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 312,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 300,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 580,315. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

52-1285097

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	
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BRADY CENTER TO PREVENT GUN VIOLENCE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Schedule B (Form 990) (2021)

Employer identification number

52-1285097

Т

Schedule B (Form 990) (2021)

Schedule I	B (Form 990) (2021)			Page ²							
Name of o	rganization			Employer identification number							
BRADY	CENTER TO PREVENT GUN V	TOLENCE		52-1285097							
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in s	ection 501(c)(7), (8)	, or (10) that total more than \$1,000 for the year							
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of) through (e) and the following line er charitable, etc., contributions of \$1,000 or	Itry. For organization Iess for the year. (Ente	r this info. once.) > \$							
(-) N	Use duplicate copies of Part III if additional	space is needed.									
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held							
Part I											
-											
		(e) Transfer of gi	n d								
	Transferee's name, address, ar	nd ZIP + 4	Relationsh	ip of transferor to transferee							
(a) No.											
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held							
-	(e) Transfer of gift										
-	Transferee's name, address, ar	nd ZIP + 4	Relationsh	ip of transferor to transferee							
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held							
Part I											
-		(a) T urnefou of ai									
	(e) Transfer of gift										
	Transferee's name, address, ar	nd ZIP + 4	Relationsh	ip of transferor to transferee							
		[
(a) No. from											
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held							
Ì		(e) Transfer of gi	ft								
ŀ	Transferee's name, address, ar	nd ZIP + 4	Relationsh	ip of transferor to transferee							
123454 11-11	-21			Schedule B (Form 990) (2021)							

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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. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Nam	e of the organization BRADY CENTER TO PRE	WENT GUN VIOLENCE	Employer identification num 52-1285097
Par			
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education)	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax
а			
b			
C.	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
4	year	amont is located	
4 5	Number of states where property subject to conservation ease Does the organization have a written policy regarding the peri		
5	violations, and enforcement of the conservation easements it	h - L-L-O	
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
Ū			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation easements during the year
-	► \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
~			
2	If the organization received or held works of art, historical trea		al gain, provide
_	the following amounts required to be reported under FASB AS	-	
a h	Revenue included on Form 990, Part VIII, line 1		
U U	Assets included in Form 990, Part X		·····

b	Assets included in Form 990, Par	t
1 1 1 4	For Dependence Deduction Act N	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
132051	10-28-21

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		ENTER TO PF					28509		
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Ot	ner Si	imilar Asset	S (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	ollowing that mak	e signit	ficant use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's e	xempt	purpose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other sim	ilar ass	ets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			Yes	No	
Par	t IV Escrow and Custodial Arran						line 9, or		
	reported an amount on Form 990, Pa		Ū						
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other assets r	ot inclu	Jded			
	on Form 990, Part X?						Yes	No	
b	If "Yes," explain the arrangement in Part XIII					L			
			ernig tablet				Amoun	t	
с	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance					16 1f			
	Did the organization include an amount on Fe					_ •• _	Yes	No	
	If "Yes," explain the arrangement in Part XIII.				•	L			
Par									
		(a) Current year	(b) Prior year	(c) Two years bac		Three years back	(e) Four	r years back	
10	Beginning of year balance	130,974.	130,933.	130,83	. ,	130,500		1,178,016.	
1a b		4,314.		10		332	-	250.	
0	Contributions		41.	43		84	-	4,160.	
	Net investment earnings, gains, and losses			10		01	•	1,100.	
d	Grants or scholarships								
е	Other expenditures for facilities			43	2	84	1	051 026	
	and programs			45	J.	04	·	,051,926.	
t	Administrative expenses	125 200	120 074	120.02	-	120 020		120 500	
g	End of year balance	135,288.	130,974.	130,93	5.	130,832	•	130,500.	
2	Provide the estimated percentage of the curr	ent year end balance)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
с		%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered fo	r the o	rganization	ſ		
	by:							Yes No	
	(i) Unrelated organizations							X	
	(ii) Related organizations						3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organization						. 3 b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Parl	X, line	10.			
	Description of property	(a) Cost or of	()	or other (c		mulated	(d) Boo	k value	
		basis (investm	nent) basis	(other)	depred	ciation			
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
е	Other		85	0,513.	72	4,442.	12	6,071.	
Total	. Add lines 1a through 1e. (Column (d) must e							6,071.	
				-				n 990) 2021	

