

Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service**A For the 2004 calendar year, or tax year beginning**

, and ending

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ 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**

Number and street (or P.O. box if mail is not delivered to street address)

1225 EYE STREET NW 1100

Room/suite

City or town, state or country, and ZIP + 4

WASHINGTON**DC 20005****D** Employer identification no.
23-7321017**E** Telephone number
202-898-0792**F** Accounting method: ☐ Cash
☒ Accrual ☐ Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ☐ Yes ☐ No**H(c)** Are all affiliates included? ☐ Yes ☐ No
(If "No," att. a list. See instr.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☒ Yes ☐ No**I** Group Exemption Number **3950****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: **www.bradycampaign.org****J** Organization type(check only one) ☒ 501(c) (**4**) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000.

The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **7,506,634****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)**

Revenue

1 Contributions, gifts, grants, and similar amounts received:**a** Direct public support**1a** **7,090,744****b** Indirect public support**1b****c** Government contributions (grants)**1c****d** Total (add lines 1a through 1c) (cash \$ **7,040,253** noncash \$ **50,491**)**1d** **7,090,744****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4****5** Dividends and interest from securities**5****6,289****6a** Gross rents**6a****b** Less: rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c****7** Other investment income (describe)**7****8a** Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

61,335**8a****1,125****b** Less: cost or other basis and sales expenses**53,682****8b****2,304****c** Gain or (loss) (attach schedule)**7,653****8c****-1,179****d** Net gain or (loss) (combine line 8c, columns (A) and (B))

See Stmt 1

See Stmt 2

8d**6,474****9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ of contributions reported on line 1a)**9a****b** Less: direct expenses other than fundraising expenses**9b****c** Net income or (loss) from special events (subtract line 9b from line 9a)**9c****10a** Gross sales of inventory, less returns and allowances**10a****b** Less: cost of goods sold**10b****c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)**10c****347,141****11** Other revenue (from Part VII, line 103)**11****7,450,648****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12****5,398,966****13** Program services (from line 44, column (B))**13****464,520****14** Management and general (from line 44, column (C))**14****1,920,651****15** Fundraising (from line 44, column (D))**15****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17****7,784,137****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18****-333,489****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19****525,927****20** Other changes in net assets or fund balances (attach explanation)

See Statement 3

20**4,725****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21****197,163**

SCANNED OCT 17 2005

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FEDERAL RESERVE BANK
COLUMBIA, SC

Part II Statement of**Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ non-cash \$)	22			
23 Specific assistance to individuals	23			
24 Benefits paid to or for members	24			
25 Compensation of officers, directors, etc.	25 362,736	362,736		
26 Other salaries and wages	26 1,245,256	896,309	195,640	153,307
27 Pension plan contributions	27 72,937	58,349	13,605	983
28 Other employee benefits	28 175,017	128,019	46,710	288
29 Payroll taxes	29 151,863	123,953	27,910	
30 Professional fundraising fees	30 860,614	118,799		741,815
31 Accounting fees	31 16,649	16,649		
32 Legal fees	32 25,077	25,077		
33 Supplies	33 29,481	22,260	3,763	3,458
34 Telephone	34 101,820	78,436	9,176	14,208
35 Postage and shipping	35 949,331	597,550	2,944	348,837
36 Occupancy	36 260,348	188,555	41,674	30,119
37 Equipment rental and maintenance	37 48,983	34,052	5,615	9,316
38 Printing and publications	38 917,389	652,038	1,335	264,016
39 Travel	39 150,167	136,306	95	13,766
40 Conferences, conventions, and meetings	40 56,578	44,948	179	11,451
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 42,908	27,986	8,784	6,138
43 Other expenses not covered above (itemize): a	43a			
b See Statement 4	43b 2,316,983	1,886,944	107,090	322,949
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 7,784,137	5,398,966	464,520	1,920,651

Joint Costs. Check ☒ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☒ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 1,671,660 ; (ii) the amount allocated to Program services \$ 852,855 ;

(iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$ 818,805

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose?

