

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

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

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: BRADY CAMPAIGN TO PREVENT GUN VIOLENCE. Doing Business As. Address: 1225 EYE STREET NW 1100, WASHINGTON, DC 20005

D Employer identification number: 23-7321017. E Telephone number: (202) 898-0792. G Gross receipts \$ 3,661,354

F Name and address of Principal Officer

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No

H(c) Group Exemption Number

I Tax-exempt status: 501(c)(4)

J Web site: WWW BRADYCAMPAIGN ORG

K Type of organization: Corporation

L Year of Formation: 1974

M State of legal domicile: DC

Part I Summary

Activities & Governance

Table with 2 columns: Description and Amount. Rows include mission statement, governance checks, and employee/volunteer counts.

Revenue

Table with 3 columns: Description, Prior Year, Current Year. Rows include contributions, program service revenue, investment income, and total revenue.

Expenses

Table with 3 columns: Description, Prior Year, Current Year. Rows include grants, benefits, salaries, fundraising fees, and total expenses.

Net Assets or Fund Balances

Table with 3 columns: Description, Beginning of Year, End of Year. Rows include total assets, total liabilities, and net assets.

Part II Signature Block

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including attachments, and believe it is true, correct, and complete.

Signature of officer: CHRISTOPHER F CARR VP/CHIEF OPERATING OFFICER

Paid Preparer's Use Only

Preparer's signature: THERESA HUTCHINSON. Date: 2009-11-16. Firm's name: COATES & HUTCHINSON PC

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

**Part III Statement of Program Service Accomplishments** (See the instructions.)

**1** Briefly describe the organization's mission  
See Additional Data Table

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 853,459 including grants of \$ ) (Revenue \$ )  
A GROWING GRASSROOTS MOVEMENT THE BRADY CAMPAIGN IS BUILDING AN ACTIVE GRASSROOTS MOVEMENT FOR SENSIBLE GUN LAWS WE ARE EXTREMELY PROUD OF OUR NATIONAL NETWORK OF 75 MILLION MOM MARCH CHAPTERS WE'RE ALSO STRENGTHENING THE SENSIBLE GUN LAW MOVEMENT BY BUILDING STRONG COALITIONS WITH COMMUNITY ORGANIZATIONS, LAW ENFORCEMENT GROUPS, AND WITH ALLIES IN THE AFRICAN- AMERICAN, LATINO AND FAITH COMMUNITIES NATIONWIDE ACTIONS DEMAND CHANGE ON APRIL 16, 2008, THE BRADY CAMPAIGN HELPED ORGANIZE REMEMBRANCE EVENTS AND RALLIES HONORING THE VICTIMS OF VIRGINIA TECH AND ALL GUN VIOLENCE VICTIMS ACTIONS WERE HELD IN MORE THAN 100 CITIES AND ON 50 COLLEGE CAMPUSES CALLING ON CONGRESS TO CLOSE THE GUN SHOW LOOPHOLE TAKING IT TO THE STREETS AND TO CAPITOL HILL OUR NETWORK OF MILLION MOM MARCH CHAPTERS PLAYED A CRITICAL ROLE THROUGHOUT 2008, ORGANIZING TO PASS NEW SENSIBLE GUN LAWS IN MANY STATES IN APRIL, CHAPTER LEADERS CAME TO WASHINGTON, D C FOR FOUR DAYS TO LOBBY LEGISLATORS, LEARN NEW SKILLS, AND RE-ENERGIZE FOR THE BATTLES AHEAD

