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Form 990-PF

C Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

#### Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Information about Form 990-PF and its separate instructions is at www.irs gov/form990pf For calendar year 2015 or tax year beginning FEB 1, 2015 , and ending JAN 31, 2016 Name of foundation A Employer identification number BRADY FOUNDATION INC 18060400 74-2474880 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 12656 N. 84TH PLACE (480)348-4384 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here SCOTTSDALE, ΑZ 85260 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust \_\_\_\_ Other taxable private foundation under section 507(b)(1)(A), check here 1 Fair market value of all assets at end of year | J Accounting method: | X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here ▶\$ 2,680,744. (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and expenses per books (c) Adjusted net (b) Net investment income income 350,017. N/A 1 Contributions, gifts, grants, etc., received 2 Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 55,948 4 Dividends and interest from securities 55,948. STATEMENT 1 5a Gross rents b Net rental income or floss) 173,859. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 1,664,272. 173,859 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications b Less Reficient FD c Gross profit or (loss) 1 100 other income 127 Total Add line 12 h 2016 446. 0. ö STATEMENT 580, 270. 229,807. 0. 0. 0. Other property alaries and wages 16a Legal fees 4,020. **b** Accounting fees STMT 3 0. 4,020. STMT 4 3,000. 0. c Other professional fees 0. 17 Interest STMT 5 6,760. Ō. 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings SCANNED MAY 22 Printing and publications 23 Other expenses 24 Total operating and administrative <u>4,0</u>20. 13,780. 0 . expenses. Add lines 13 through 23 135,000. 135,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 148,780. 0. 139,020. Add lines 24 and 25 27 Subtract line 26 from line 12° 431,490. a Excess of revenue over expenses and disbursements 229,807 b Net investment income (if negative, enter -0-)

N/A

Balance Sheets Attached schedules and amounts in the description Beginning of year End of year column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 53,430. 2 Savings and temporary cash investments 98,627. 98,627. 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 533,204. 226,761. 362,789. STMT 7 668,344. b Investments - corporate stock STMT 8 217,974. c Investments - corporate bonds 215,193. 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans STMT 9 1,662,689. 1,618,125. 1,698,580. 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 2,296,882. 2,476,717. 2,680,744. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Fund Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Assets or 2,296,882. 2,476,717 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0. 29 Retained earnings, accumulated income, endowment, or other funds 0. 2,296,882. 2,476,717. 30 Total net assets or fund balances 2,296,882. 2,476,717. 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 2,296,882. (must agree with end-of-year figure reported on prior year's return) 431,490. 2 Enter amount from Part I, line 27a 2 3 Other increases not included in line 2 (itemize) 2,728,372. 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) SEE STATEMENT 6 251,655. 2,476,717. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

74-2474880

Form 990-PF (2015)

BRADY FOUNDATION INC 18060400

Form 990-PF (2015)

Form 990-PF (2015)

See the Part VI instructions.

