#### \*\* PUBLIC DISCLOSURE 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)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

AF	or the	2022 calendar year, or tax year beginning JUL 1, 2022 and	ending Jt	JN 30, 2023	
B c a	heck if	C Name of organization		D Employer identif	ication number
	Addres	BRADY CAMPAIGN TO PREVENT GUN VIOLENCE			
	Name Change	Doing business as BRADY		23-7321017	
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Final return/		L00	(202)370-810	00
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	4,808,537.
	Amended WASHINGTON, DC 20002-8040 H(a) Is this a gr				
	Applica- tion _ F Name and address of principal officer: KRISTIN BROWN for sul			for subordinates	s? 🖸 Yes 🕱 No
	pendin	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates i	ncluded? Yes No
IT	ax-exe	empt status: 501(c)(3) X 501(c) ( 4 ) (insert no.) 4947(a)(1) c	or 📃 527	If "No," attach a	a list. See instructions
	Vebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year of	of formation: 1974	M State of legal domicile: DC
Pa	rt I	Summary			
Governance		Briefly describe the organization's mission or most significant activities: <u>WE'RE F</u> VIOLENCE.	REEING A	MERICA FROM GUN	
nar	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.
ver	3			3	15
õ		Number of independent voting members of the governing body (Part VI, line 1b)			15
ې د		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			(
Activities &		Total number of volunteers (estimate if necessary)			24316
Cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
<		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		5,608,619.	4,775,110.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		537.	584.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		51,549.	32,843.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,660,705.	4,808,537.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,513.	104,758.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ $		762,889.	1,077,269.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1,594,800.	982,336.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 2,035,4	481.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,615,954.	2,913,653.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,976,156.	5,078,016.
	19	Revenue less expenses. Subtract line 18 from line 12		684,549.	-269,479.
t Assets or d Balances			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,042,585.	8,119,141.
t As	21	Total liabilities (Part X, line 26)		5,278,873.	10,623,832,
ER B	22	Net assets or fund balances. Subtract line 21 from line 20		-2,236,288.	-2,504,691.
Pa	irt II	Signature Block			

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					05/14/2024			
Sign	Signature of office	cer			Date				
Here	KRISTIN BROW	NN, CEO/PRESIDENT							
	Type or print name and title								
	Print/Type preparer's name Preparer's signature			Date	Check		PTIN		
Paid	SUE ROBISON		SUE ROBISON	05/11/24	4 self-e	mployed	P00560072		
Preparer	Firm's name	RSM US LLP			Firm's EIN	42-	0714325		
Use Only	Firm's address	920 5TH AVENUE, SUITE 280	0						
	SEATTLE, WA 98104				Phone no.	206-28	31-4444		
May the I	Any the IRS discuss this return with the preparer shown above? See instructions								
232001 12-1	2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

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.

Туре о	r Name of exempt organization or other filer, see instru-		Taxpayer	r identificatior	n number (	(TIN)	
print	BRADY CAMPAIGN TO PREVENT GUN VIOLENCE			23-7321017			
File by th due date filing you	for Number, street, and room or suite no. If a P.O. box, so	ee instruct	ions.				
return. Se instructio	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20002-8040						
Enter t	ne Return Code for the return that this application is for (file	e a separat	e application for each return)				0 1
Applic	ation	Return	Application			R	Return
ls For		Code	Is For				Code
Form 9	90 or Form 990-EZ	01	Form 1041-A				08
Form 4	720 (individual)	03	Form 4720 (other than individual)				09
Form 9	90-PF	04	Form 5227				10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 9	90-T (trust other than above)	06	Form 8870				12
Form 9	90-T (corporation)	07					
<ul> <li>If th</li> <li>If th</li> <li>box </li> <li>1</li> <li>t</li> </ul>	request an automatic 6-month extension of time until he organization named above. The extension is for the orga	Group Exe and atta MAY 1 anization's	mption Number (GEN) I ch a list with the names and TINs of 5, 2024 , to file	f this is fo all membe	r the whole g	roup, cheo sion is for.	
<b>2</b> I	the tax year entered in line 1 is for less than 12 months, cl Change in accounting period	heck reasc	on: Initial return	Final retur	'n		
3a l	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less				
2	ny nonrefundable credits. See instructions.			3a	\$		0.
b l	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
e	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$		0.
сE	Balance due. Subtract line 3b from line 3a. Include your pa	yment with	h this form, if required, by				
ı	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns	3c	\$		0.
Cautio instruc	<b>n:</b> If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-	TE for pay	ment

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

Form 8868 (Rev. 1-2022)

Form	990 (2022) BRADY CAMPAIGN TO PREVENT GUN VIOLENCE	23-7321017	Page <b>2</b>
	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	WE'RE FREEING AMERICA FROM GUN VIOLENCE. IN A COUNTRY WHERE FIREARMS		
	OUTNUMBER PEOPLE, OUR COUNTRY'S GUN VIOLENCE EPIDEMIC REQUIRES A		
	MULTI-PRONGED APPROACH AND THAT'S WHAT BRADY, THE LEADING GUN VIOLENCE		
	ORGANIZATION IN AMERICA, DELIVERS. (CONT'D IN SCH. 0)		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Y	es 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Y	es 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:         ) (Expenses \$	;\$	)
	POLICY ADVOCACY AND GRASSROOTS ORGANIZING: BRADY'S EMPHASIS IS ON		
	CRAFTING, PROMOTING, AND LOBBYING FOR LIFESAVING POLICY CHANGES AT THE		
	FEDERAL AND STATE LEVEL TO EXPAND AND PROTECT UNIVERSAL BACKGROUND		
	CHECKS, RENEW THE LAPSED ASSAULT WEAPONS BAN, ENACT PUBLIC HEALTH		
	POLICIES AND INVESTMENTS THAT REDUCE VIOLENCE IN COMMUNITIES MOST		
	IMPACTED ACROSS THE UNITED STATES, AND PROPOSE LIFE-SAVING GUN VIOLENCE PREVENTION INNOVATIONS THAT PROMOTE GUN INDUSTRY REFORMS CRITICAL TO		
	STEMMING THE FLOW OF ILLEGAL GUNS.		
	STEMMING THE FLOW OF THEERE GONS.		
	OUR POLICY AND ORGANIZING TEAMS ENGAGE OUR GRASSROOTS NETWORK ACROSS		
	THE COUNTRY, ACTIVATING THEM TO ENGAGE LAWMAKERS TO SUPPORT OR OPPOSE		
	KEY MEASURES NATIONALLY AND LOCALLY. THESE ADVOCATES ARE PROVIDED		
4b	(Code: ) (Expenses \$ 804,557. including grants of \$ 104,758. ) (Revenue	\$	)
	YOUTH ADVOCACY: IN RESPONSE TO THE 2018 MASS SHOOTING AT MARJORY	•	/
	STONEMAN DOUGLAS HS IN PARKLAND, FL, BRADY CREATED TEAM ENOUGH. TEAM		
	ENOUGH IS A YOUTH-LED INITIATIVE THAT MOBILIZES YOUNG PEOPLE IN THE		
	MOVEMENT TO END GUN VIOLENCE, INCLUDING BY EDUCATING THE PUBLIC ON THE		
	CAUSES AND LEGISLATIVE SOLUTIONS TO END NOT ONLY MASS SHOOTINGS, BUT		
	ALSO THE DAILY GUN VIOLENCE THAT IMPACTS OUR URBAN COMMUNITIES. WITH		
	THE CREATION OF THE NATIONAL LOBBYING COLLECTIVE, TEAM ENOUGH WORKS IN		
	CONJUNCTION WITH OTHER YOUTH ORGANIZATIONS, SUCH AS MARCH FOR OUR		
	LIVES, ON THE STATE AND LOCAL LEVEL, TRAINING THE NEXT GENERATION OF		
	GUN VIOLENCE PREVENTION ADVOCATES ON EFFECTIVELY COMMUNICATING WITH		
	ELECTED OFFICIALS TO PASS POLICIES TO END AMERICA'S GUN VIOLENCE		
	EPIDEMIC.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	:\$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 2,296,311.		
		Form	1990 (2022)

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Pa	t IV Checklist of Required Schedules			uge e
			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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
Ũ	public office? If "Yes," complete Schedule C, Part I	3	x	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	N/A	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
J	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			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
U		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		10		х
44	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
11				
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	x	
h	Part VI	11a		
D		446		х
•	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		21
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		х
ام	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		л
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		x	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	•	
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10		v
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	x	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	•	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Δ
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	4.41		v
45	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	45		v
40	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	10		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	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,"			v
<b>.</b> -	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	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			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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		Х
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			77
	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? <i>If</i>	00-		х
L	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C		28c		х
29	"Yes," complete Schedule L, Part IV 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	25		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	01		
0L	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	N/A	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	
	(gamonig) within go to pile without .			