**4b** (Code ) (Expenses \$ 1,455,698 including grants of \$ ) (Revenue \$ )  
SAYING NO TO GUNS ON CAMPUS THANKS TO THE CONCERTED EFFORTS OF THE BRADY CAMPAIGN, OUR ACTIVISTS, AND ALLIES, THE NRA'S PUSH TO ALLOW GUNS IN SCHOOLS AND ON CAMPUSES WAS REJECTED BY ALL 17 STATES WITH BILLS IN 2008 "NO GUN LEFT BEHIND," A BRADY CENTER REPORT, FIRST EXPOSED THE NRA'S EFFORTS IN 2007 TODAY, LAW ENFORCEMENT, UNIVERSITY ADMINISTRATORS, AND THE ENTIRE EDUCATION COMMUNITY HAVE COME TOGETHER WITH US TO OPPOSE THE CONTINUED EFFORTS OF THE NRA TO PUSH GUNS IN SCHOOLS AND ON CAMPUSES PASSING STATE LAWS TO SAVE LIVES THE BRADY CAMPAIGN RAMPED UP ITS STATE LEGISLATIVE EFFORTS IN 2008 - WORKING TO INTRODUCE AND PASS SENSIBLE GUN LEGISLATION IN STATES ACROSS THE COUNTRY THE NEW YORK TIMES NOTED THE GROWING TREND IN STATE LEGISLATURES IN APRIL IN A FRONT-PAGE ARTICLE TITLED, "AT STATE LEVEL, MORE ATTEMPTS TO LIMIT GUNS " BRIAN MALTE, BRADY STATE LEGISLATIVE DIRECTOR, WAS QUOTED IN THE TIMES, "FOR YEARS WE WERE CHASING THE NRA'S TAIL BUT NOW WE FEEL THEY ARE CHASING OUR PRIORITIES " AN EVEN MORE AMBITIOUS AGENDA IS PLANNED FOR 2009', WITH GUN VIOLENCE LEGISLATION PROPOSED IN AT LEAST 25 STATES STRENGTHENING THE BRADY BACKGROUND CHECK SYSTEM DESPITE HIS HAVING BEEN FOUND BY A COURT TO BE MENTALLY ILL AND DANGEROUS, AND THEREBY INELIGIBLE TO BUY GUNS, A STUDENT WAS ABLE TO PURCHASE THE GUNS HE USED TO MURDER 32 PEOPLE AT VIRGINIA TECH IN 2007 WHY? BECAUSE THE STATE DIDN'T REQUIRE SUCH COURT ORDERS TO BE SUBMITTED TO THE NATIONAL INSTANT CRIMINAL BACKGROUND CHECK SYSTEM (NICS), WHERE BRADY BACKGROUND CHECKS ARE CONDUCTED TO BLOCK SALES TO PROHIBITED GUN BUYERS SINCE THAT DAY, VIRGINIA AND MANY OTHER STATES HAVE PASSED LEGISLATION TO STRENGTHEN BRADY BACKGROUND CHECKS UNTIL MARCH 2008, THE STATE OF WEST VIRGINIA DID NOT SUBMIT A SINGLE DISQUALIFYING MENTAL HEALTH RECORD TO NICS THANKS TO PRESSURE FROM THE BRADY CAMPAIGN AND OTHER ACTIVISTS, GOVERNOR JOE MANCHIN III SIGNED THE LAW TO IMPROVE THEIR REPORTING SIX ADDITIONAL STATES - ARKANSAS, ILLINOIS, MAINE, NEW YORK, NORTH CAROLINA, AND PENNSYLVANIA - ALSO PASSED LEGISLATION IN 2008, AND WE ARE WORKING IN ANOTHER SIX STATES TO PUSH FOR LEGISLATION THIS YEAR FOUR GUN VIOLENCE PREVENTION BILLS PASS IN NEW JERSEY THE BRADY CAMPAIGN ALONG WITH OUR NEW JERSEY CHAPTERS AND ALLIES HELPED WIN PASSAGE IN THE NEW JERSEY LEGISLATURE OF A FOUR-BILL PACKAGE TO REDUCE GUN CRIME THE MEASURES IMPOSE TOUGHER PENALTIES FOR GUN TRAFFICKING AND PUBLIC POSSESSION OF ILLEGAL FIREARMS AND STRENGTHEN THE LAW REQUIRING THE REPORTING OF LOST OR STOLEN GUNS BUILDING ON THIS SIGNIFICANT VICTORY, WE ALSO MADE GREAT PROGRESS ON NEW JERSEY "ONE HANDGUN PER MONTH" LEGISLATION IN 2008 MORE ACTION IN THE STATES THE BRADY CAMPAIGN'S FOCUSED AND EFFECTIVE STATE LEGISLATIVE STRATEGY SUPPORTED STRONG GRASSROOTS EFFORTS IN TARGETED DISTRICTS WITHIN 30 STATES AND HELPED CREATE A GROUNDSWELL OF LEGISLATIVE ACTIVITY OVER THE PAST YEAR IN VIRGINIA, ADVOCATES PUSHED LEGISLATION TO CLOSE THE GUN SHOW LOOPHOLE THROUGH A CRITICAL SENATE COMMITTEE THAT KILLED THE BILL ONLY A YEAR AGO CALIFORNIA ACTIVISTS CONTINUED EFFORTS TO KEEP LOADED GUNS OUT OF CARS AND INTRODUCED LEGISLATION THAT WOULD REQUIRE ALL NEW HANDGUNS TO INCLUDE A SPECIAL SAFETY FEATURE THAT ALLOWS ONLY THE AUTHORIZED USER TO OPERATE THE GUN AND IN PENNSYLVANIA, NEW YORK, AND ILLINOIS, MAJOR EFFORTS FROM ACTIVISTS