► REASONABLE/PRACTICAL MEASURES OF GUN CONTROL

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)

a See Statement 5		
(Grants and allocations \$)		1,171,244
b See Statement 6		
(Grants and allocations \$)		2,860,348
c See Statement 7		
(Grants and allocations \$)		1,278,814
d VOTER EDUCATION FUND (VEF) - BRADY CAMPAIGN PAYS FUNDRAISING AND ADMINISTRATIVE COSTS OF VEF		
(Grants and allocations \$)		88,560
e Other program services (attach schedule)	(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		5,398,966

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing	6,350	45	350
46	Savings and temporary cash investments	703,033	46	524,507
47a	Accounts receivable	112,569		
b	Less: allowance for doubtful accounts		47c	112,569
48a	Pledges receivable			
b	Less: allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	160,522	53	32,893
54	Investments-securities See Statement <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	199,257	54	204,872
55a	Investments-land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	382,313		
b	Less: accumulated depreciation (attach schedule) See Statement	348,578	57c	33,735
58	Other assets (describe See Statement)	2,635	58	2,500
59	Total assets (add lines 45 through 58) (must equal line 74)	1,547,074	59	911,426
60	Accounts payable and accrued expenses	1,021,147	60	714,263
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe)		65	
66	Total liabilities (add lines 60 through 65)	1,021,147	66	714,263
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	508,899	67	197,163
68	Temporarily restricted	17,028	68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	525,927	73	197,163
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	1,547,074	74	911,426

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A **Reconciliation of Revenue per Audited
Financial Statements with Revenue per
Return (See page 27 of the instructions.)**

a	Total revenue, gains, and other support per audited financial statements	▶	a		7,455,373
b	Amounts included on line a but not on line 12, Form 990:				
(1)	Net unrealized gains on investments				4,725
(2)	Donated services and use of facilities				
(3)	Recoveries of prior year grants				
(4)	Other (specify):				
	\$				
	Add amounts on lines (1) through (4)	▶	b		4,725
c	Line a minus line b	▶	c		7,450,648
d	Amounts included on line 12, Form 990 but not on line a:				
(1)	Investment expenses not included on line 6b, Form 990				
(2)	Other (specify):				
	\$				
	Add amounts on lines (1) and (2)	▶	d		
e	Total revenue per line 12, Form 990 (line c plus line d)	▶	e		7,450,648

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	7,784,137
b	Amounts included on line a but not on line 17, Form 990:		
	(1) Donated services and use of facilities \$		
	(2) Prior year adjustments reported on line 20, Form 990 \$		
	(3) Losses reported on line 20, Form 990 \$		
	(4) Other (specify): \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	7,784,137
d	Amounts included on line 17, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 \$		
	(2) Other (specify): \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	7,784,137

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ ☒ Yes ☐ No
If "Yes," attach schedule-see page 28 of the instructions. **See Statement 12**

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization BRADY CENTER TO PREVENT GUN VIOLENCE and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) See Stmt	82b	47,185
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed See Statement 13 A		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	30
91	The books are in care of The Corporation Located at Washington, DC	Telephone no.	202-898-0792
		ZIP + 4	20005
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	0

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	6,289	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	6,474	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b ROYALTY			15	320,677	
c MISCELLANEOUS			1	26,464	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		359,904	0
105 Total (add line 104, columns (B), (D), and (E))					359,904

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

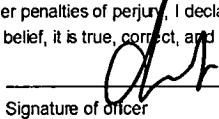
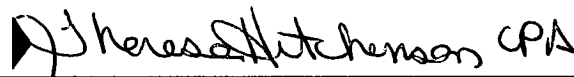
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer CHRISTOPHER F. CARR Type or print name and title.		Date 9/8/05 CHIEF OPERATING OFFICER	
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 Coates & Hutchinson, P.C. P. O. Box 561 Odenton, MD 21113		Date 8/23/05	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN (See Gen. Instr. W) P00176056
			EIN	Phone no.
		410-672-6339		

23-7321017

Federal Statements

FYE: 12/31/2004

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc		Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
How Rec'd								
Publicly Traded Securities								
Purchase					\$ 61,335	\$ 53,682	\$	\$ 7,653
Total					\$ 61,335	\$ 53,682	\$ 0	\$ 7,653

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc		Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
How Rec'd								
Sale of Assets								
Purchase					\$ 1,125	\$ 2,304	\$	\$ -1,179
Total					\$ 1,125	\$ 2,304	\$ 0	\$ -1,179

Federal Statements**Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
Net Unrealized Gains on Investments	\$ 4,725
Total	<u>\$ 4,725</u>

Federal Statements

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Mailing Service	315,997	215,292		100,705
List Rental	147,228	69,713		77,515
Temporary Help	24,135	11,347	12,788	
Data Processing	338,242	210,731		127,511
Website	155,047	154,594		453
Advertising	784,812	784,762		50
Contributions	20,664	20,664		
Insurance	51,714	33,730	10,587	7,397
Service Fees	102,100	42,505	54,625	4,970
Taxes	4,359	2,775	484	1,100
Subscriptions and Dues	49,472	44,166	2,645	2,661
Miscellaneous	12,143	12,143		
Professional Fees	309,973	284,372	25,601	
Training	1,097	150	360	587
Total	\$ 2,316,983	\$ 1,886,944	\$ 107,090	\$ 322,949

Statement 5 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

Outreach: Grassroots Mobilization and Activism

* Trained state group and Million Mom March activists at our Annual Meeting and M.M.M. conference in Washington, DC. The Annual Meeting had the best attendance in our organization's 30-year history with 125 activists from 32 states.