Form	m 990 (2022) BRADY CAMPAIGN TO PREVENT GUN VIOLENCE	23-7321017		Pa	age <b>5</b>
	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			١	/es	No
2a	a 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	0			
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		b		
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?		a		Х
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3	b		
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		a		Х
b	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 (FBA	R).			
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		a		Х
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		b		х
с	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		c		
6a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	n solicit			
	any contributions that were not tax deductible as charitable contributions?	6	a	Х	
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6	b	Х	
7	Organizations that may receive deductible contributions under section 170(c).				
а	a 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? 7	a		Х
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7	b		
с	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		c		Х
d	d If "Yes," indicate the number of Forms 8282 filed during the year7d				
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7	e		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7	f		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as m	equired? 7	g	N/A	
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a For	m 1098-C? 7	h	N/A	
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	3		
9	Sponsoring organizations maintaining donor advised funds.				
а	a Did the sponsoring organization make any taxable distributions under section 4966?	N/A 9	a		
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A 9	b		
10					
а	a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a				
b	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а					
b	<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	2a		
b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	. –			
а	a Is the organization licensed to issue qualified health plans in more than one state?	N/A 13	Ba		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	<b>b</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					
14a			la		Х
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		lb		
15					
	excess parachute payment(s) during the year?		5		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	5		6		X
	If "Yes," complete Form 4720, Schedule O.				
17					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	N/A 1	7		
	lf "Yes." complete Form 6069				

Form	990 (2022) BRADY CAMPAIGN TO PREVENT GUN VIOLENCE		23-73210		Р	age <b>6</b>
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15	5		
	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	15	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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					
	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 99			4		х
5	Did the organization become aware during the year of a significant diversion of the organization's asso			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 ap					
	more members of the governing body?			7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	-	-	8a	х	
b	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 read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)			
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	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			12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zatior	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedSEE_SCHEDULE_0					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X       Own website       Another's website       X       Upon request       Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	of interest policy, an	d finano	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records			
	BINDU MACCHIAVELLO - (202)370-8100					
	840 FIRST STREET, NE, 400, WASHINGTON, DC 20002-8040			_	_	-

Form 990 (2022)	BRADY CAMPAIGN TO PREVENT GUN VIOLENCE	23-7321017 Page <b>7</b>	•
Part VII Comp	ensation of Officers, Directors, Trustees, Key Employees, High	est Compensated	-
Emplo	oyees, and Independent Contractors		
Check if	f Schedule O contains a response or note to any line in this Part VII		
Section A. Officer	rs, Directors, Trustees, Key Employees, and Highest Compensated Employees		_
	able for all persons required to be listed. Report compensation for the calendar year proganization's <b>current</b> officers, directors, trustees (whether individuals or organizati	č ,	

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, box 6 of 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.

Nours per week (list any hours per week (list any hours per organizations belowcompensation from the organizations (W-2/1099-MISC/ 1099-NEC)compensation from related organizations (W-2/1099-MISC/ 1099-NEC)amount of other organizations organization organizations organizations organization organizat	(A)	(B)				C)	•		(D)	(E)	(F)
hours per week (list any related organization generation related organization generation related organization generation related organization generation ge	Name and title	Average	(do					one	Reportable	Reportable	Estimated
Week (ist any hours for related organizations below line)         week (ist any hours for related organization below line)         ist any below line         ist any below line)         line)         line) <th< td=""><td></td><td></td><td>box</td><td>, unle</td><td>ss pe</td><td>rson i</td><td>is botl</td><td>n an</td><td>·</td><td></td><td>amount of</td></th<>			box	, unle	ss pe	rson i	is botl	n an	·		amount of
(1) KRIS BROWN       1.00       X       3,908.       386,855.       55,3         (2) LIZ DUNNING       1.00       X       3,908.       386,855.       55,3         (2) LIZ DUNNING       1.00       X       8,447.       202,737.       45,7         (3) SUSAN LAVINGTON       2.00       X       8,447.       202,737.       45,7         (3) SUSAN LAVINGTON       2.00       X       12,836.       243,877.         (4) BINDU MACCHIAVELLO       2.00       X       9,358.       177,795.       53,7         (5) CHRISTIAN HEYNE       15.00       X       9,358.       177,795.       53,7         (6) SHIKHA HAMILTON       35.00       X       73,250.       109,875.       23,0         VP, POLICY       23.00       X       11,139.       147,983.       18,5         (7) ASHLEY LANTZ       2.00       X       6,872.       130,576.       7,5         (8) TANYA SCHARDT       17.00       X       52,309.       63,933.       6,5         SR COUNSEL & DIR, STATE & FEDERAL PO       21.00       X       52,309.       63,933.       6,5         (9) KEVIN QUINN       10.00       X       X       0.       0.       0.							J/II US				
(1) KRIS BROWN       1.00       X       3,908.       386,855.       55,3         (2) LIZ DUNNING       1.00       X       3,908.       386,855.       55,3         (2) LIZ DUNNING       1.00       X       8,447.       202,737.       45,7         (3) SUSAN LAVINGTON       2.00       X       8,447.       202,737.       45,7         (3) SUSAN LAVINGTON       2.00       X       12,836.       243,877.         (4) BINDU MACCHIAVELLO       2.00       X       9,358.       177,795.       53,7         (5) CHRISTIAN HEYNE       15.00       X       9,358.       177,795.       53,7         (6) SHIKHA HAMILTON       35.00       X       73,250.       109,875.       23,0         VP, POLICY       23.00       X       11,139.       147,983.       18,5         (7) ASHLEY LANTZ       2.00       X       6,872.       130,576.       7,5         (8) TANYA SCHARDT       17.00       X       52,309.       63,933.       6,5         SR COUNSEL & DIR, STATE & FEDERAL PO       21.00       X       52,309.       63,933.       6,5         (9) KEVIN QUINN       10.00       X       X       0.       0.       0.			irecto							-	compensation
(1) KRIS BROWN       1.00       X       3,908.       386,855.       55,3         (2) LIZ DUNNING       1.00       X       3,908.       386,855.       55,3         (2) LIZ DUNNING       1.00       X       8,447.       202,737.       45,7         (3) SUSAN LAVINGTON       2.00       X       8,447.       202,737.       45,7         (3) SUSAN LAVINGTON       2.00       X       12,836.       243,877.         (4) BINDU MACCHIAVELLO       2.00       X       9,358.       177,795.       53,7         (5) CHRISTIAN HEYNE       15.00       X       9,358.       177,795.       53,7         (6) SHIKHA HAMILTON       35.00       X       73,250.       109,875.       23,0         VP, POLICY       23.00       X       11,139.       147,983.       18,5         (7) ASHLEY LANTZ       2.00       X       6,872.       130,576.       7,5         (8) TANYA SCHARDT       17.00       X       52,309.       63,933.       6,5         SR COUNSEL & DIR, STATE & FEDERAL PO       21.00       X       52,309.       63,933.       6,5         (9) KEVIN QUINN       10.00       X       X       0.       0.       0.			e or d	tee			sated		-		
(1) KRIS BROWN       1.00       X       3,908.       386,855.       55,3         (2) LIZ DUNNING       1.00       X       3,908.       386,855.       55,3         (2) LIZ DUNNING       1.00       X       8,447.       202,737.       45,7         (3) SUSAN LAVINGTON       2.00       X       8,447.       202,737.       45,7         (3) SUSAN LAVINGTON       2.00       X       12,836.       243,877.         (4) BINDU MACCHIAVELLO       2.00       X       9,358.       177,795.       53,7         (5) CHRISTIAN HEYNE       15.00       X       9,358.       177,795.       53,7         (6) SHIKHA HAMILTON       35.00       X       73,250.       109,875.       23,0         VP, POLICY       23.00       X       11,139.       147,983.       18,5         (7) ASHLEY LANTZ       2.00       X       6,872.       130,576.       7,5         (8) TANYA SCHARDT       17.00       X       52,309.       63,933.       6,5         SR COUNSEL & DIR, STATE & FEDERAL PO       21.00       X       52,309.       63,933.       6,5         (9) KEVIN QUINN       10.00       X       X       0.       0.       0.			ruste	ll trus		/ee	mpen			1033-1120)	-
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(2)       LIZ DUNNING       1.00       x       y	(1) KRIS BROWN	1.00									
VP, DEVELOPMENT         37.00         X         8,447.         202,737.         45,7           (3) SUSAN LAVINGTON         2.00         36.00         X         12,836.         243,877.           (4) BINDU MACCHIAVELLO         2.00         X         9,358.         177,795.         53,7           (5) CHRISTIAN HEYNE         15.00         X         9,358.         109,875.         23,5           (6) SHIKHA HAMILTON         3.00         X         11,139.         147,983.         18,5           (7) ASHLEY LANTZ         2.00         X         6,872.         130,576.         7,5           (8) TANYA SCHARDT         17.00         X         52,309.         63,933.         6,5           (9) KEVIN QUINN         10.00         X         X         0.         0.	PRESIDENT	37.00			х				3,908.	386,855.	55,399.
(3)       SUSAN LAVINGTON       2.00       X       12,836.       243,877.         (4)       BINDU MACCHIAVELLO       2.00       X       9,358.       177,795.       53,7         (5)       CHRISTIAN HEYNE       15.00       X       9,358.       177,795.       53,7         (6)       SHIKHA HAMILTON       3.00       X       73,250.       109,875.       23,3         (7)       ASHLEY LANTZ       2.00       X       11,139.       147,983.       18,5         (7)       ASHLEY LANTZ       2.00       X       6,872.       130,576.       7,2         (8)       TANYA SCHARDT       17.00       X       52,309.       63,933.       6,5         (9)       KEVIN QUINN       10.00       X       X       0.       0.	(2) LIZ DUNNING	1.00									
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VP, FINANCE         36.00         X         9,358.         177,795.         53,7           (5) CHRISTIAN HEYNE         15.00         X         73,250.         109,875.         23,3           VP, POLICY         23.00         X         73,250.         109,875.         23,3           (6) SHIKHA HAMILTON         3.00         X         11,139.         147,983.         18,9           VP, ORGANIZING         35.00         X         11,139.         147,983.         18,9           (7) ASHLEY LANTZ         2.00         X         6,872.         130,576.         7,2           (8) TANYA SCHARDT         17.00         X         52,309.         63,933.         6,3           (9) KEVIN QUINN         10.00         X         X         0.         0.					X				12,836.	243,877.	0.
(5)       CHRISTIAN HEYNE       15.00       X       73,250.       109,875.       23,3         (6)       SHIKHA HAMILTON       3.00       X       73,250.       109,875.       23,3         (6)       SHIKHA HAMILTON       3.00       X       11,139.       147,983.       18,9         (7)       ASHLEY LANTZ       2.00       X       6,872.       130,576.       7,2         POLITICAL DIRECTOR       36.00       X       6,872.       130,576.       7,2         (8)       TANYA SCHARDT       17.00       X       52,309.       63,933.       6,3         (9)       KEVIN QUINN       10.00       X       X       0.       0.											
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G       SHIKHA HAMILTON       3.00       X       11,139.       147,983.       18,9         VP, ORGANIZING       35.00       X       11,139.       147,983.       18,9         (7) ASHLEY LANTZ       2.00       X       6,872.       130,576.       7,2         POLITICAL DIRECTOR       36.00       X       6,872.       130,576.       7,2         (8) TANYA SCHARDT       17.00       X       52,309.       63,933.       6,3         (9) KEVIN QUINN       10.00       X       X       0.       0.			-								
VP, ORGANIZING         35.00         X         11,139.         147,983.         18,9           (7) ASHLEY LANTZ         2.00         X         6,872.         130,576.         7,2           POLITICAL DIRECTOR         36.00         X         6,872.         130,576.         7,2           (8) TANYA SCHARDT         17.00         X         52,309.         63,933.         6,3           (9) KEVIN QUINN         10.00         X         X         0.         0.	•						Х		73,250.	109,875.	23,327.
(7) ASHLEY LANTZ       2.00         POLITICAL DIRECTOR       36.00         X       6,872.         (8) TANYA SCHARDT       17.00         SR COUNSEL & DIR, STATE & FEDERAL PO       21.00         (9) KEVIN QUINN       10.00         CHAIR UNTIL 6/29/23       10.00			4								
POLITICAL DIRECTOR         36.00         X         6,872.         130,576.         7,2           (8) TANYA SCHARDT         17.00         X         52,309.         63,933.         6,3           SR COUNSEL & DIR, STATE & FEDERAL PO         21.00         X         52,309.         63,933.         6,3           (9) KEVIN QUINN         10.00         X         X         0.         0.							Х		11,139.	147,983.	18,900.
(8) TANYA SCHARDT       17.00       17.00       x       52,309.       63,933.       6,3         (9) KEVIN QUINN       10.00       x       x       0.       0.       0.			-								
SR COUNSEL & DIR, STATE & FEDERAL PO         21.00         X         52,309.         63,933.         6,3           (9) KEVIN QUINN         10.00         X         X         0.<							X		6,872.	130,576.	7,216.
(9)         KEVIN QUINN         10.00         X         X         0.         0.           CHAIR UNTIL 6/29/23         10.00         X         X         0.         0.         0.			-						50.000	<b>CO O O O</b>	c
CHAIR UNTIL 6/29/23         10.00         x         x         0.         0.	· · · · · ·						X		52,309.	63,933.	6,384.
	~ ~								0	0	0
(10) JOE SAKRAN 5.00			•		•		-		0.	0.	0.
VICE CHAIR/CHAIR 3.00 X X 0. 0.			v		v				0	0	0
VICE CHAIR/CHAIR         3:00 x         x         0.         0.           (11) TONY PORTER         4.00         0         0         0         0			^ _		^	<u> </u>			0.	0.	0.
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INHASORER     I     I     I       (12) ROBERTO GONZALEZ     2.00     I     I										۰.	0.
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			x		x				0	0	0.
(13) ALAN BENNETT 3.00		-								••	
TRUSTEE UNTIL 9/27/2022 3.00 X 0.			x						0.	0.	0.
(14) GENE BERNSTEIN 4.00		4.00									
TRUSTEE 4.00 X 0. 0.	TRUSTEE	4.00	x						0.	0.	0.
(15) MICHAEL BUCKLEY 1.00	(15) MICHAEL BUCKLEY	1.00									
TRUSTEE UNTIL 6/28/2023 1.00 X 0. 0.	TRUSTEE UNTIL 6/28/2023	1.00	x						0.	0.	0.
(16) DELPHINE CHERRY 1.00	(16) DELPHINE CHERRY	1.00									
CHAPTERS/GRASROOTS REP UNTIL 9/27/22 X 0. 0.	CHAPTERS/GRASROOTS REP UNTIL 9/27/22		х						0.	0.	0.
(17) DAVID CLARK 3.00	(17) DAVID CLARK	3.00									
PUBLIC REPRESENTATIVE X 0. 0.	PUBLIC REPRESENTATIVE		X						0.	0.	0 <u>.</u>