**4c** (Code ) (Expenses \$ 498,931 including grants of \$ ) (Revenue \$ )  
MEMBERSHIP SERVICES IDENTIFYING, NURTURING, AND RETAINING MEMBERS AND MEMBERSHIP POTENTIAL AS A TANGIBLE MEANS OF FACILITATING PUBLIC PARTICIPATION IN PROMOTING GUN CONTROL

(Code ) (Expenses \$ 381 including grants of \$ ) (Revenue \$ )  
VOTER EDUCATION FUND BRADY CAMPAIGN PAYS FUNDRAISING AND ADMINISTRATIVE COSTS








**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 381 including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$ 2,808,469 Must equal Part IX, Line 25, column (B).

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .		No
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? 	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4</b> Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		
<b>5</b> Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 		No
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> . . . . . 	Yes	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . . . . . 	Yes	
<b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U S ? . . . . .		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i> . . . . .		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> . . . . .		No
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> 	Yes	
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . . 		No
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 		No
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> . . . . . 	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> . . . . .		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		No

**Part IV Checklist of Required Schedules** *(Continued)*

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . . 		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . . 		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . 		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . . 	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 		No
<b>36</b>	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>37</b>	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . . 		No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 8		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 24		
<b>b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .	Yes	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	Yes	
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		No
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		No
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
<b>11</b>	<i>Section 501(c)(12) organizations.</i> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .		
<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) . . . . .		
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .		
	<b>12b</b>		

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	Yes	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	the governing body? . . . . .	Yes	
<b>8b</b>	each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		No
<b>9b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	Yes	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	Yes	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
<b>15a</b>	The organization's CEO, Executive Director, or top management official? . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization? . . . . . Describe the process in Schedule O	Yes	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed AL, AR, AZ, CA, CO, CT, DC, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 own website  another's website  upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  
 THE CORPORATION  
 1225 EYE ST NW  
 SUITE 1100  
 WASHINGTON, DC 20005  
 (202) 898-0792

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.  
 \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  
 \* 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  
 \* List all of the organization's **former** officers, key employees, or 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.  
 List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.  
 Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
SARAH BRADY , DIRECTOR	10	X					141,112	0	1,523
MARK INGRAM , TREASURER	10	X		X			10,665	0	0
ALAN BENNETT , DIRECTOR	1	X					0	0	0
ANNETTE WILSON , DIRECTOR	1	X					0	0	0
BILL D'ELIA , DIRECTOR	1	X					0	0	0
BILL HARDWOOD , DIRECTOR	1	X					0	0	0
BYRL PHILLIPS-TAYLOR , DIRECTOR	1	X					0	0	0
CHIEF RICHARD PENNINGTON , DIRECTOR	1	X					0	0	0
DR SUE BAILEY , DIRECTOR	1	X					0	0	0
JOAN HILL , DIRECTOR	1	X					0	0	0
JOAN PETERSON , DIRECTOR	1	X					0	0	0
JOEL BUCHWALD , DIRECTOR	1	X					0	0	0
KATHLEEN KENNEDY TOWNSEND , DIRECTOR	1	X					0	0	0
MARIA CUOMO COLE , DIRECTOR	1	X					0	0	0
MICHAEL WOLKOWITZ , BOARD CHAIR	1	X		X			0	0	0
RACHEL SMITH , DIRECTOR	1	X					0	0	0
STACY BECK , SECRETARY	1	X		X			0	0	0
STEVE SPOSATO , DIRECTOR	1	X					0	0	0
TIM GOMES , DIRECTOR	1	X					0	0	0
TOBY HOOVER , DIRECTOR	1	X					0	0	0
TOM VANDEN BERK , DIRECTOR	1	X					0	0	0
PAUL HELMKE , PRESIDENT	19				X	X	0	243,888	5,667
DENNIS HENIGAN , VP LAW					X		0	216,820	13,444
CHRISTOPHER CARR , COO/VP	15				X		194,249	0	11,550
HEATHER SCHATZ , DIR INTERNET	17				X		151,304	0	13,178
MARY ESTER , VP MRKTG	22				X		0	136,772	4,605
PETER HAMM , DIR OF COMM	18				X		112,814	0	12,912
DREW WYNN , DIR DEVELOP	16				X		0	107,638	4,368
BRIAN MALTE , DIR STATE	37				X		104,392	0	12,839