Part VII	(Form 990) 2021 BR	ADY CENTE	R TO PREVE	ENT GUN	VIOLENCE	52-1285097 Page 3
	Investments - Other					
	Complete if the organizatio					
., .	tion of security or category (inclu		(b) Book valu		;) Method of valuation:	Cost or end-of-year market value
. ,						
(2) Closely (3) Other	held equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
) must equal Form 990, Part X,					
Part VIII	Investments - Progra Complete if the organizatio		on Form 000 Dart		oo Form 000 Dart V lin	0.12
	(a) Description of investm		(b) Book valu			Cost or end-of-year market value
(1)						Cost of end-of-year market value
(1) (2)						
(2) (3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Part IX	b) must equal Form 990, Part X, Other Assets. Complete if the organizatio	n answered "Yes"		IV, line 11d. S	ee Form 990, Part X, lin	
	E FROM THE BRA					(b) Book value
	E FROM INE BRA	DI CAMPAI	JN IO PREV	ENI GUN	VIOLENCE	3,026,737.
<u>(2)</u> (3)						
(3)						
(4)						
(4) (5)						
(4)						
(4) (5) (6)						
(4) (5) (6) (7)						
(4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Other Liabilities.	Part X, col. (B) line	e 15.)			
(4) (5) (7) (8) (9) Total. <u>(Colu</u>					11f. See Form 990, Par	· ·
(4) (5) (7) (8) (9) Total. <u>(Colu</u>	Other Liabilities.	n answered "Yes"			11f. See Form 990, Pa	· ·
(4) (5) (7) (8) (9) Total. <i>(Colu.</i> Part X	Other Liabilities. Complete if the organizatio (a) Descriptio eral income taxes	n answered "Yes"			11f. See Form 990, Par	rt X, line 25. (b) Book value
(4) (5) (7) (8) (9) Total. <i>(Colu.</i> Part X	Other Liabilities. Complete if the organizatio (a) Description	n answered "Yes"			11f. See Form 990, Par	rt X, line 25.
(4) (5) (7) (8) (9) Total. <i>(Colu.</i> Part X 1. (1) Fed	Other Liabilities. Complete if the organizatio (a) Descriptio eral income taxes	n answered "Yes"			11f. See Form 990, Pa	rt X, line 25. (b) Book value
(4) (5) (7) (8) (9) Total. (Colu) Part X 9 1. (1) Fed (2) LE (3) (4)	Other Liabilities. Complete if the organizatio (a) Descriptio eral income taxes	n answered "Yes"			11f. See Form 990, Par	rt X, line 25. (b) Book value
(4) (5) (7) (8) (9) Total. (Colu. Part X 9 1. (1) Fed (2) LE (3) (4) (5)	Other Liabilities. Complete if the organizatio (a) Descriptio eral income taxes	n answered "Yes"			11f. See Form 990, Par	rt X, line 25. (b) Book value
(4) (5) (7) (8) (9) Total. (Colu. Part X 9 1. (1) Fed (2) LE (3) (4) (5) (6)	Other Liabilities. Complete if the organizatio (a) Descriptio eral income taxes	n answered "Yes"			11f. See Form 990, Pa	rt X, line 25. (b) Book value
(4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fed (2) LE (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organizatio (a) Descriptio eral income taxes	n answered "Yes"			11f. See Form 990, Pa	rt X, line 25. (b) Book value
(4) (5) (6) (7) (8) (9) Total. (Colui Part X Part X (1) Fed (2) LE (3) (2) LE (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organizatio (a) Descriptio eral income taxes	n answered "Yes"			11f. See Form 990, Pa	rt X, line 25. (b) Book value
(4) (5) (6) (7) (8) (9) Total. (Colu) Part X 9 Total. (Colu) Part X (2) (Colu (2) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9)	Other Liabilities. Complete if the organizatio (a) Descriptio eral income taxes	on answered "Yes" on of liability	on Form 990, Part	IV, line 11e or	11f. See Form 990, Pa	(b) Book value

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 BRADY CENTER TO PREVENT GUN				1285097 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	s Wit	h Revenue per Re	turn.	
	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	34,659,065.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-108.		
b	Donated services and use of facilities	2b	22,836,511.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	22,836,403.
3	Subtract line 2e from line 1			3	11,822,662.
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	-168,402.		
с	Add lines 4a and 4b			4c	-168,402.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	11,654,260.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	its W	ith Expenses per F	Retur	'n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	32,959,141.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	22,742,580.		
b	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d	168,402.		
е	Add lines 2a through 2d			2e	22,910,982.
3	Subtract line 2e from line 1			3	10,048,159.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	10,048,159.
Pa	t XIII Supplemental Information.				
Provi	de 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 additic	onal inf	ormation.		