Statement 6 - Form 990, Part III, Line b - Statement of Program Service Accomplishments

FEDERAL LEGISLATION:

* Blocked the gun lobby's top priority, legislation that would give sweeping legal immunity to the gun industry and prevent gun violence victims from holding negligent gun manufacturers and dealers accountable for the death and injuries they cause.

* Coordinated support for the renewal of the Undetectable Firearms Act. This federal law prohibits the manufacture and possession of guns made from plastic and other materials, which could be used by terrorists and other criminals to evade security devices at airports and other public facilities. The law would have expired in 2003, but it was reauthorized for another ten years.

STATE LEGISLATION:

* Passed a landmark California law requiring new handgun models to be designed with clear loaded-chamber indicators and magazine disconnect safeties to make sure people know when a gun is loaded and prevent accidental shootings. The new California law will effectively create a national handgun safety design standard.

* Passed "Juvenile Brady Bill" laws in New Jersey and Illinois that will prevent criminals who commit dangerous

Federal Statements**Statement 6 - Form 990, Part III, Line b - Statement of Program Service Accomplishments**
(continued)

crimes as juveniles from purchasing guns after they become adults.

* Strengthened laws to prevent domestic violence abusers from purchasing or possessing firearms in California, Connecticut, Indiana, Louisiana, Maine, North Carolina, Texas and Utah. Also researched and published an extensive study, "Disarming Domestic Abusers," on the laws and loopholes in all 50 states related to domestic violence abusers and firearms.

* Passed a series of local gun control ordinances including: 1) a ban on Saturday night specials in Toledo, Ohio; 2) a ban on gun shows on public land in Marin and San Mateo Counties, California; 3) a ban on .50 caliber sniper rifles in Los Angeles and Long Beach, California; 4) restrictions on carrying hidden handguns into publicly owned buildings in numerous cities and counties in Michigan, Minnesota and Missouri.

Statement 7 - Form 990, Part III, Line c - Statement of Program Service Accomplishments

Membership Services - Is identifying, nurturing and retaining members and membership potential as a tangible means of facilitating public participation in promoting gun control.

23-7321017

Federal Statements

FYE: 12/31/2004

Statement 8 - Form 990, Part IV, Line 54 - Investments in Securities

Description	Beginning of Year	End of Year	Basis of Valuation
Corporate Stock			
Equities	186,859	190,908	Market
Mutual Funds	12,398	13,964	Market
	<u>199,257</u>	<u>204,872</u>	

Statement 9 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
FURNITURE AND EQUIPMENT				
IMPROVEMENTS	\$ 328,757	\$ 267,069	\$ 289,596	\$ 261,753
	<u>91,029</u>	<u>83,170</u>	<u>92,717</u>	<u>86,825</u>
Total	<u>\$ 419,786</u>	<u>\$ 350,239</u>	<u>\$ 382,313</u>	<u>\$ 348,578</u>

Statement 10 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
REFUNDABLE DEPOSITS	\$ 2,635	\$ 2,500
Total	<u>\$ 2,635</u>	<u>\$ 2,500</u>

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Federal Statements

FYE: 12/31/2004

Statement 11 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

<u>Name</u>		<u>Address</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
	<u>City, State, Zip</u>	<u>Title</u>				
MICHAEL BARNES	SILVER SPRING MD	PRESIDENT	40	260,984	9,320	0
CHRISTOPHER CARR	SILVER SPRING MD	CHIEF OP / V	40	172,083	6,821	0
SARAH BRADY	REHOBETH DE	CHAIRMAN	40	146,177	5,847	0
MARK INGRAM	ARLINGTON VA	TREASURER	5	15,190	0	0
STEVE SPOSATO	LAFAYETTE CA	VICE CHAIR	2	0	0	0
PHYLLIS SEGAL	BOSTON MA	CHAIR	2	0	0	0
BYRL PHILLIPS - TAYLOR	CHARLES CITY VA	DIRECTOR	2	0	0	0
MICHAEL BERMAN	WASHINGTON DC	DIRECTOR	2	0	0	0
DAVID BIRENBAUM, ESQ	WASHINGTON DC	DIRECTOR	2	0	0	0
BILL D'ELIA	LA CANADA CA	DIRECTOR	2	0	0	0
JOAN HILL	PACIFIC PALISADES CA	DIRECTOR	2	0	0	0
PETER BUTTENWIESER	PHILADELPHIA PA	DIRECTOR	2	0	0	0
BILL HARWOOD	PORTLAND ME	DIRECTOR	2	0	0	0
MARSHA MC CARTNEY	COPPELL TX	DIRECTOR	2	0	0	0
CHIEF CHARLES MOOSE	SILVER SPRING MD	DIRECTOR	2	0	0	0
RICHARD NORTH PATTERSON	WEST TISBURY MA	DIRECTOR	2	0	0	0
DR. MARK ROSENBERG	DECATUR GA	DIRECTOR	2	0	0	0
REV./SEN. JAMES MEEKS	CHICAGO IL	DIRECTOR	2	0	0	0