Form 990 (2022) BRADY CAMPAIG	N TO PREVE	NT	GUN	VI	OLE	NCE			23-73	2101	7	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do			itior more	) than c	one	Reportable	Reportable		Es	stimate	d
	hours per	box	, unle	ss pei	rson i	s both	ı an	compensation	compensatio	n	an	nount	of
	week		Jer ar	laad	recio	or/trust	lee)	from	from related			other	
	(list any	recto						the	organization			pensa	
	hours for related	or di	96			ated		organization	(W-2/1099-MIS			om the	
	organizations	ustee	trust		9	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizati d relate	
	below	ual tr	tional		ploye	st con vee						anizatio	
	line)	Individual trustee or director	In stitutio nal tru stee	Officer	Key employee	Highest compensated employee	Former				orga	unzan	5115
(18) THOMAS DIXON	3.00	-			×	1 0							
TRUSTEE	3.00	x						0.		Ο.			٥.
(19) RICKI TIGERT HELFER	4.00											-	
TRUSTEE	4.00	x						0.		Ο.			0.
(20) MARTINA LEINZ	3.00												
TRUSTEE	3.00	x						0.		Ο.			0.
(21) PAUL PODURI	2.00												
TRUSTEE	2.00	Х						0.		0.			0.
(22) STEVEN ROTHSTEIN	3.00												
TRUSTEE UNTIL 3/2/2023	3.00	X						0.		0.			٥.
(23) IRA SHARP	3.00												
PUBLIC REP UNTIL 6/10/23		X						0.		0.			٥.
(24) JOSHUA SOLOMON	1.00												
TRUSTEE	1.00	X						0.		0.			0.
(25) HELEN TORELLI	2.00									•			•
TRUSTEE (26) JOE TRIPPI	2.00	X						0.		0.			0.
TRUSTEE	1.00	x						0.		Ο.			٥.
								178,119.	1,463,	-		210,	
1b Subtotal c Total from continuation sheets to Part VI								0.	1,100,	0.		<u> </u>	0.
d Total (add lines 1b and 1c)								178,119.	1,463,			210,	
2 Total number of individuals (including but no												,	
compensation from the organization						,							0
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director, trust	ee, k	ey e	empl	loye	e, or	hig	phest compensated empl	oyee on	[			
line 1a? If "Yes," complete Schedule J for su	uch individual						-		-		3		х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	Jt	for such individual	-		4	Х	
5 Did any person listed on line 1a receive or a	ccrue comper	sati	, on fr	om	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sı	ıch ı	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated inc	lepe	ndei	nt co	ontra	actor	rs th	hat received more than \$	100,000 of comp	pensat	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin		ear.				
(A)	addraaa							(B)	onvioco	C	<b>)</b>		n
Name and business	address							Description of s	ervices	0	ompe	nsatior	
ANNE LEWIS STRATEGIES LLC 1140 19TH ST NW, WASHINGTON, DC 22036	-								DATCINC		1	616	000
PRODUCTION SOLUTIONS INC.	)							MARKETING AND FUND DIRECT MAILING PRI			Т,	,646,	000.
1953 GALLOWS ROAD STE 500, VIENNA, VA	22182							MAILING SERV	NIING AND		1	,002,	936
PRODUCTION MANAGEMENT GROUP, 7160 COI								DIRECT MAILING PRI	NTING AND			002,	550.
GATEWAY DR STE 300, COLUMBIA , MD 210								MAILING SERV				310,	884.
NNE MARKETING LLC, 1666 MASSACHUSETTS								DIRECT MAILING MAR	KETING AND			/	
AVENUE STE 14, LEXINGTON, MA 02420								FUNDRAISING				292,	500.
NGP VAN, INC., 1101 15TH STREET NW ST	ſΕ							SERVES AS BRADY'S	ONLINE DONOR			. ,	
500, WASHINGTON, DC 20005								DATABASE				116,	524.
2 Total number of independent contractors (ir	cluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz						6							