**Part VII** **Continued**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b>							714,536	705,118	80,086	

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **9**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ROI SOLUTIONS 196 BOSTON AVENUE SUITE 3000 MEDFORD, MA 02155	DATABASE MGMT	253,272
AVALON CONSULTING GROUP 1150 17TH STREET NW SUITE 200 WASHINGTON, DC 20036	FUNDR COUNSEL	161,213

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **2**



**Part VIII Statement of Revenue**

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . <b>1a</b> _____					
	<b>b</b> Membership dues . . . . . <b>1b</b> _____					
	<b>c</b> Fundraising events . . . . . <b>1c</b> _____					
	<b>d</b> Related organizations . . . . . <b>1d</b> _____					
	<b>e</b> Government grants (contributions) <b>1e</b> _____					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____ 3,315,759					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____ 38,734					
	<b>h Total (Add lines 1a-1f)</b> . . . . . <b>▶</b> _____ 3,315,759					
<b>Program Service Revenue</b>	<b>2a</b> _____ Business Code _____					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue _____					
	<b>g Total. Add lines 2a-2f</b> . . . . . <b>▶</b> \$ _____					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest other similar amounts) . . . . . <b>▶</b> _____ 14,414				14,414	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . <b>▶</b> _____					
	<b>5</b> Royalties . . . . . <b>▶</b> _____					
	<b>6a</b> Gross Rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . . <b>▶</b> _____					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	249,807			
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses	263,562			
		<b>c</b> Gain or (loss)	-13,755			
<b>d</b> Net gain or (loss) . . . . . <b>▶</b> _____ -13,755		-13,755				
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b> _____						
	<b>b</b> Less direct expenses . . . . . <b>b</b> _____					
	<b>c</b> Net income or (loss) from fundraising events . . . <b>▶</b> _____					
<b>9a</b> Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . . <b>a</b> _____						
	<b>b</b> Less direct expenses . . . . . <b>b</b> _____					
	<b>c</b> Net income or (loss) from gaming activities . . . <b>▶</b> _____					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . <b>a</b> _____						
	<b>b</b> Less cost of goods sold . . . . . <b>b</b> _____					
	<b>c</b> Net income or (loss) from sales of inventory . . . <b>▶</b> _____					
Miscellaneous Revenue	Business Code					
<b>11a</b> ROYALTY _____		76,750			76,750	
<b>b</b> MISCELLANEOUS _____		4,624			4,624	
<b>c</b> _____						
<b>d</b> All other revenue _____						
<b>e Total. Add lines 11a-11d</b> . . . . . <b>▶</b> _____ \$ 81,374						
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . <b>▶</b> _____ 3,397,792		3,397,792	-13,755		95,788	