PART V, LINE 4:

TO GENERATE INCOME FOR THE GENERAL PURPOSES OF THE ORGANIZATION.

PART XI, LINE 4B -	- OTHER AI	JUSTME	INTS	5:				
FUNDRAISING EVENT	EXPENSES	SHOWN	IN	PART	VIII	LINE	8B	-168,402.
PART XII, LINE 2D	- OTHER A	DJUSTM	IENT	:S:				
FUNDRAISING EVENT	EXPENSES	SHOWN	IN	PART	VIII	LINE	8B	168,402.

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SCHEDULE G	Suppleme	0	OMB No. 1545-0047					
(Form 990)		e organization answered "Yes" or organization entered more than \$				r 19, or if the	•	2021
Department of the Treasury		Attach to Form 99	0 or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service	► Go	to www.irs.gov/Form990 for inst	ruction	s and	the latest informati	on.		Inspection
Name of the organization	n					Emplo	yer ide	entification number
	BRADY C	ENTER TO PREVENT O	SUN V	VIOI	LENCE	52-2	1285	097
	complete this par	Complete if the organization answ t.	rered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form	990-EZ	filers are not
a X Mail solicitat	tions email solicitations tations		ation of ation of	non-g gover	overnment grants nment grants			
2 a Did the organization key employees list	on have a written c ed in Form 990, P) highest paid indiv	or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) purs organization.	orofessi	onal fi	undraising services?		X Yes	
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount to (or retain fundrais listed in co	ed by) ser	(vi) Amount paid to (or retained by) organization
NNE MARKETING - 16	66	FUNDRAISING		No				
MASSACHUSETTS AVENU	UE, SUITE	CONSULTANCY-DIRECT MAIL		x	740,618.	156	5,000.	584,618.
ANNE LEWIS - 650		FUNDRAISING						
MASSACHUSETTS AVENU	UE, SUITE	CONSULTANCY-DIGITAL		x	28,361.	36	5,200.	-7,839.
Total				►	768,979.	192	2,200.	576,779.
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt	from re	gistration

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 Schedule G (Form 990) 2021

132081 10-21-21

BRADY CENTER TO PREVENT GUN VIOLENCE 52-1285097 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraicing event contributions and gross income on Form 990-F7 lines 1 and 6h. List events with gross ceints greater than \$5,000

		of fundraising event contributions and gro				s greater than \$5,000.
					(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	639,761.			639,761.
	•		00077010			00077010
	2	Less: Contributions	639,761.			639,761.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	168,402.			168,402.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	168,402.
_	11	Net income summary. Subtract line 10 from li				-168,402.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(1) Dull take (instant		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	4	Gross revenue				
		Gloss levelue				
	2	Cash prizes				
sea						
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	►			
	8					
	•	Hot gaming moome caninary. Castact me r			-	<u> </u>
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No
	lf "	No," explain:				
10a b	We If "	Yes No				
					_	
13208	82 10	-21-21			Sche	dule G (Form 990) 2021

Sche	edule G (Form 990) 2021 BRADY CENTER TO PREVENT GUN VIOLENCE	52-1	L285	097	Page 3				
11	Does the organization conduct gaming activities with nonmembers?			Yes	No				
12	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?			Yes	No No				
13	Indicate the percentage of gaming activity conducted in:		i.						
а	The organization's facility		13a		ç				
b	An outside facility		13b		ç				
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:							
	Name								
	Address								
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	No				
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amo	unt							
	of gaming revenue retained by the third party ▶\$								
с	If "Yes," enter name and address of the third party:								
-									
	Name								
	Address ►								
16	Gaming manager information:								
	Name								
	Gaming manager compensation								
	Description of services provided								
a b	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year ▶ \$	n the			□ No				
Pa	tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Pa	rt III, lin	ies 9, 9	b, 10b,				
101			ч.						
SC.	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SER	•						
(I) NAME OF FUNDRAISER: NNE MARKETING								
(I) ADDRESS OF FUNDRAISER:								
10	66 MASSACHUSETTS AVENUE, SUITE 14, LEXINGTON, MA 02420								
(I) NAME OF FUNDRAISER: ANNE LEWIS								
<u>(</u> I									
-	0 MASSACHUSETTS AVENUE, SUITE 505, WASHINGTON, DC 20001								
	3 10-21-21	Sched	ule G (Form	990) 202				
، ^ ı	33 -1.2.148022 7767004 7772405 - 2021 05080 DDADX CENTER TO	<u></u>		1 0	7767				
ŧU:	512 148922 7767094-7772405 2021.05080 BRADY CENTER TO	PKE	A RIV,I	G	//0/				