Part VII Section A. Officers, Directors, Tr		nplo	yee			lighe	est (		es (continued)	
<b>(A)</b> Name and title	(B) Average hours	(cl		Pos	<b>C)</b> ition that		ly)	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key em ployee	Highest com pen sated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
27) AMANDA TURNER	1.00									
HAPTERS/GRASROOTS REPRESENTATIVE		X						0.	0.	0
28) DENISE TURNER ROTH	2.00									
RUSTEE UNTIL 9/26/22	2.00	X						0.	0.	C
29) DAVID WAH	2.00									
RUSTEE	2.00	X						0.	0.	
		-								
		-								

						GN 7	TO P	REVENT GUN VI	OLENCE		23-732101	7 Page
Pa	rt V	(	Statement of Re	even	ue							
			Check if Schedule O	conta	ains a	respo	onse	or note to any line	e in this Part VIII			
									<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 51
o o o	1	a	Federated campaigns			1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b						
<u>G</u>			Fundraising events			1c						
ifts ar A			Related organizations			1d						
s, G mila			Government grants (conti			1e						
r Si		f	All other contributions, gifts,	grant	s, and							
but			similar amounts not included	d abov	/e	1f		4,775,110.				
d Or		g	Noncash contributions included in	lines 1	a-1f	1g	\$					
<u>ם ה</u>		h	Total. Add lines 1a-1f	<u></u>					4,775,110.			
								Business Code				
ice	2											
erv		b										
n S /en		C										
graı Rev		d										
Program Service Revenue		e f	All other program service	rovo	0110							
-			Total. Add lines 2a-2f									
	3	9	Investment income (inclue									
	-							,	584.			584
	4		Income from investment									
	5		Royalties			-			32,711.			32,711
					(i	) Rea	.1	(ii) Personal				
	6	а	Gross rents	6a								
		b	Less: rental expenses $\dots$	6b								
			Rental income or (loss)	6c								
			Net rental income or (loss									
	7	а	Gross amount from sales of		(i) S	ecuri	ties	(ii) Other				
			assets other than inventory	7a								
		b	Less: cost or other basis	<b></b>								
venue		_	and sales expenses	7b								
രി			Gain or (loss)	7c								
r B			Net gain or (loss) Gross income from fundraisi									
Other Re	0	a	including \$	-								
Ŭ			contributions reported on									
			Part IV, line 18				8a					
		b	Less: direct expenses									
		с	Net income or (loss) from	fund	raising	g eve	nts					
	9	а	Gross income from gamir	ng ac	tivities	s. See	•					
			Part IV, line 19				9a					
			Less: direct expenses									
			Net income or (loss) from				s					
	10	а	Gross sales of inventory,									
			and allowances									
			Less: cost of goods sold									
-		C	Net income or (loss) from	sales		vento	ıy	Business Code				
sn	11	а	OTHER REVENUE					900099	132.			132
Miscellaneous Revenue		a b										
ella ¥et		č										
Ba			All other revenue									
Σ			Total. Add lines 11a-11d						132.			
	12		Total revenue. See instructi						4,808,537.	0.	0.	33,427

BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

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

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#### Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) (B) (A) Do not include amounts reported on lines 6b. Total expenses Program service expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 104,758. 104,758 and domestic governments. See Part IV, line 21 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 30,246. 79 trustees, and key employees 19,023, 11,144. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 848,282. 548,041. Other salaries and wages -43,192. 343,433. 7 8 Pension plan accruals and contributions (include 51,510. section 401(k) and 403(b) employer contributions) 51,510, 74,459 60,098, 6,215, 8,146. Other employee benefits 9 72,772. 58,523. 5,467 8,782. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 14,528. 14,528, b Legal 24,676. 24,676, С Accounting Lobbying d 982,336. 982,336. Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 488,923. 386,645. 102,278 column (A), amount, list line 11g expenses on Sch 0.) 41,301, 41,301, Advertising and promotion 12 1,314,902. 633,729. 226,790 454,383. Office expenses 13 343,276. 68,079, 73,155. 202,042. Information technology 14 15 Royalties 112,741. 92,154, 11,810, 8,777. 16 Occupancy 90,640, 36,721, 134,199. 6,838. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 23,401. 15,257. 6,071. 2,073. Conferences, conventions, and meetings 19 208,198, 208,198, 20 Interest Payments to affiliates 21 66,485. 51,515, 10,491, 4.479. Depreciation, depletion, and amortization ..... 22 37,260. 31,299. 2,980 2,981. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) SUBSCRIPTIONS & DUES 87,532. 80,451. 7,014. 67. а PROPERTY TAXES 11,441. 11,441. b EQUIPMENT & REPAIRS 4,790. 270. 4,520. С d All other expenses е 2,035,481. Total functional expenses. Add lines 1 through 24e 5,078,016, 2,296,311 746,224 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

1,954,373.

1,167,445.

Check here X if following SOP 98-2 (ASC 958-720)

786,928.

0.

Form 99	) (2022) BRADY CAMPAIGN TO PREVENT GUN VIOLENCE	
Part X	Balance Sheet	
	Check if Schedule O contains a response or note to any line in this Part X	
		<b>(A)</b> Beginning of year
1	Cash - non-interest-bearing	1,906,988
2		112,380
3	Pledges and grants receivable, net	
4	Accounts receivable, net	69,95
5	Loans and other receivables from 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	
6	Loans and other receivables from other disqualified persons (as defined	
	under section $4958(f)(1)$ , and persons described in section $4958(c)(3)(B)$	

	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	69,951.	4	69,927.
	5	Loans and other receivables from any current or former officer, dire	ector,		
		trustee, key employee, creator or founder, substantial contributor,	or 35%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as de	fined		
		under section 4958(f)(1)), and persons described in section 4958(c		6	
s	7	Notes and loans receivable, net		7	
Assets		Inventories for sale or use		8	
As		Prepaid expenses and deferred charges	10 500	9	58,961.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a	2,249,632.		
	b		1,238,210. 937,420.	10c	1,011,422.
		Investments - publicly traded securities		11	
		Investments - other securities. See Part IV, line 11		12	
		Investments - program-related. See Part IV, line 11		13	
		Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	5,194,778.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	8,119,141.
	17	Accounts payable and accrued expenses		17	647,450.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule		21	
ß	22	Loans and other payables to any current or former officer, director			
itië		trustee, key employee, creator or founder, substantial contributor,			
Liabilities		a subvelle al subble su famile una vela su af any af de sas una vena		22	
Ē	23			23	
	24			24	
	25	Other liabilities (including federal income tax, payables to related the			
		parties, and other liabilities not included on lines 17-24). Complete			
		of Schedule D	4 961 242	25	9,976,382.
	26	Total liabilities. Add lines 17 through 25		26	10,623,832.
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	-2,242,166.	27	-2,591,191.
Bal	28	Net assets with donor restrictions		28	86,500.
nd Balances		Organizations that do not follow FASB ASC 958, check here			· · ·
		and complete lines 29 through 33.			
P D	29	Capital stock or trust principal, or current funds		29	
Sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
<i>6</i>	31	Retained earnings, endowment, accumulated income, or other fun		31	
let	32	Total net assets or fund balances	0 000 000	32	-2,504,691.
		Total liabilities and net assets/fund balances		33	8,119,141.

1,906,988.

112,386.

1

2

3

**(B)** End of year

1,552,111.

165,275.

66,667.

Form **990** (2022)

Form	990 (2022) BRADY CAMPAIGN TO PREVENT GUN VIOLENCE	23-7321017	,	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				0
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	808,	537.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,	078,	016.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	269,	479.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-2,	236,	288.
5	Net unrealized gains (losses) on investments	5		1,	076.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-2,	504,	691.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		_		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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## 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

# 2022

number

Name of the organizatio	n	Employer identification r
	BRADY CAMPAIGN TO PREVENT GUN VIOLENCE	23-7321017
Organization type (chee	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 4 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
Check if your organization	on is covered by the General Rule or a Special Rule.	