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	223,913	223,913		
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	1,102,036	832,215		127,508
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	5,117	3,996	743	378
<b>9</b>	Other employee benefits . . . . .	146,893	104,711	42,080	102
<b>10</b>	Payroll taxes . . . . .	107,390	86,584	20,806	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	22,492	22,492		
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .	333,477			333,477
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .				
<b>12</b>	Advertising and promotion . . . . .				
<b>13</b>	Office expenses . . . . .	847,903	497,801	12,141	337,961
<b>14</b>	Information technology . . . . .	106,316	106,316		
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	284,390	222,033	41,296	21,061
<b>17</b>	Travel . . . . .	98,127	97,858	109	160
<b>18</b>	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .				
<b>19</b>	Conferences, conventions and meetings . . . . .	38,305	35,785	578	1,942
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	3,330	2,600	484	246
<b>23</b>	Insurance . . . . .				
<b>24</b>	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
<b>a</b>	DATA PROCESSING	281,189	184,670		96,519
<b>b</b>	PROFESSIONAL FEES	237,448	160,519	20,756	56,173
<b>c</b>	MAILING SERVICE	135,651	72,742	27	62,882
<b>d</b>	INSURANCE	76,779	59,944	11,149	5,686
<b>e</b>	LIST RENTAL	69,804	25,862		43,942
<b>f</b>	All other expenses	115,575	68,428	45,258	1,889
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	4,236,135	2,808,469	337,740	1,089,926
<b>26</b>	<b>Joint Costs.</b> Check <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	912109	508,453		403,656

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	300	<b>1</b>	25,631
	<b>2</b> Savings and temporary cash investments . . . . .	195,905	<b>2</b>	68,056
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	113,899	<b>4</b>	18,326
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	41,813	<b>9</b>	14,617
	<b>10a</b> Land, buildings, and equipment cost basis			
		<b>10a</b> 326,665		
	<b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .			
		<b>10b</b> 322,895	7,100	<b>10c</b> 3,770
	<b>11</b> Investments—publicly traded securities . . . . .	428,433	<b>11</b>	251,268
	<b>12</b> Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .		<b>13</b>	
<b>14</b> Intangible assets . . . . .		<b>14</b>		
<b>15</b> Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .		<b>15</b>		
<b>16 Total assets. Add lines 1 through 15 (must equal line 34)</b>	787,450	<b>16</b>	381,668	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	345,765	<b>17</b>	857,384
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>	
	<b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .		<b>25</b>	
	<b>26 Total liabilities. Add lines 17 through 25</b>	345,765	<b>26</b>	857,384
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	440,457	<b>27</b>	-475,716
	<b>28</b> Temporarily restricted net assets . . . . .	1,228	<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	441,685	<b>33</b>	-475,716	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	787,450	<b>34</b>	381,668	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>2c</b>	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

Employer identification number 23-7321017

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate contributions, aggregate grants, and aggregate value.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain why in Part XIV and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment, b Permanent endowment, c Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows 1a-1e and Total.

**Part VII Investments—Other Securities.** 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 )	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	3,397,792
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	4,236,135
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-838,343
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-79,058
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	-79,058
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-917,401

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	3,318,734
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	-79,058
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-79,058
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	3,397,792
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	3,397,792

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	4,236,135
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Losses reported on Form 990, Part IX, line 25 . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,236,135
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	4,236,135

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

**Part XIV Supplemental Information**(continued)

Identifier	Return Reference	Explanation



**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue  
Service

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

Name of the organization  
BRADY CAMPAIGN TO PREVENT GUN  
VIOLENCE

**Employer identification number**  
23-7321017

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?  **Yes**  **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
AVALON CONSULTING GROUP INC	CONSULTANT		No	2,276,914	161,213	2,115,701
SHARE GROUP	SOLICITOR		No	158,553	94,917	63,636
OUTREACH ASSOCIATES INC D/B/A DIRECT ADVANTAGE MARKETING	SOLICITOR		No	118,187	69,817	48,370
GORDON & SCHWENKMEYER INC	SOLICITOR		No	103,881	63,703	40,178
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>	<b>4</b> Cash Prizes . . . . .				
	<b>5</b> Non-cash Prizes . . . . .				
	<b>6</b> Rent/Facility costs . . . . .				
	<b>7</b> Other direct expenses . . . . .				
	<b>8</b> Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶				
	<b>9</b> Net income summary Combine lines 3 and 8 in column (d) . . . . . ▶				