Schedule G (Form 990)

Part IV Supplemental Information (continued)

(II) ACTIVITY: FUNDRAISING CONSULTANCY-DIGITAL FUNDRAISING

Schedule G (Form 990)

132084 11-18-21

SC	HEDULE J		I	OMB No. 1545-0047			
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest		2024			
•		Compensated Employees		2021			
-		 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic	
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nam	e of the organizatio		Employer i	identificatio	on nui	nber	
		BRADY CENTER TO PREVENT GUN VIOLENCE	52-1	L28509'	7		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or	charter travel Housing allowance or residence for perso	nal use				
	Travel for con	panions Payments for business use of personal re	sidence				
	Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fee	S				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)				
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or					
	-			1b			
2		n 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		<u> </u>	
_							
3		ny, of the following the organization used to establish the compensation of the organization's					
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensatio						
		compensation consultant X Compensation survey or study					
	X Form 990 of c	ther organizations X Approval by the board or compensation of	ommittee				
4	During the year di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
4	organization or a re						
а	-	e payment or change-of-control payment?		4a		x	
b		eve payment of change of control payments				X	
		eive payment from an equity-based compensation arrangement?				X	
Ŭ		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the						
а	•				Х		
		ation?			Х		
		or 5b, describe in Part III.					
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the	net earnings of:					
а	The organization?			6a		X	
		ation?				X	
		or 6b, describe in Part III.					
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i				
		nes 5 and 6? If "Yes," describe in Part III		7	Х		
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
	Regulations section	ז 53.4958-6(c)?	<u></u>	9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	n 990)	2021	

132111 11-02-21

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KRISTIN BROWN	(i)	328,346.	24,000.	0.	8,208.	22,861.		0.	
PRESIDENT	(ii)		1,000.	0.	342.	1,531.		0.	
(2) JON LOWY	(i)	205,462.	0.	0.	6,221.	39,639.	251,322.	0.	
VP OF LITIGATION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) LIZ DUNNING	(i)	168,329.	9,500.	0.	5,249.	34,727.	217,805.	0.	
VP OF DEVELOPMENT	(ii)	8,859.	500.	0.	276.	2,488.		0.	
(4) SUSAN LAVINGTON	(i)	161,250.	21,500.	0.	0.	1,046.		0.	
соо	(ii)	26,250.	3,500.	0.	0.	219.		0.	
(5) BINDU MACCHIAVELLO	(i)	164,126.	0.	0.	4,966.	33,367.		0.	
VP OF FINANCE	(ii)	8,638.	0.	0.	261.	1,544.		0.	
(6) CORDELIA GALLIGAN	(i)	171,781.	0.	0.	3,549.	17,856.	193,186.	0.	
VP OF COMMUNICATIONS	(ii)	1,735.	0.	0.	36.	46.	1,817.	0.	
(7) MAISHA FIELDS	(i)	103,075.	0.	0.	0.	0.	103,075.	0.	
VP, ORGANIZING	(ii)	63,175.	0.	0.	0.	0.	63,175.	0.	
(8) CHRISTIAN HEYNE	(i)	73,426.	0.	0.	0.	6,280.	79,706.	0.	
VP POLICY	(ii)	79,545.	0.	0.	0.	5,931.	85,476.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2021

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 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, SUSAN LAVINGTON AND LIZ DUNNING RECEIVED PERFORMANCE BASED

BONUSES.

132113 11-02-21

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

contributions?