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

#### General Rule

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

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990) (2022)

Department of the Treasury

Internal Revenue Service

		\$100,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$51,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$38,291.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$23,116.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(b)

Name, address, and ZIP + 4

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

#### Schedule B (Form 990) (2022) Name of organization

Employer identification number

Person Payroll

(d)

Type of contribution

X

X

23 - 7321017

(c)

**Total contributions** 

(c)

**Total contributions** 

\$

15,000.

Noncash (Complete Part II for

noncash contributions.)

(d)

Type of contribution

Person Payroll

BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

(a)

No.

6

Part I

(a)

No.

1

(b)	(a)
Name, address, a	(a) No.
	8

BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    8                                </u>		\$10,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,000.	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    11                               </u>		\$10,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

### Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

No.

7

23-7321017

Person Payroll

Noncash

(c)

**Total contributions** 

\$

10,000.

Employer identification number

(d)

Type of contribution

X

Name of organization

Employer identification number

BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

23-7321017

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type c	(d) of contribution
13			II 🗌
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type c	(d) of contribution
14			II 🗌
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type c	(d) of contribution
15			II 🗌
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type c	(d) of contribution
16			II 🗌
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type c	(d) of contribution
17			II 🗌
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type of	(d) of contribution
18			II 🗌

Name of organization

Employer identification number

BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

23-7321017

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,000.	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

23-7321017

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person       X         Payroll          Noncash          (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(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 Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

#### Name of organization

Schedule B (Form 990) (2022)

Employer identification number

Schedule	B (Form 990) (2022)		Page
Name of c	organization		Employer identification number
BRADY CA	AMPAIGN TO PREVENT GUN VIOLENCE		23-7321017
Part III			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, c	through (e) and the following line ent haritable etc. contributions of \$1.000 or	try. For organizations
	Use duplicate copies of Part III if additional s	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, a	nd ZIP + 4	Relationship 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 gif	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship 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 gif	
	Transferee's name, address, a		Relationship 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 gif	 ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[	

Department of the Treasury Internal Revenue Service	-	o to www.irs.gov/Form990 for i			Inspection
If the organization ans	wered "Yes." or	n Form 990, Part IV, line 3, or Fo	orm 990-EZ. Part V. lin	e 46 (Political Campaign	Activities), then
-	-	plete Parts I-A and B. Do not co			,,
	•	01(c)(3)) organizations: Complete	•	Do not complete Part I-B.	
<ul> <li>Section 527 organiz</li> </ul>					
•	•	n Form 990, Part IV, line 4, or Fo	orm 990-EZ, Part VI, li	ne 47 (Lobbying Activitie	s), then
		have filed Form 5768 (election ur			
	•	have NOT filed Form 5768 (electi		•	•
	•	n Form 990, Part IV, line 5 (Prox			•
Tax) (See separate ins				,	, , , , ,
<ul> <li>Section 501(c)(4), (5)</li> </ul>	i), or (6) organiza <sup>.</sup>	tions: Complete Part III.			
Name of organization				Em	ployer identification num
	BRADY CAMP.	AIGN TO PREVENT GUN VIOL	ENCE		23-7321017
Part I-A Comp	lete if the org	janization is exempt unde	er section 501(c) o	or is a section 527 o	rganization.
1 Provide a descripti	on of the organiz	zation's direct and indirect politic	al campaign activities ir	n Part IV.	
2 Political campaign					\$ 172,2
3 Volunteer hours fo					
		• • • • • • • • • • • • • • • • • • • •			
Part I-B Comp	lete if the org	anization is exempt unde	er section 501(c)(3	3).	
1 Enter the amount of	of any excise tax	incurred by the organization und	er section 4955		\$
2 Enter the amount of	of any excise tax	incurred by organization manage			
3 If the organization	incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes
4a Was a correction n	nade?				Yes
b If "Yes," describe i					
Part I-C Comp	ete if the org	panization is exempt unde	er section 501(c),	except section 501(	
1 Enter the amount of	directly expended	d by the filing organization for sec	ction 527 exempt funct	ion activities	\$ 74,2
2 Enter the amount of	of the filing organ	ization's funds contributed to oth	ner organizations for se	ction 527	
exempt function a	ctivities				\$98,0
3 Total exempt funct	tion expenditures	s. Add lines 1 and 2. Enter here a	nd on Form 1120-POL,		
line 17b					\$172,2
4 Did the filing organ	ization file <b>Form</b>	1120-POL for this year?			X Yes
5 Enter the names, a	ddresses and en	nployer identification number (EI	N) of all section 527 pol	itical organizations to whic	ch the filing organization
made payments. F	or each organiza	tion listed, enter the amount paid	from the filing organiz	ation's funds. Also enter tl	ne amount of political
	•	omptly and directly delivered to a			ite segregated fund or a
political action con	nmittee (PAC). If	additional space is needed, prov	ide information in Part	IV.	
<b>(a)</b> Nam	e	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of politica
				filing organization's	contributions received a
				funds. If none, enter -0-	<ul> <li>promptly and directly delivered to a separat</li> </ul>
					political organization
					If none, enter -0
BRADY PAC		WASHINGTON, DC 20003	82-4897199	48,000	· .
DREGON ALLIANCE FO	OR GUN SAFETY	PORTLAND, OR 97225	47-1182892	50,000	•
			00		0.1

**Political Campaign and Lobbying Activities** 

2022

SCHEDULE C	
(Form 990)	

Part II-A Complete if the org		MPAIGN TO n is exem			d Form 5768 (ele	ection under
section 501(h)).						
				n Part IV each affiliated g	group member's nam	ie, address, EIN,
expenses, and sha		, ,	• •			
Check if the filing organiza	ation check	ed box A an	d "limited control" pr	ovisions apply.		
		oying Exper eans amou	iditures nts paid or incurred.	)	<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
a Total lobbying expenditures to infl	uence pub	lic opinion (g	rassroots lobbying)			
<b>b</b> Total lobbying expenditures to influence	uence a leo	gislative bod	y (direct lobbying)			
c Total lobbying expenditures (add li						
d Other exempt purpose expenditure						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) of			oying nontaxable an			
Not over \$500,000			he amount on line 1e			
Over \$500,000 but not over \$1,000	0 000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000.		
Over \$1,500,000 but not over \$17.			0 plus 5% of the exce			
Over \$17,000,000	,000,000	\$1,000,0	•			
g Grassroots nontaxable amount (er	nter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zer		,				
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than ze	-					
reporting section 4911 tax for this						Yes N
	<b>,</b>		raging Period Unde			
(Some organizations t	hat made			have to complete all of	f the five columns b	elow.
	See	e the separa	te instructions for li	nes 2a through 2f.)		
	Lobl	oying Exper	ditures During 4-Ye	ar Averaging Period		
Calendar year	(a)	2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
(or fiscal year beginning in)				(0) = 0 = 0	(2) = = = =	
(or fiscal year beginning in)				(0)	() =	
(or fiscal year beginning in) <b>2a</b> Lobbying nontaxable amount					(	
					(-)	
(or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount					(-)	
<ul> <li>(or fiscal year beginning in)</li> <li>2a Lobbying nontaxable amount</li> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> <li>c Total lobbying expenditures</li> </ul>						
<ul> <li>(or fiscal year beginning in)</li> <li>2a Lobbying nontaxable amount</li> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> <li>c Total lobbying expenditures</li> <li>d Grassroots nontaxable amount</li> </ul>						
<ul> <li>(or fiscal year beginning in)</li> <li>2a Lobbying nontaxable amount</li> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> <li>c Total lobbying expenditures</li> </ul>						
<ul> <li>(or fiscal year beginning in)</li> <li>2a Lobbying nontaxable amount</li> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> <li>c Total lobbying expenditures</li> <li>d Grassroots nontaxable amount</li> <li>e Grassroots ceiling amount</li> </ul>						