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

		Yes	No
<b>9</b>	Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b>	Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b>	If "No," Explain _____ _____		
<b>10a</b>	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b>	If "Yes," Explain _____ _____		
<b>11</b>	Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b>	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	

		Yes	No						
<p><b>13</b> Indicate the percentage of gaming activity operated in</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:55%;"><b>a</b> The organization's facility . . . . .</td> <td style="width:10%; text-align:center;"><b>13a</b></td> <td style="width:35%;"></td> </tr> <tr> <td><b>b</b> An outside facility . . . . .</td> <td style="text-align:center;"><b>13b</b></td> <td></td> </tr> </table>	<b>a</b> The organization's facility . . . . .	<b>13a</b>		<b>b</b> An outside facility . . . . .	<b>13b</b>				
<b>a</b> The organization's facility . . . . .	<b>13a</b>								
<b>b</b> An outside facility . . . . .	<b>13b</b>								
<p><b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records</p> <p>Name ▶ _____</p> <p>Address ▶ _____</p>									
<p><b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .</p> <p><b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____</p> <p><b>c</b> If "Yes," enter name and address</p> <p>Name ▶ _____</p> <p>Address ▶ _____</p>	<b>15a</b>								
<p><b>16</b> Gaming manager information</p> <p>Name ▶ _____</p> <p>Gaming manager compensation ▶ \$ _____</p> <p>Description of services provided ▶ _____</p> <p><input type="checkbox"/> Director/officer      <input type="checkbox"/> Employee      <input type="checkbox"/> Independent contractor</p>									
<p><b>17</b> Mandatory distributions</p> <p><b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .</p> <p><b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____</p>	<b>17a</b>								

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

**Employer identification number**

23-7321017

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  <input type="checkbox"/> First class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account  <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>1b</b>	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.		
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
<b>3</b>	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.  <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations  <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed in Form 990, Part VII, Section A, line 1a		
<b>4a</b>	Receive a severance payment or change of control payment?		No
<b>4b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
<b>4c</b>	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
<b>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</b>			
<b>5</b>	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
<b>5a</b>	The organization?		No
<b>5b</b>	Any related organization? If "Yes," to line 5a or 5b, describe in Part III.		No
<b>6</b>	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
<b>6a</b>	The organization?		No
<b>6b</b>	Any related organization? If "Yes," to line 6a or 6b, describe in Part III.		No
<b>7</b>	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		No
<b>8</b>	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
PAUL HELMKE	(i) (ii)	243,888				5,667	249,555	
DENNIS HENIGAN	(i) (ii)	216,820				13,444	230,264	
CHRISTOPHER CARR	(i) (ii)	194,249				11,550	205,799	
HEATHER SCHATZ	(i) (ii)	151,304				13,178	164,482	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

**Software ID:**  
**Software Version:**  
**EIN:** 23-7321017  
**Name:** BRADY CAMPAIGN TO PREVENT GUN  
VIOLENCE

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
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SCHEDULE M (Form 990)

Non-Cash Contributions

OMB No 1545-0047

2008

Open to Public Inspection

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Department of the Treasury Internal Revenue Service

Name of the organization BRADY CAMPAIGN TO PREVENT GUN VIOLENCE

Employer identification number 23-7321017

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Books, Cars, Securities, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question, Yes, No. Contains questions 30a, 31, 32a, 33 regarding contribution policies and reporting.





**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue  
Service

**▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

**Name of the organization**  
BRADY CAMPAIGN TO PREVENT GUN  
VIOLENCE

**Employer identification number**  
23-7321017

Identifier	Return Reference	Explanation
EXPLANATION ON VOLUTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	WE USE VOLUNTEERS TO DO LOCAL GRASSROOTS ORGANIZING WORK

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	VIRGINIA TECH AND ALL GUN VIOLENCE VICTIMS ACTIONS WERE HELD IN MORE THAN 100 CITIES AND ON 50 COLLEGE CAMPUSES CALLING ON CONGRESS TO CLOSE THE GUN SHOW LOOPHOLE TAKING IT TO THE STREETS AND TO CAPITOL HILL OUR NETWORK OF MILLION MOM MARCH CHAPTERS PLAYED A CRITICAL ROLE THROUGHOUT 2008, ORGANIZING TO PASS NEW SENSIBLE GUN LAWS IN MANY STATES IN APRIL, CHAPTER LEADERS CAME TO WASHINGTON, D C FOR FOUR DAYS TO LOBBY LEGISLATORS, LEARN NEW SKILLS, AND RE-ENERGIZE FOR THE BATTLES AHEAD