|    |                                                                                                                                                                                                                                                        |        | 4748     |          | Fiene | age 4          |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|----------|-------|----------------|
|    | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494                                                                                                                                                                  | 10 - S | ee insi  | ruc      | tions | <del>}</del>   |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1.                                                                                                                                                  |        | ٠.,      |          |       | ,              |
|    | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)                                                                                                                                                          | `      | •        |          |       | ,              |
| b  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1%                                                                                                                                                 | 1      |          |          | , 29  | <u> 8.</u>     |
|    | of Part I, line 27b                                                                                                                                                                                                                                    |        |          |          | -     | 3              |
|    | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).                                                                                                                               |        | , *      | •        |       |                |
| 2  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                                              | 2      |          |          |       | 0.             |
|    | Add lines 1 and 2                                                                                                                                                                                                                                      | _3     |          |          | 2,29  |                |
|    | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                                            | 4      |          |          |       | 0.             |
| 5  | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                                                | 5      |          |          | 2,29  | <del>98.</del> |
| 6  | Credits/Payments:                                                                                                                                                                                                                                      | · [    |          |          | ` , ' |                |
| а  | 2015 estimated tax payments and 2014 overpayment credited to 2015 . 6a 5,680.                                                                                                                                                                          |        |          |          | \$    | ,              |
| b  | Exempt foreign organizations - tax withheld at source . 6b                                                                                                                                                                                             |        | *        |          |       |                |
| C  | Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                                                    | }      |          |          |       |                |
| d  | Backup withholding erroneously withheld                                                                                                                                                                                                                | ٠      | 4        |          |       | <u>'al_</u> s  |
|    | Total credits and payments. Add lines 6a through 6d                                                                                                                                                                                                    | 7      |          |          | 5,6   | <u>30.</u>     |
|    | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached                                                                                                                                                             | 8      |          |          |       |                |
|    | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . $\blacktriangleright$                                                                                                                                                  | 9      |          |          |       |                |
| 10 | Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                                                                                                                                              | 10     |          |          | 3,38  |                |
|    | Enter the amount of line 10 to be: Credited to 2016 estimated tax                                                                                                                                                                                      | 11     |          |          |       | 0.             |
|    | rt VII-A   Statements Regarding Activities                                                                                                                                                                                                             |        |          |          | V . I |                |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene ii                                                                                                           | n      | -        |          | Yes   | No             |
|    | any political campaign?                                                                                                                                                                                                                                |        | -        | 1a       |       | <u> </u>       |
| b  | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?                                                                                                             | ?      | F        | 1b       |       | X              |
|    | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published                                                                                                                              | or     |          |          | _     |                |
|    | distributed by the foundation in connection with the activities                                                                                                                                                                                        |        |          | .        |       | v              |
|    | Did the foundation file Form 1120-POL for this year?                                                                                                                                                                                                   |        | -        | 1c       |       | X              |
| d  | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation.  \$\Bigsim \text{\$ 0 \cdot (2) On foundation managers.} \Bigsim \text{\$ 0 \cdot } \\  0 \cdot (2) On foundation managers. |        |          |          |       |                |
|    | (1) 011 1110 100 1110 1110 1110 1110 111                                                                                                                                                                                                               |        |          | l        |       |                |
| е  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0 •                                                                                                         |        |          |          |       |                |
| 2  | Has the foundation engaged in any activities that have not previously been reported to the IRS?                                                                                                                                                        |        | -        | 2        |       | X              |
|    | If "Yes," attach a detailed description of the activities.                                                                                                                                                                                             |        | }        |          |       |                |
| 3  | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or                                                                                                                    |        | 1        | 3        |       | х              |
|    | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                    |        | <u> </u> | 4a       |       | X              |
|    | If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                       | N/     | /a       | 4b       |       | <del></del>    |
|    | Was there a liquidation, termination, dissolution, or substantial contraction during the year?                                                                                                                                                         | ,      | h        | 5        |       | Х              |
| э  | If "Yes." attach the statement required by General Instruction T.                                                                                                                                                                                      |        | T        | <u> </u> |       |                |
| e  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:                                                                                                                                                      |        |          | - 1      |       |                |
| 0  | By language in the governing instrument, or                                                                                                                                                                                                            |        |          | - 1      |       |                |
|    | <ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state</li> </ul>                                                                                                 | law    | İ        | ł        |       |                |
|    | remain in the governing instrument?                                                                                                                                                                                                                    |        | 1        | 6        | X     |                |
| 7  | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV                                                                                                                      |        | <u> </u> | 7        | X     |                |
| '  | Did the foundation have at least \$0,000 in assets at any time during the year. If fes, Complete Part II, Con. (c), and I are Av                                                                                                                       |        |          |          |       |                |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions)                                                                                                                                                     |        |          |          |       |                |
| b  | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)                                                                                                                            |        |          | · ]      |       |                |
| •  | of each state as required by General Instruction G? If "No," attach explanation                                                                                                                                                                        |        |          | 8b       | X     |                |
| 9  | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen                                                                                                                   | dar    | Γ        | -        |       |                |
|    | year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV                                                                                                                                           |        | L        | 9        |       | X              |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses                                                                                                                     |        |          | 10       |       | Х              |
|    |                                                                                                                                                                                                                                                        |        | Form     | 990      | )-PF  | (2015)         |