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. ►

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

2021
Open to Public Inspection

Employer identification number

52-1285097

BRADY CENTER TO PREVENT GUN VIOLENCE

Pa	t I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu			
		applicable	items contributed				,anto	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	52	637,592.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			0	
						Y	'es	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit. process. or sell noncash				

b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

32a

Х

132141 11-17-21

52-1285097 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

REPORTING THE NUMBER OF ITEMS RECEIVED

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

BRADY CENTER TO PREVENT GUN VIOLENCE

Employer identification number 52-1285097

FORM 990, MISSION STATEMENT

TO END THE GUN VIOLENCE EPIDEMIC GUN OWNERS AND NON-GUN OWNERS ALIKE,

PUBLIC HEALTH CRISIS, THAT PLAGUES AMERICA. A COMPLICATED PROBLEM

REQUIRES A COMPREHENSIVE APPROACH, SO BRADY WORKS ACROSS CONGRESS, THE

COURTS, AND COMMUNITIES TO FIGHT FOR COMMON-SENSE GUN LAWS, HOLD BAD

ACTORS ACCOUNTABLE, AND TO EDUCATE EVERYONE ON THE ISSUES SO WE ARE ALL

PART OF THE SOLUTION.

JIM AND SARAH BRADY OVERCAME IMPOSSIBLE ODDS TO PASS THE BIPARTISAN BRADY LAW IN 1993. BUT THERE'S MORE WORK TO BE DONE. WE KNOW THAT ENDING AMERICA'S GUN VIOLENCE EPIDEMIC MEANS ACCEPTING THESE TRUTHS: 1) GUN OWNERSHIP DEMANDS RESPONSIBILITY; 2) LAWS IN EXISTENCE MUST BE UPHELD BY THOSE EMPOWERED TO DO THAT JOB; 3) GUN VIOLENCE IS PUBLIC HEALTH CRISIS; AND 4) CENTERING RACIAL JUSTICE IN GUN VIOLENCE PREVENTION IS ESSENTIAL TO OUR MISSION. ONLY WHEN AMERICANS UNITE AND WORK TOGETHER WILL GUN VIOLENCE BE SOLVED.

PROBLEM WITH SO MANY CAUSES AT ITS ROOTS MUST BE ADDRESSED FROM ALL - AND THIS IN TURN DRIVES HOW BRADY'S PROGRAMS ARE CREATED AND ANGLES THIS FOCUS ON EDUCATION AND IMPLEMENTATION ENSURES THAT EVERY SCALED. COMMUNITY CAN BE SAFE, NOT ONLY FROM MASS SHOOTINGS BUT ALSO FROM THE DAILY GUN VIOLENCE THAT PLAGUES SO MANY URBAN COMMUNITIES. ADDITIONALLY, MANY MEMBERS OF BRADY ARE SURVIVORS OF GUN VIOLENCE BRINGING A UNIQUE ASPECT TO OUR OUTREACH AND ABILITY TO ADDRESS THE ISSUE FROM AN EXPERIENTIAL VANTAGE POINT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

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BRADY CENTER TO PREVENT GUN VIOLENCE

FORM 990, MISSION STATEMENT CONTINUED

ACROSS CONGRESS, THE COURTS, AND COMMUNITIES TO FIGHT FOR COMMON-SENSE

GUN LAWS, HOLD BAD ACTORS ACCOUNTABLE, AND TO EDUCATE EVERYONE ON THE

ISSUES SO WE ARE ALL PART OF THE SOLUTION.

JIM AND SARAH BRADY OVERCAME IMPOSSIBLE ODDS TO PASS THE BIPARTISAN BRADY LAW IN 1993. BUT THERE'S MORE WORK TO BE DONE. WE KNOW THAT ENDING AMERICA'S GUN VIOLENCE EPIDEMIC MEANS ACCEPTING THESE TRUTHS: 1) GUN OWNERSHIP DEMANDS RESPONSIBILITY; 2) LAWS IN EXISTENCE MUST BE UPHELD BY THOSE EMPOWERED TO DO THAT JOB; 3) GUN VIOLENCE IS PUBLIC HEALTH CRISIS; AND 4) CENTERING RACIAL JUSTICE IN GUN VIOLENCE PREVENTION IS ESSENTIAL TO OUR MISSION. ONLY WHEN AMERICANS UNITE AND WORK TOGETHER WILL GUN VIOLENCE BE SOLVED.