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	PASSING STATE LAWS TO SAVE LIVES THE BRADY CAMPAIGN RAMPED UP ITS STATE LEGISLATIVE EFFORTS IN 2008 - WORKING TO INTRODUCE AND PASS SENSIBLE GUN LEGISLATION IN STATES ACROSS THE COUNTRY THE NEW YORK TIMES NOTED THE GROWING TREND IN STATE LEGISLATURES IN APRIL IN A FRONT-PAGE ARTICLE TITLED, "AT STATE LEVEL, MORE ATTEMPTS TO LIMIT GUNS " BRIAN MALTE, BRADY STATE LEGISLATIVE DIRECTOR, WAS QUOTED IN THE TIMES, "FOR YEARS WE WERE CHASING THE NRA'S TAIL BUT NOW WE FEEL THEY ARE CHASING OUR PRIORITIES " AN EVEN MORE AMBITIOUS AGENDA IS PLANNED FOR 2009', WITH GUN VIOLENCE LEGISLATION PROPOSED IN AT LEAST 25 STATES STRENGTHENING THE BRADY BACKGROUND CHECK SYSTEM DESPITE HIS HAVING BEEN FOUND BY A COURT TO BE MENTALLY ILL AND DANGEROUS, AND THEREBY INELIGIBLE TO BUY GUNS, A STUDENT WAS ABLE TO PURCHASE THE GUNS HE USED TO MURDER 32 PEOPLE AT VIRGINIA TECH IN 2007 WHY? BECAUSE THE STATE DIDN'T REQUIRE SUCH COURT ORDERS TO BE SUBMITTED TO THE NATIONAL INSTANT CRIMINAL BACKGROUND CHECK SYSTEM (NICS), WHERE BRADY BACKGROUND CHECKS ARE CONDUCTED TO BLOCK SALES TO PROHIBITED GUN BUYERS SINCE THAT DAY, VIRGINIA AND MANY OTHER STATES HAVE PASSED LEGISLATION TO STRENGTHEN BRADY BACKGROUND CHECKS UNTIL MARCH 2008, THE STATE OF WEST VIRGINIA DID NOT SUBMIT A SINGLE DISQUALIFYING MENTAL HEALTH RECORD TO NICS THANKS TO PRESSURE FROM THE BRADY CAMPAIGN AND OTHER ACTIVISTS, GOVERNOR JOE MANCHIN III SIGNED THE LAW TO IMPROVE THEIR REPORTING SIX ADDITIONAL STATES - ARKANSAS, ILLINOIS, MAINE, NEW YORK, NORTH CAROLINA, AND PENNSYLVANIA - ALSO PASSED LEGISLATION IN 2008, AND WE ARE WORKING IN ANOTHER SIX STATES TO PUSH FOR LEGISLATION THIS YEAR FOUR GUN VIOLENCE PREVENTION BILLS PASS IN NEW JERSEY THE BRADY CAMPAIGN ALONG WITH OUR NEW JERSEY CHAPTERS AND ALLIES HELPED WIN PASSAGE IN THE NEW JERSEY LEGISLATURE OF A FOUR-BILL PACKAGE TO REDUCE GUN CRIME THE MEASURES IMPOSE TOUGHER PENALTIES FOR GUN TRAFFICKING AND PUBLIC POSSESSION OF ILLEGAL FIREARMS AND STRENGTHEN THE LAW REQUIRING THE REPORTING OF LOST OR STOLEN GUNS BUILDING ON THIS SIGNIFICANT VICTORY, WE ALSO MADE GREAT PROGRESS ON NEW JERSEY "ONE HANDGUN PER MONTH" LEGISLATION IN 2008 MORE ACTION IN THE STATES THE BRADY CAMPAIGN'S FOCUSED AND EFFECTIVE STATE LEGISLATIVE STRATEGY SUPPORTED STRONG GRASSROOTS EFFORTS IN TARGETED DISTRICTS WITHIN 30 STATES AND HELPED CREATE A GROUNDSWELL OF LEGISLATIVE ACTIVITY OVER THE PAST YEAR IN VIRGINIA, ADVOCATES PUSHED LEGISLATION TO CLOSE THE GUN SHOW LOOPHOLE THROUGH A CRITICAL SENATE COMMITTEE THAT KILLED THE BILL ONLY A YEAR AGO CALIFORNIA ACTIVISTS CONTINUED EFFORTS TO KEEP LOADED GUNS OUT OF CARS AND INTRODUCED LEGISLATION THAT WOULD REQUIRE ALL NEW HANDGUNS TO INCLUDE A SPECIAL SAFETY FEATURE THAT ALLOWS ONLY THE AUTHORIZED USER TO OPERATE THE GUN AND IN PENNSYLVANIA, NEW YORK, AND ILLINOIS, MAJOR EFFORTS FROM ACTIVISTS