| orm | 990-PF (2015) BRADY FOUNDATION INC 18060400 74-2474                                                                                                                                       | 880         |                                       | Page 5                                           |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------|--------------------------------------------------|
| Pa  | rt VII-A Statements Regarding Activities (continued)                                                                                                                                      |             |                                       |                                                  |
|     |                                                                                                                                                                                           |             | Yes                                   | No                                               |
| 11  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of                                                                    |             |                                       |                                                  |
|     | section 512(b)(13)? If "Yes," attach schedule (see instructions)                                                                                                                          | 11          |                                       | x                                                |
| 12  | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?                                                |             |                                       |                                                  |
| '-  | If "Yes," attach statement (see instructions)                                                                                                                                             | 12          |                                       | x                                                |
| 12  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                                                                       | 13          | X                                     | <del></del>                                      |
| 13  | Website address ► N/A                                                                                                                                                                     | 13          | - 41                                  | Ь                                                |
|     | The books are in care of ► WELLS FARGO BANK, N.A. Telephone no. ► (480)3                                                                                                                  | 10          | 120                                   | 1                                                |
| 14  |                                                                                                                                                                                           |             | ± 3 0                                 | <del>-</del>                                     |
|     |                                                                                                                                                                                           | 433         |                                       | <del>—</del>                                     |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here                                                                                       | NT.         | /3▶                                   | •                                                |
|     | and enter the amount of tax-exempt interest received or accrued during the year                                                                                                           |             | /A                                    | T NI=                                            |
| 16  | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,                                                              |             | Yes                                   | No                                               |
|     | securities, or other financial account in a foreign country?                                                                                                                              | 16          |                                       | X                                                |
|     | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the                                                                          |             | `                                     | ľ                                                |
| -   | foreign country                                                                                                                                                                           | <u></u>     |                                       | <u> </u>                                         |
| Pa  | rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required                                                                                                            |             |                                       |                                                  |
|     | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.                                                                                                   |             | Yes                                   | No                                               |
| 1a  | During the year did the foundation (either directly or indirectly):                                                                                                                       |             |                                       | ,                                                |
|     | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?                                                                                                    |             |                                       |                                                  |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)                                                                                                   |             |                                       | ļ.                                               |
|     | a disqualified person?                                                                                                                                                                    |             |                                       |                                                  |
|     | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?                                                                                                |             |                                       |                                                  |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?                                                                                                      | 1 .         | **                                    | ١,                                               |
|     | (5) Transfer any income or assets to a disqualified person (or make any of either available                                                                                               |             | , , , , , , , , , , , , , , , , , , , | ٠.                                               |
|     | for the benefit or use of a disqualified person)?                                                                                                                                         |             |                                       |                                                  |
|     | (6) Agree to pay money or property to a government official? (Exception. Check "No"                                                                                                       |             |                                       |                                                  |
|     | If the foundation agreed to make a grant to or to employ the official for a period after                                                                                                  |             |                                       | Į                                                |
|     | termination of government service, if terminating within 90 days.)  Yes X No                                                                                                              |             | *                                     | `                                                |
| ь   | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations                                                                    |             |                                       | `                                                |
|     | section 53,4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?                                                                                             | 1b          |                                       | х                                                |
|     | Organizations relying on a current notice regarding disaster assistance check here                                                                                                        | <del></del> | _                                     | <del>                                     </del> |
|     | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected                                                           |             | ,                                     |                                                  |
| ٠   |                                                                                                                                                                                           | 10          |                                       | х                                                |
| _   | before the first day of the tax year beginning in 2015?  Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | -"          |                                       | <del>                                     </del> |
| 4   |                                                                                                                                                                                           |             | ,                                     |                                                  |
| _   | defined in section 4942(j)(3) or 4942(j)(5)):                                                                                                                                             |             |                                       |                                                  |
| а   | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?  Yes X No                               | '           |                                       |                                                  |
|     |                                                                                                                                                                                           | ٠.          |                                       |                                                  |
|     | If "Yes," list the years , , , , , , , , , , , , , , , , , , ,                                                                                                                            |             |                                       |                                                  |
| b   | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect                                              |             |                                       |                                                  |
|     | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach                                                      |             |                                       |                                                  |
|     | statement - see instructions.) N/A                                                                                                                                                        | <u>2b</u>   |                                       | <del></del>                                      |
| C   | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.                                                                          |             |                                       |                                                  |
|     | <b>&gt;</b>                                                                                                                                                                               |             |                                       |                                                  |
| 38  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time                                                                                 | 1           |                                       | ļ                                                |
|     | during the year?                                                                                                                                                                          |             |                                       |                                                  |
| b   | of "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after                                                    | 1           |                                       |                                                  |
|     | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose                                                      | 1           |                                       |                                                  |
|     | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,                                                        |             | 1                                     |                                                  |
|     | Form 4720, to determine if the foundation had excess business holdings in 2015)  N/A                                                                                                      | 3b          |                                       |                                                  |
| 4a  | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                           | 4a          |                                       | X                                                |
|     | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that                                                    | <b>I</b>    |                                       |                                                  |
|     | had not been removed from jeopardy before the first day of the tax year beginning in 2015?                                                                                                | 4b          |                                       | X                                                |
|     | Fo                                                                                                                                                                                        | rm 990      | )-PF                                  | (2015)                                           |