A PROBLEM WITH SO MANY CAUSES AT ITS ROOTS MUST BE ADDRESSED FROM ALL ANGLES - AND THIS IN TURN DRIVES HOW BRADY'S PROGRAMS ARE CREATED AND SCALED. THIS FOCUS ON EDUCATION AND IMPLEMENTATION ENSURES THAT EVERY COMMUNITY CAN BE SAFE, NOT ONLY FROM MASS SHOOTINGS BUT ALSO FROM THE DAILY GUN VIOLENCE THAT PLAGUES SO MANY URBAN COMMUNITIES. ADDITIONALLY, MANY MEMBERS OF BRADY ARE SURVIVORS OF GUN VIOLENCE, BRINGING A UNIQUE ASPECT TO OUR OUTREACH AND ABILITY TO ADDRESS THE ISSUE FROM AN EXPERIENTIAL VANTAGE POINT.

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

ADVANCE THE MESSAGE OF END FAMILY FIRE AND ENSURE THAT PARENTS,

CHILDREN, AND CAREGIVERS UNDERSTAND THE DANGERS OF UNSECURED GUNS IN Schedule O (Form 990) 2021 132212 11-11-21 41

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THE HOME.

A CORNERSTONE OF OUR END FAMILY FIRE CAMPAIGN, ASKING SAVES KIDS (ASK), IS AMPLIFIED BY THE AMERICAN ACADEMY OF PEDIATRICS, THE NATIONAL PTA, AND A RANGE OF MEDICAL AND SOCIAL SERVICE ORGANIZATIONS TO ENSURE THAT PARENTS, CHILDREN AND CAREGIVERS UNDERSTAND THE DANGERS OF UNSECURED GUNS IN THE HOME AND THE SIMPLE STEPS THAT CAN BE TAKEN TO STOP THE PREVENTABLE TRAGEDIES OF "FAMILY FIRE" THAT HAPPEN EVERY DAY.

RED, BLUE, AND BRADY PODCAST:

RED, BLUE, AND BRADY EXAMINES CURRENT EVENTS AND SHARES PERSONAL

NARRATIVES IN ITS EXPLORATION OF AMERICA'S EPIDEMIC OF FIREARM INJURIES

AND DEATHS HAS BEEN INSTRUMENTAL IN INSTRUCTING THE GENERAL PUBLIC

ABOUT THE ROOTS AND SOLUTIONS OF GUN VIOLENCE IN OUR COUNTRY. WE

DISCUSS THE HISTORY OF AMERICA'S GUN VIOLENCE EPIDEMIC, AND WHAT

INDIVIDUALS, COMMUNITIES, AND ORGANIZATIONS CAN DO TO REDUCE THE LIVES

LOST AND IMPACTED EVERY YEAR. WITH OVER 137,414 UNIQUE LISTENERS AND

MORE THAN 68,000 HOURS OF CONTENT CONSUMED IN ITS FIRST 2 YEARS,

AMERICANS ARE FINDING RED, BLUE, AND BRADY A RELIABLE SOURCE OF

INFORMATION ON A CRITICAL ISSUE.

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

CRIME GUNS INITIATIVE: BRADY'S COMBATING CRIME GUNS INITIATIVE AIMS TO REDUCE GUN VIOLENCE IN IMPACTED COMMUNITIES BY STEMMING THE FLOW OF CRIME GUNS INTO THOSE COMMUNITIES, FREQUENTLY FROM DEALERS OUTSIDE THEIR CITY OR EVEN THEIR OWN STATE. THE BURDEN OF ENDING GUN VIOLENCE SHOULD NOT REST SOLELY ON Schedule O (Form 990) 2021 132212 11-11-21 42 08240512 148922 7767094-7772405 2021.05080 BRADY CENTER TO PREVENT G 77670941