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	VOTER EDUCATION FUND BRADY CAMPAIGN PAYS FUNDRAISING AND ADMINISTRATIVE COSTS

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	WE HAVE 100,000 MEMBERS

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	OUR MEMBERS HAVE THE RIGHT TO ELECT ONE PERSON TO THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE DRAFT 990 WAS FIRST REVIEWED BY THE CONTROLLER AND THEN THE CFO AFTER THEY WERE SATISFIED WITH THE RETURN, IT WAS THEN SENT TO THE BOARD OF DIRECTORS FOR THEIR REVIEW ALL QUESTIONS WILL BE ANSWERED AND ANY CHANGES SUGGESTED WILL BE MADE

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THROUGH A COMBINATION OF MANAGMEENT AND BOARD EXECUTIVE COMMITTEE OVERSIGHT, THE ORGANIZATION MONITORS TRANSACTIONS INVOLVING BOARD MEMBERS AND THE ORGANIZATION THROUGH EXAMINING FINANCIAL TRANSACTIONS AND/OR HAVING DIRECT CONVERSATIONS WITH BOARD MEMBERS

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THROUGH A COMBINATION OF MANAGEMENT AND BOARD EXECUTIVE COMMITTEE EFFORTS THE ORGANIZATION ENGAGES A HUMAN RESOURCES SPECIALIST TO EXAMINE THE MARKET FOR EXECUTIVE SALARIES AND WORKS WITH THE BOARD AND MANAGEMENT TO ENSURE THAT THERE IS CONSISTENCY WITH THE MARKET FOR SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THROUGH A COMBINATION OF MANAGEMENT AND BOARD EXECUTIVE COMMITTEE EFFORTS THE ORGANIZATION ENGAGES A HUMAN RESOURCES SPECIALIST TO EXAMINE THE MARKET FOR EXECUTIVE SALARIES AND WORKS WITH THE BOARD AND MANAGEMENT TO ENSURE THAT THERE IS CONSISTENCY WITH THE MARKET FOR SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS

Identifier	Return Reference	Explanation
STATES WHERE COPY OF RETURN IS FILED	FORM 990, PAGE 6, PART VI, LINE 17	MARYLAND, MAINE, MICHIGAN, MINNESOTA, MISSOURI, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WISCONSIN, WEST VIRGINIA

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.** Cat No 51056K

**Schedule O (Form 990) 2008**

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

▶ **Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
BRADY CAMPAIGN TO PREVENT GUN  
VIOLENCE

**Employer identification number**

23-7321017

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
BRADY CENTER TO PREVENT GUN VIOLENC  1225 EYE STREET NW SUITE 1100 WASHINGTON, DC20036 52-1285097	ADVOCACY	DC	3	7	N/A

**Part III Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

**Part V Transactions with Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**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 **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
<b>(1)</b> BRADY CENTER TO PREVENT GUN VIOLENC	o	1,614,687
<b>(2)</b>		
<b>(3)</b>		
<b>(4)</b>		
<b>(5)</b>		
<b>(6)</b>		

**Part VI** Unrelated Organizations Taxable as a Partnership

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) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No