Schedule C (Form 990) 2022

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

#### DIRECT POLITICAL CAMPAIGN ACTIVITY - ENDORSEMENT OF CANDIDATES FOR

POLITICAL OFFICES

#### PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

BRADY PAC

## Part IV Supplemental Information (continued)

600 PENNSYLVANIA AVE SE, #15180 WASHINGTON, DC 20003

OREGON ALLIANCE FOR GUN SAFETY

4931 SW 76TH AVE, BOX #154 PORTLAND, OR 97225

SCHEDULE D (Form 990)			II Financial Statement		OMB No. 1545-0047
-	-	Part IV, line 6, 7, 8, 9, 10,	11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 ttach to Form 990.		Open to Public
	ment of the Treasury I Revenue Service		) for instructions and the latest inform	nation.	Inspection
Nam	e of the organizat			Emp	oloyer identification number
Par	t I Organiz	BRADY CAMPAIGN TO PREVENT GU ations Maintaining Donor Advised			23-7321017
Fai		on answered "Yes" on Form 990, Part IV, line		S OF ACCOUR	ILS. Complete if the
	organizatio		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at e	nd of year	(	(,	
2		of contributions to (during year)			
3		of grants from (during year)			
4	Aggregate value a				
5		on inform all donors and donor advisors in w	vriting that the assets held in donor adv	ised funds	
	are the organization	on's property, subject to the organization's e	exclusive legal control?		Yes No
6		on inform all grantees, donors, and donor ad			
	for charitable purp	coses and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring	
	impermissible priv				
Par	t II Conserv	vation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV, line 7.	
1	Purpose(s) of con	servation easements held by the organizatio	on (check all that apply).		
		n of land for public use (for example, recreat	ion or education)	of a historically	important land area
		of natural habitat	Preservation	of a certified his	storic structure
_		n of open space			
2	•	a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a conserva	
	day of the tax yea				Held at the End of the Tax Year
a					
b	-				
c		rvation easements on a certified historic stru		2c	
d		rvation easements included in (c) acquired a		04	
3		listed in the National Register	accord overlaps up and or terminated by th		during the tax
3	year	rvation easements modified, transferred, rele	eased, extinguished, or terminated by tr	le organization	during the tax
4		where property subject to conservation eas	ement is located		
5		ation have a written policy regarding the peri		— F	
-	Ũ	forcement of the conservation easements it			Yes No
6	,	er hours devoted to monitoring, inspecting, h			
					0 )
7	Amount of expense	ses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserv	ation easemen	ts during the year
8	Does each conse	rvation easement reported on line 2(d) above	e satisfy the requirements of section 170	D(h)(4)(B)(i)	
		ı)(4)(B)(ii)?			Yes 🗌 No
9		be how the organization reports conservatio			d
	balance sheet, an	d include, if applicable, the text of the footne	ote to the organization's financial stater	nents that desc	ribes the
_		counting for conservation easements.			
Par		ations Maintaining Collections of		other Simila	r 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	and balance sh	neet works
	of art, historical tr	easures, or other similar assets held for pub	lic exhibition, education, or research in	furtherance of p	public
	service, provide ir	Part XIII the text of the footnote to its finan	cial statements that describes these ite	ms.	
b	If the organization	elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	I balance sheet	works of
	art, historical trea	sures, or other similar assets held for public	exhibition, education, or research in fur	therance of pul	olic service,
	provide the follow	ing amounts relating to these items:			

	For Denominary Deduction Act Nation and the Instructions for Form 000	6	abadula D (Carm 000) 000
b	Assets included in Form 990, Part X	\$	
а	Revenue included on Form 990, Part VIII, line 1	\$	
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	de	
	(ii) Assets included in Form 990, Part X	\$	
	(i) Revenue included on Form 990, Part VIII, line 1	\$	
	provide the following amounts relating to these items:		

<u>Sche</u>		AIGN TO PREVENT						23-732		P	<sub>age</sub> 2
Pa	t III Organizations Maintaining C	ollections of Ar	rt, Histo	orical Tr	easures, or	Other	Similaı	r Assets	(contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	make sig	nificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	(	d 🗌 L	oan or ex	change progra	ım					
b	Scholarly research	e	e 🗌 (	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	ey further t	he organizatio	n's exem	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, his	torical trea	asures, or othe	r similar a	issets				
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the	organizati	on answered "	Yes" on F	orm 990	), Part IV,	ine 9, or		
1a	Is the organization an agent, trustee, custodi		hiary for c	ontribution	s or other ass	ets not in	cluded				
14	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
			lio thing to						Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						/?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pa							).				
		(a) Current year	( <b>b)</b> Pr	rior year	(c) Two year	s back (	<b>d)</b> Three y	/ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g	, column (a	a)) held as:	l.					
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	nd administer	ed for the					
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	inds.							
Pa	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV,	line 11a.	See Form 990,	Part X, li	ne 10.				
	Description of property	<b>(a)</b> Cost or o basis (investi		• •	st or other s (other)	• •	cumulate reciation	ed	<b>(d)</b> Boo	k valu	е
1a	Land										
	Buildings										
	Leasehold improvements			:	1,311,168.		810,	650.		500,	518.
	Equipment										
е	Other				938,464.		427,	560.		510,	904.
Tota	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line	10c)				1	011,	422.

Schedule D (Form 990) 2022

#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM BRADY VOTER EDUCATION FUND	3,250.
(2) RIGHT-OF-USE OPERATING LEASE ASSETS, NET	5,191,528.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,194,778.
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.
(a) Description of liability (b) Book value

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO BRADY CENTER TO PREVENT GUN VIOLENCE	2,988,146.
(3)	OPERATING LEASE LIABILITIES, NET	6,988,236.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990 Part X, col. (B) line 25.)	9,976,382.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ....

Sche	nedule D (Form 990) 2022 BRADY CAMPAIGN TO PREVENT G		23-7321	.017 Page <b>4</b>
Pa	art XI Reconciliation of Revenue per Audited Financ	ial Statements With Revenue pe	er Return.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statem	ents	1	4,882,869.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	a Net unrealized gains (losses) on investments	<b>2a</b> 1	,076.	
b	b Donated services and use of facilities	<b>2b</b> 73	,256.	
с				
d				
е	e Add lines 2a through 2d		2e	74,332.
3	Subtract line <b>2e</b> from line <b>1</b>		3	4,808,537.
4				
а	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	<b>b</b> Other (Describe in Part XIII.)	4b		
с	c Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part	l. line 12.)	5	4,808,537.
Pa	art XII Reconciliation of Expenses per Audited Finan	cial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	5,151,272.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	a Donated services and use of facilities	<b>2a</b> 73	,256.	
b				
с	c Other losses	2c		
d	d Other (Describe in Part XIII.)			
е	e Add lines 2a through 2d		2e	73,256.
3				5,078,016.
4				
а	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	<b>b</b> Other (Describe in Part XIII.)	4b		
с	c Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Par	t I. line 18.)	5	5,078,016.
Pa	art XIII Supplemental Information.	-		

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

SCHEDULE G	Suppleme	ental Information Regarding	j Func	Iraisi	ing or Gaming A	ctivi	ties o	DMB No. 1545-0047
(Form 990)	Complete if the	or if the	2022					
Department of the Treasury		Attach to Form 990	or Form	n 990	-EZ.			Open to Public
Internal Revenue Service	Go t	to www.irs.gov/Form990 for instru	ictions	and ti	ne latest information	n.		Inspection
Name of the organizatio							Employer ide	ntification number
	BRADY CAMP	AIGN TO PREVENT GUN VIOLEN	CE				23-732101	.7
	sing Activities.	Complete if the organization answ t.	ered "Y	'es" or	n Form 990, Part IV, I	ine 17	. Form 990-EZ	filers are not
1 Indicate whether th	e organization rais	sed funds through any of the followi	ng activ	vities.	Check all that apply.			
a X Mail solicita	•	· · · · · · · · · · · · · · · · · · ·	•		overnment grants			
	email solicitations				nment grants			
c X Phone solic	itations		ıl fundra	-	-			
d X In-person so		<b>5</b> 1		5				
		or oral agreement with any individua	l (includ	dina of	ficers, directors. trus	tees.	or	
•		art VII) or entity in connection with p	•	•		,	X Yes	s No
, , ,	,	viduals or entities (fundraisers) pursi			0	ne fun		
compensated at le	•			agroor				
					1			1
(i) Name and addres or entity (fund		(ii) Activity	fund have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts to from activity		Amount paid r retained by) undraiser ed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
ANNE LEWIS STRATEG	SIES - 1140	FUNDRAISING	Yes	No				
19TH ST NW, WASHIN		CONSULTANCY-DIGITAL		X	1,620,847.		748,336.	872,511.
NNE MARKETING LLC		FUNDRAISING	-		1,010,017.		,10,000.	0,2,511.
MASSACHUSETTS AVEN		CONSULTANCY-DIRECT MAIL		x	1,505,337.		234,000.	1,271,337.
	IOE DIE 14,	CONSULTANCE DIRECT MAIL	-		1,303,337.		234,000.	1,2/1,337.
			_					
			_					
Total			<u></u>		3,126,184.		982,336.	2,143,848.
		on is registered or licensed to solicit		utions	or has been notified	it is e	xempt from re	gistration
or licensing.	-	-						

AL	, AK	, AZ	, AR	, CA	, CO	, СТ	, 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	, ТХ	UT,	, VT	, VA	,WA	,wv	,WI	, WY
DC																								