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
BRADY CENTER TO PREVENT GUN VIOLENCE	52-1285097
THE COMMUNITIES MOST IMPACTED. A COMPREHENSIVE APPROACH TO	ENDING GUN
VIOLENCE ADDRESSES THE SUPPLY SIDE, SPECIFICALLY THE GUN I	NDUSTRY AND
THE MINORITY OF IRRESPONSIBLE DEALERS WHO ARE CONTRIBUTING	TO AND
PROFITING FROM GUN VIOLENCE. THE COMBATING CRIME GUNS INIT	IATIVE RELIES
ON A THREE-PRONGED STRATEGY OF EDUCATION, IDENTIFICATION,	AND REFORM TO
SHIFT FOCUS ON THE UPSTREAM SOURCE OF CRIME GUNS, RATHER T	HAN THE
INDIVIDUALS THAT PERPETRATE CRIME. THE COMBATING CRIME GUN	S INITIATIVE
ENGAGES WITH COMMUNITIES ON EACH OF THESE PRONGS IN ORDER	TO BRING
SUPPLY-SIDE SOLUTIONS TO THEIR CITIES AND STATES. AT THE N	ATIONAL
LEVEL, THE COMBATING CRIME GUNS INITIATIVE PURSUES EFFORTS	FOR
INCREASED DATA TRANSPARENCY ABOUT THE SOURCES AND PATHS OF	TRAFFICKED
FIREARMS AND GOVERNMENT OVERSIGHT OF THE FIREARMS INDUSTRY	, AS WELL AS
PURSUING PROGRAMS WITH LAW ENFORCEMENT AND PRIVATE SECTOR	COMPANIES
AIMED TO REDUCE THE FLOW OF TRAFFICKED FIREARMS INTO IMPAC	TED
COMMUNITIES.	

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

BYLAWS DATED JAN 2022 - UNDER SPECIAL CIRCUMSTANCES, ALLOWS THE BOARD BY A 2/3 MAJORITY VOTE TO PERMIT AN OTHERWISE TERM-LIMITED TRUSTEE TO SERVE ONE ADDITIONAL SHORTENED TERM.

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

THE 990 IS PREPARED BY AN 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.

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

 THE ORGANIZATION REVIEWS REVENUES, EXPENSES AND TRANSACTIONS WITH ALL BOARD

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 Schedule O (Form 990) 2021

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COMPENSATION. AN INDEPENDENT NON-PROFIT SALARY BENCHMARKING STUDY IS USED TO ENSURE MANAGEMENT IS BEING COMPENSATED CONSISTENTLY WITH THE MARKET FOR SIMILAR ORGANIZATIONS.

THE MEMBERS OF THE BOARD OF TRUSTEES ARE RESPONSIBLE FOR SETTING MANAGEMENT

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:

THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST WITHOUT CHARGE FOR THE SAME

PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

WEBSITE NET OF ACCUMULATED AMORTIZATION INCLUDED IN DONATED

SERVICES

93,931.

132212 11-11-21

132161 11-17-21 LHA

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.

Department of the Treasury Internal Revenue Service Name of the organization

BRADY CENTER 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

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 Part II 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	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
BRADY CAMPAIGN TO PREVENT GUN VIOLENCE -							
23-7321017, 840 FIRST STREET, NE #400,							
WASHINGTON, DC 20002	ADVOCACY	DISTRICT OF COLUMBIA	501(C)(4)		N/A		Х
BRADY CAMPAIGN TO PREVENT GUN VIOLENCE VOTER							
EDUCATION FUND - 47-4913329, 840 FIRST							
STREET, NE #400, WASHINGTON, DC 20002	VOTER EDUCATION	DISTRICT OF COLUMBIA	527		N/A		х
]						
]						
	1						
	1						

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

Schedule R (Form 990) 2021

2021
Open to Public

Employer identification number

52-1285097

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

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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)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under		Share of end-of-year assets	Disproportion allocations		Code V-UBI amount in box 20 of Schedule	Gene mana part	eral or aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	{											
	4											
	4											

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 Sect 512(b contri enti	i) tion o)(13) rolled ity?
		country)				400010		Yes	No
									
									<u> </u>

Schedule R (Form 990) 2021 BRADY CENTER 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	te: 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		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
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
	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
	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		Х
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		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BRADY CAMPAIGN TO PREVENT GUN VIOLENCE	Q	3,026,737.	COST
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			

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

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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.

	3 3	· · ·	()			10				47			"
(a)	(b)	(c)	(d)	Are Are partne 501(i org)	(f)	(g)	(ł	(ו	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partne	rs sec.	Share of	Share of	Dispr tior alloca	opor-	Code V-UBI	Genera	al or P	ercentage
of entity		(state or foreign	(related, unrelated,	501(i	c)(3) s.?	total	end-of-year	alloca	iale tions?	amount in box 20	partn	er? C	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	Na	income		Yes	Na	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	NO			Yes	NO	(1011111000)	Yes		
											\vdash	_	
											\vdash	-	

Schedule R (Form 990) 2021

Schedule R (I	Form 990) 2021
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Part VII Supplemental Information

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

Schedule R (Form 990) 2021

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