| Part VII-B   Statements Regarding Activities for Which F                                                              |                                                                 | nguirod                                 | 14-24/488                                                      | SU Page                                    | <u>6</u> |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------|--------------------------------------------|----------|--|--|--|--|
|                                                                                                                       | Offit 4720 May be No                                            | equirea (contin                         | ued)                                                           |                                            | _        |  |  |  |  |
| 5a During the year did the foundation pay or incur any amount to:                                                     |                                                                 |                                         |                                                                |                                            |          |  |  |  |  |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                             |                                                                 |                                         |                                                                |                                            |          |  |  |  |  |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, |                                                                 |                                         |                                                                |                                            |          |  |  |  |  |
| any voter registration drive?                                                                                         |                                                                 |                                         |                                                                |                                            |          |  |  |  |  |
| (3) Provide a grant to an individual for travel, study, or other similar purposes?                                    |                                                                 |                                         |                                                                |                                            |          |  |  |  |  |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section               |                                                                 |                                         |                                                                |                                            |          |  |  |  |  |
| 4945(d)(4)(A)? (see instructions)                                                                                     |                                                                 | ☐ Ye                                    | s X No                                                         |                                            |          |  |  |  |  |
| (5) Provide for any purpose other than religious, charitable, scientific, literary,                                   | or educational purposes, or fo                                  |                                         |                                                                | i i                                        |          |  |  |  |  |
| the prevention of cruelty to children or animals?                                                                     |                                                                 |                                         | s X No                                                         |                                            |          |  |  |  |  |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un                                 | der the excentione described i                                  |                                         | ,,, (=== ),,,                                                  |                                            |          |  |  |  |  |
| section 53.4945 or in a current notice regarding disaster assistance (see instru                                      |                                                                 | ii (tegulations                         | N/A                                                            | ib .                                       |          |  |  |  |  |
| Organizations relying on a current notice regarding disaster assistance check h                                       |                                                                 | •                                       |                                                                | 20                                         | _        |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·                                                                                 |                                                                 |                                         |                                                                |                                            |          |  |  |  |  |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for                                   |                                                                 |                                         |                                                                | ,   ´                                      |          |  |  |  |  |
| expenditure responsibility for the grant?                                                                             |                                                                 | [/A .                                   | s L No                                                         |                                            |          |  |  |  |  |
| If "Yes," attach the statement required by Regulations section 53 4945                                                | , ,                                                             |                                         | }                                                              | 1 1                                        |          |  |  |  |  |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to                                 | pay premiums on                                                 |                                         |                                                                | *                                          |          |  |  |  |  |
| a personal benefit contract?                                                                                          | •                                                               | Ye                                      | s X No                                                         |                                            |          |  |  |  |  |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p                                   | ersonal benefit contract?                                       |                                         | LE                                                             | b X                                        | _        |  |  |  |  |
| If "Yes" to 6b, file Form 8870                                                                                        |                                                                 |                                         |                                                                |                                            |          |  |  |  |  |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s                                  | helter transaction?                                             | Ye                                      | s X No                                                         |                                            |          |  |  |  |  |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu                                    | table to the transaction?                                       |                                         |                                                                | 'b                                         | _        |  |  |  |  |