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Federal Statements

FYE: 12/31/2004

Statement 11 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees (continued)

Name	Address					
	City, State, Zip	Title	Average Hours	Compensation	Benefits	Expenses
RACHEL SMITH	RALEIGH NC	DIRECTOR	2	0	0	0
NICK BROWN	LOCUST NJ	DIRECTOR	2	0	0	0
MICHAEL WOLKOWITZ	NEW YORK NY	DIRECTOR	2	0	0	0
MARIA CUOMO COLE	NEW YORK NY	DIRECTOR	2	0	0	0

Statement 12 - Form 990, Part V, Line 75 - Information on Compensation Exceeding \$100,000

Payee Name	Related Organization Name1					
	Related Organization Name2	Organization EIN	Compensation	Benefits	Expenses	
Christopher Carr	Brady Center To Prevent Gun Violenc	52-1285097	68,833	2,728	0	
Michael Barnes	Brady Center To Prevent Gun Violenc	52-1285097	104,393	3,728	0	
Sarah Brady	Brady Center To Prevent Gun Violenc	52-1285097	58,470	2,338	0	

This Amount of Salary and
Benefits was Reimbursed
By The Brady Center To Prevent
Gun Violence.

Federal Statements**Statement 13 - Form 990, Part VI, Line 82b - Donated Services**

Description	Amount
PROBONO LEGAL SERVICES	\$ 47,185
Total	\$ 47,185

Brady Campaign to Prevent Gun Violence

EIN: 23-7321017

FYE: 12/31/2004

Federal Statements

Statement 13A

Part VI - Line 90 (a) - List of States

ALASKA
ALABAMA
ARKANSAS
ARIZONA
CALIFORNIA
COLORADO
CONNECTICUT
FLORIDA
GEORGIA
ILLINOIS
KANSAS
KENTUCKY
MAINE
MARYLAND
MASSACHUSETTS
MICHIGAN
MINNESOTA
MISSISSIPPI
MISSOURI
NEW MEXICO
NEW HAMPSHIRE
NEW JERSEY
NEW YORK
NORTH CAROLINA
NORTH DAKOTA
OHIO
OKLAHOMA
OREGON
PENNSYLVANIA
RHODE ISLAND
SOUTH CAROLINA
TENNESSEE
UTAH
VIRGINIA
WASHINGTON
WASHINGTON, DC
WEST VIRGINIA
WISCONSIN

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization BRADY CAMPAIGN TO PREVENT GUN VIOLENCE	Employer identification number 23-7321017
	Number, street, and room or suite no. If a P.O. box, see instructions. 1225 EYE STREET NW 1100	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON DC 20005	

Check type of return to be filed (File a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **▶ The Corporation**

Telephone No. **▶ 202-898-0792**

FAX No. **▶**

• If the organization does **not** have an office or place of business in the United States, check this box ☐

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) **▶** . If this is for the **whole** group, check this box ☐ . If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **11/15/05**

5 For calendar year **2004**, or other tax year beginning

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

Additional time is requested to gather information to prepare a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Michael S. Hutchinson CPA** Title **▶**

Date **▶ 8/11/05**

Notice to Applicant-To Be Completed by the IRS

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other

By: _____

Director _____

Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name Coates & Hutchinson, P.C.
	Number and street (include suite, room, or apt. no.) or a P.O. box number P. O. Box 561
	City or town, province or state, and country (including postal or ZIP code) Odenton MD 21113

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

BRADY CAMPAIGN TO PREVENT GUN
1225 EYE STREET NW 1100

WASHINGTON, DC 20005

- [X] Your federal income tax return for tax year 2004 is being filed electronically with the IRS by the services of Coates & Hutchinson, P.C.
- [X] Your extension was accepted by the IRS on 05/14/05.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

Acknowledgement Process

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send an amended Form 8868, Application for Extension of Time to File an Exempt Organization Return, to the IRS submission processing center that processes paper returns for your area.