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

BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

23-7321017 Page **2** 

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

		of fundraising event contributions and gro	oss inc	ome on Form 99	90-E	Z, lin	es 1 and 6b. List	ever	nts with gross receip	ots greater than \$5,000.
				<b>(a)</b> Event #1			( <b>b)</b> Event #2		(c) Other events	(d) Total events (add col. (a) through
е				(event type)	1		(event type)		(total number)	– col. <b>(c)</b> )
Revenue	1	Gross receipts								
	2	Less: Contributions								
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
	5	Noncash prizes								
Direct Expenses	6	Rent/facility costs								
lirect Ex	7	Food and beverages			_					
	8	Entertainment			_					
	9	Other direct expenses								
	10	5								
Pa	11	Net income summary. Subtract line 10 from li								
Га		<b>II</b> Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answe	red "Yes" on For	m 9	90, I	Part IV, line 19, or	rep	orted more than	
enue				<b>(a)</b> Bingo	t		Pull tabs/instant /progressive bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	4	Gross rovonuo								
	1	Gross revenue			-					
ses	2	Cash prizes			+					
Expenses	3	Noncash prizes			_					
Direct	4	Rent/facility costs			+					
	5	Other direct expenses								
	6	Volunteer labor			6 [ 		Yes% No		_] Yes %	
	6			No	<u> </u>				No	
	7	Direct expense summary. Add lines 2 through	n 5 in c	olumn (d)						
	8	Net gaming income summary. Subtract line 7	from I	ine 1, column (d)	)					

9 Enter the state(s) in which the organization conducts gaming activities:

a is the organization licensed to conduct gaming activities in each of these states?	
<b>b</b> If "No," explain:	

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain: \_\_\_\_\_\_

232082 10-27-22

Yes

Yes

No

No

Sch	nedule G (Form 990) 2022	BRADY CAMPAIGN TO PREVENT GUN VIOLENCE	23-7	32101	7	Page <b>3</b>
11	Does the organization conduct	gaming activities with nonmembers?			Yes	No
12		neficiary or trustee of a trust, or a member of a partnership or other entity forn				
	to administer charitable gaming	?			Yes	No
13	Indicate the percentage of gami	ing activity conducted in:				
i	a The organization's facility			13a		%
				13b		%
14	Enter the name and address of	the person who prepares the organization's gaming/special events books and	records:			
	Name					
	Address					
15	<b>a</b> Does the organization have a co	ontract with a third party from whom the organization receives gaming revenue	ı?		Yes	No No
I	<b>b</b> If "Yes," enter the amount of ga	ming revenue received by the organization \$ and	the amount			
	of gaming revenue retained by t	he third party \$				
	c If "Yes," enter name and addres	ss of the third party:				
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensatior	\$				
	Description of services provided	1				
	Director/officer	Employee Independent contractor				
17	Mandatory distributions:					
	•	ler state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?				Yes	No No
I	<b>b</b> Enter the amount of distribution	s required under state law to be distributed to other exempt organizations or				
	organization's own exempt activ	vities during the tax year \$	·			
Pa	art IV Supplemental Info	prmation. Provide the explanations required by Part I, line 2b, columns (iii) a	and (v); and Par	t III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b,	as applicable. Also provide any additional information. See instructions.				
0.01						
sci	HEDOLE G, PART I, LINE 2B	, LIST OF TEN HIGHEST PAID FUNDRAISERS:				
(I	) NAME OF FUNDRAISER: ANN	E LEWIS STRATEGIES				
(I)	) ADDRESS OF FUNDRAISER:	1140 19TH ST NW, WASHINGTON, DC 20036				
(						
<u>\</u>	, ACIIVIII; FUNDRAISING	CONSULTANCY-DIGITAL FUNDRAISING				
(I)	) NAME OF FUNDRAISER: NNE	MARKETING LLC				
(I	) ADDRESS OF FUNDRAISER:					
160	56 MASSACHUSETTS AVENUE S	TE 14, LEXINGTON, MA 02420				

Part IV Supplemental Information (continued)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.								
Name of the organization			Go to www.ir	s.gov/Form990 for	the latest informa	ation.		Inspection Employer identification number	
BRADY CAMPAIGN TO PREVENT GUN VIOLENCE									
Part I General Infor	mation on Grants a	nd Assistance							
criteria used to awa	rd the grants or assis	stance?					stance, and the selection		
2 Describe in Part IV t Part II Grants and O						anization answered "Y	′es" on Form 990, Part	IV. line 21. for any	
	received more than \$	-						, , , <u>,</u>	
<b>1 (a)</b> Name and addre or goverr	<b>v</b>	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
BRADY PAC 600 PENNSYLVANIA AV WASHINGTON, DC 2000		82-4897199		48,000.	0.			ELECTORAL COORDINATION WORK	
OREGON ALLIANCE FOR 4931 SW 76TH AVE, B PORTLAND, OR 97225		47-1182892		50,000.	0.			SUPPORT OF GVP BALLOT MEASURE	
2 Enter total number of	of section 501(c)(3) ar	nd government ora	anizations listed in th	ne line 1 table	1	I	I	0.	
	of other organizations	• •						2.	
LHA For Paperwork Re	duction Act Notice,	see the Instructio	ons for Form 990.					Schedule I (Form 990) 2022	

Schedule I (Form 990) 2022

BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCH	IEDULE J	Compensation Information	ОМ	B No. 1	1545-004	7			
(For	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2022					
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	4						
	Department of the Treasury Attach to Form 990.					ic			
	I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection loyer identification number					
Nam	e of the organizatior	BRADY CAMPAIGN TO PREVENT GUN VIOLENCE	23-73210		on nur	nber			
Pa	rt I Question	s Regarding Compensation	23-73210	1/					
IG	ducstion.				Yes	No			
10	Check the approprie	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		Tes	No			
		line 1a. Complete Part III to provide any relevant information regarding these items.	330,						
	First-class or c		agu lea						
	Travel for com								
		ation and gross-up payments Health or social club dues or initiation fee							
		spending account							
			,						
b	If any of the boxes of	on line 1a are checked, did the organization follow a written policy regarding payment or							
		rovision of all of the expenses described above? If "No," complete Part III to explain		1b					
		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	3						
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to						
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.							
	Compensation	committee Written employment contract							
	Independent c	ompensation consultant Compensation survey or study							
		ther organizations Approval by the board or compensation c	committee						
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a rel	lated organization:							
а	Receive a severance	e payment or change-of-control payment?		4a		Х			
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X			
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X			
	If "Yes" to any of lin	es 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	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
	contingent on the re								
а	The organization?		·····  -	5a	X				
	Any related organize			5b	X				
		r 5b, describe in Part III.							
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
	contingent on the n	-							
а	The organization?		·····  -	6a		X			
b	Any related organization	ation?		6b		X			
		r 6b, describe in Part III.							
	-	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7	х				
	not described on lines 5 and 6? If "Yes," describe in Part III								
	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the								
				8		X			
	9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in								
-	Regulations section			9					
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schedule J	(Forn	n 990)	2022			

Schedule J (Form 990) 2022

23-7321017

### 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-MIS0 compensation	C and/or 1099-NEC	(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) KRIS BROWN	(i)	3,633.	275.	0.	315.	261.	4,484.	0.	
PRESIDENT	(ii)	359,630.	27,225.	0.	31,136.	25,857.	443,848.	0.	
(2) LIZ DUNNING	(i)	7,669.	778.	0.	585.	1,389.	10,421.	0.	
VP, DEVELOPMENT	(ii)	184,067.	18,670.	0.	14,039.	33,331.	250,107.	0.	
(3) SUSAN LAVINGTON	(i)	11,586.	1,250.	0.	0.	108.	12,944.	0.	
C00	(ii)	220,127.	23,750.	0.	0.	2,061.	245,938.	0.	
(4) BINDU MACCHIAVELLO	(i)	9,108.	250.	0.	975.	1,805.	12,138.	0.	
VP, FINANCE	(ii)	173,045.	4,750.	0.	18,517.	34,297.	230,609.	0.	
(5) CHRISTIAN HEYNE	(i)	69,250.	4,000.	0.	4,986.	4,933.	83,169.	0.	
VP, POLICY	(ii)	103,875.	6,000.	0.	7,479.	7,400.	124,754.	0.	
(6) SHIKHA HAMILTON	(i)	10,789.	350.	0.	406.	991.	12,536.	0.	
VP, ORGANIZING	(ii)	143,333.	4,650.	0.	5,398.	13,161.	166,542.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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#### Part III Supplemental Information

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

### PART I, LINE 3:

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

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

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

INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS,

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

COMMITTEE.

PART I, LINE 5:

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

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

PART I, LINE 7:

KRISTIN BROWN. SUSAN LAVINGTON AND LIZ DUNNING RECEIVED PERFORMANCE BASED

BONUSES.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Name of the organization

# Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

Department of the Treasury Internal Revenue Service Go to ww

Form 990 or 990-EZ or to provide any additional information for Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 23-7321017

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

IN A COUNTRY WHERE FIREARMS OUTNUMBER PEOPLE, OUR COUNTRY'S GUN

VIOLENCE EPIDEMIC REQUIRES A MULTI-PRONGED APPROACH AND THAT'S WHAT

BRADY, THE LEADING GUN VIOLENCE ORGANIZATION IN AMERICA, DELIVERS.

INSPIRED BY THE ROADMAP BEHIND SUCCESSFUL MOVEMENTS TO CURB YOUTH

SMOKING, PROMOTE SEATBELT USE, AND PREVENT DRUNK DRIVING, WE TACKLE

THREE CRITICAL AREAS: CHANGE THE LAWS, CHANGE THE INDUSTRY, AND CHANGE

THE CULTURE. THIS COMBINATION IS UNIQUE IN THE GUN VIOLENCE PREVENTION

MOVEMENT AND IS ESSENTIAL TO TACKLING THIS EPIDEMIC.

THE OVERWHELMING MAJORITY OF AMERICANS INCLUDING DEMOCRATS,

REPUBLICANS, INDEPENDENTS, AND GUN OWNERS SUPPORT STRONGER GUN LAWS

AND RESPONSIBLE GUN OWNERSHIP. OUR GOAL IS TO BUILD A SENSIBLE POLICY

FOUNDATION THAT KEEPS AMERICANS SAFE WITHOUT INFRINGING ON THEIR SECOND

AMENDMENT RIGHTS. WE BUILD UPON THE BIPARTISAN LEGACY OF OUR NAMESAKES,

JIM AND SARAH BRADY, WHO WON THE LANDMARK BRADY BILL.

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

INSPIRED BY THE ROADMAP BEHIND SUCCESSFUL MOVEMENTS TO CURB YOUTH

SMOKING, PROMOTE SEATBELT USE, AND PREVENT DRUNK DRIVING, WE TACKLE

THREE CRITICAL AREAS: CHANGE THE LAWS, CHANGE THE INDUSTRY, AND CHANGE

THE CULTURE. THIS COMBINATION IS UNIQUE IN THE GUN VIOLENCE PREVENTION

MOVEMENT AND IS ESSENTIAL TO TACKLING THIS EPIDEMIC.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
BRADY CAMPAIGN TO PREVENT GUN VIOLENCE	23-7321017
THE OVERWHELMING MAJORITY OF AMERICANS INCLUDING DEMOCRATS,	
REPUBLICANS, INDEPENDENTS, AND GUN OWNERS SUPPORT STRONGER GUN LAWS	
AND RESPONSIBLE GUN OWNERSHIP. OUR GOAL IS TO BUILD A SENSIBLE POLICY	
FOUNDATION THAT KEEPS AMERICANS SAFE WITHOUT INFRINGING ON THEIR SECOND	
AMENDMENT RIGHTS. WE BUILD UPON THE BIPARTISAN LEGACY OF OUR NAMESAKES,	
JIM AND SARAH BRADY, WHO WON THE LANDMARK BRADY BILL.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
MATERIALS, COMMUNICATIONS GUIDELINES, SUPPORT, AND EXPERTISE IN SHAPING	
STRATEGY AND MESSAGING AROUND ENHANCING STATE, LOCAL, AND FEDERAL LAWS.	
THIS GRASSROOTS NETWORK IS A KEY DRIVER OF BRADY'S MESSAGE AND	
INFLUENCE - LENDING THEIR VOICE, CRITICAL CONNECTIONS, EXPERTISE, AND	
CAPABILITY TO BRADY PROGRAMS AS WELL.	
WE KNOW THAT WE CANNOT PREVENT GUN VIOLENCE IN AMERICA UNTIL WE	
DISMANTLE STRUCTURAL BARRIERS TO A HEALTHY DEMOCRACY. OUR GUNS &	
DEMOCRACY WORK RELIES ON GRASSROOTS ADVOCACY TO INCREASE VOTING ACCESS,	
REFORM THE FILIBUSTER, AND MORE.	
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION HAS MEMBERS WHICH PAY MEMBERSHIP DUES.	
FORM 990, PART VI, SECTION A, LINE 7A:	

ANNUAL MEMBERSHIP DUES ARE \$25. IN ALTERNATE YEARS, MEMBERS ARE ALLOWED TO

PARTICIPATE IN THE ELECTION OF AT LEAST ONE BOARD TRUSTEE FOR A TWO-YEAR

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

THE ELECTION OF A BOARD TRUSTEE FROM THE RANKS OF THE AFFILIATED CHAPTERS

Name of the organization	Employer identification number 23-7321017
BRADY CAMPAIGN TO PREVENT GUN VIOLENCE	23-/32101/
FOR A TWO-YEAR TERM.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS PREPARED BY AN INDEPENDENT OUTSIDE CPA FIRM. THE FORM IS	
REVIEWED BY MANAGEMENT AND THE FINANCE COMMITTEE BEFORE SUBMISSION. THE	
FULL BOARD IS PROVIDED WITH A COPY OF THE FORM 990 PRIOR TO FILING WITH THE	
IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD TRUSTEES AND OFFICERS FOR THE BRADY CAMPAIGN ARE COVERED BY THE	
POLICY. THE POLICY NOTES THAT AN ACTUAL OR POTENTIAL CONFLICT MAY "ARISE	
WHEN ANY BOARD MEMBER, OFFICER OR RELATED PARTY IS INVOLVED IN AN ACTIVITY	
WHICH COULD ADVERSELY AFFECT HIS OR HER JUDGMENT WITH RESPECT TO THE	
BUSINESS OF THE ORGANIZATION, OR OTHERWISE DIMINISH THE INTERESTS OF THE	
DRGANIZATION." THE POLICY FURTHER DEFINES "RELATED PARTY" AS "MEMBERS OF	
THE IMMEDIATE FAMILY OR SPOUSE'S IMMEDIATE FAMILY, WHICH INCLUDES SPOUSE,	
PARENT, CHILD OR GRANDCHILD OR PERSON SHARING THE SAME HOME." THE	
GOVERNANCE COMMITTEE MAKES AN INITIAL DETERMINATION OF WHETHER AN ACTUAL OR	
POTENTIAL CONFLICT EXISTS AND, IF SO, WHETHER RECUSAL, SUSPENSION, REMOVAL,	
OR ANOTHER REMEDY IS APPROPRIATE. THE DECISIONS OF THE GOVERNANCE COMMITTEE	
ARE REVIEWED BY THE FULL BOARD, WHICH MAY ACCEPT, REJECT, OR MODIFY THE	
DETERMINATION AND RECOMMENDED ACTION.	

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:

Schedule O (Form 990) 2022 Name of the organization	Page Employer identification numbe
BRADY CAMPAIGN TO PREVENT GUN VIOLENCE	23-7321017
HE ORGANIZATION MAKES GOVERNING MATERIALS AND POLICIES AVAILABLE UPON	
EQUEST AS REQUIRED BY EXISTING LAW FOR THE SAME PERIOD OF DISCLOSURE AS	
ET FORTH IN SECTION 6104(D).	

SCF	IEDULE R
<b>/</b>	

# (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

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

**Open to Public** 

Inspection

Employer identification number

23-7321017

Department of the Treasury Internal Revenue Service Name of the organization

BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
BRADY CENTER TO PREVENT GUN VIOLENCE -							
52-1285097, 840 FIRST STREET, NE, SUITE 400,	ADVOCACY, EDUCATION &						
WASHINGTON, DC 20002	LEGAL ACTION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	N/A		x
BRADY CAMPAIGN TO PREVENT GUN VIOLENCE VOTER							
EDUCATION FUND - 47-4913329, 840 FIRST							
STREET, NE, SUITE 400, WASHINGTON, DC 20002	VOTER EDUCATION	DISTRICT OF COLUMBIA	527		N/A		x
	_						
	_						

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

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)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under	Share of total	Share of end-of-year assets	Disprop	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera managi partne	or Percentage <sup>ng</sup> ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	_										
	_										
	_										
	_										
	_										
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	_										
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	_										
	_										

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i Sec 512(t contr enti	i) tion b)(13) rolled tity?				
		country)				233013		Yes	No				
	-												
									<u> </u>				

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	i 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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)			X
c Gift, grant, or capital contribution from related organization(s)			X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)			X
f Dividends from related organization(s)			x
g Sale of assets to related organization(s)			X
h Purchase of assets from related organization(s)			X
i Exchange of assets with related organization(s)			X
j Lease of facilities, equipment, or other assets to related organization(s)			X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		x
I Performance of services or membership or fundraising solicitations for related organization(s)			X
m Performance of services or membership or fundraising solicitations by related organization(s)			x
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	х	
o Sharing of paid employees with related organization(s)		x	
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p	x	
<b>q</b> Reimbursement paid by related organization(s) for expenses		х	
r Other transfer of cash or property to related organization(s)	1r		x
s Other transfer of cash or property from related organization(s)			X

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

# Schedule R (Form 990) 2022 BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	<b>(g)</b> Share of end-of-year assets	(h) Dispropor- tionate allocations? Yes No	(j) General o managing partner? Yes NO	(k) Percentage ownership

Schedule R (Form 990) 2022

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.