| Part VIII Information About Officers, Directors, Truste                                                               |                                                                 | agers. Highly                           |                                                                |                                            | _        |  |  |  |  |
| Paid Employees, and Contractors                                                                                       | ,                                                               | • . • .                                 |                                                                |                                            |          |  |  |  |  |
| 1 List all officers, directors, trustees, foundation managers and their                                               | compensation.                                                   |                                         |                                                                |                                            | _        |  |  |  |  |
|                                                                                                                       | (b) Title, and average                                          | (c) Compensation                        | (d) Contributions to                                           | (e) Expense                                | _        |  |  |  |  |
| (a) Name and address                                                                                                  | hours per week devoted to position                              | (If not paid,                           | (d) Contributions to<br>employee benefit plans<br>and deferred | (e) Expense<br>account, othe<br>allowances | ır       |  |  |  |  |
| WELLS FARGO BANK, N.A.                                                                                                | AGENT                                                           | enter -0-)                              | compensation                                                   | anowances                                  | -        |  |  |  |  |
| 8601 N. SCOTTSDALE RD.                                                                                                | LODIN I                                                         |                                         |                                                                |                                            |          |  |  |  |  |
| <del></del>                                                                                                           | 0.00                                                            | _                                       |                                                                | •                                          |          |  |  |  |  |
| SCOTTSDALE, AZ 85253                                                                                                  | 0.00                                                            | 0.                                      | 0.                                                             | 0                                          | •        |  |  |  |  |
| DONNA BRADY                                                                                                           | PRESIDENT/DIR                                                   | ECTOR                                   |                                                                |                                            |          |  |  |  |  |
| 12656 N. 84TH PLACE                                                                                                   |                                                                 |                                         |                                                                | _                                          |          |  |  |  |  |
| SCOTTSDALE, AZ 85260                                                                                                  | 0.50                                                            | 0.                                      | 0.                                                             | 0                                          | •        |  |  |  |  |
| THOMAS E. BRADY                                                                                                       | DIR/V.P./SECR                                                   | /TREASUR                                | ER                                                             |                                            |          |  |  |  |  |
| 12656 N. 84TH PLACE                                                                                                   |                                                                 |                                         |                                                                |                                            |          |  |  |  |  |
| SCOTTSDALE, AZ 85260                                                                                                  | 1.00                                                            | 0.                                      | 0.                                                             | 0                                          | •        |  |  |  |  |
| KERRY B. VINCENT                                                                                                      | DIRECTOR                                                        |                                         |                                                                |                                            | _        |  |  |  |  |
| 3015 GREGORY DRIVE                                                                                                    |                                                                 |                                         |                                                                |                                            |          |  |  |  |  |
| BILLINGS, MT 59102                                                                                                    | 0.00                                                            | 0.                                      | 0.                                                             | 0 .                                        |          |  |  |  |  |
| 2 Compensation of five highest-paid employees (other than those inc                                                   |                                                                 |                                         |                                                                |                                            | <u> </u> |  |  |  |  |
|                                                                                                                       |                                                                 |                                         | (d) Contributions to                                           | (e) Expense                                | _        |  |  |  |  |
| (a) Name and address of each employee paid more than \$50,000                                                         | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation                        | (d) Contributions to<br>employee benefit plans<br>and deferred | (e) Expense account, othe allowances       | IT       |  |  |  |  |
| NONE                                                                                                                  | devoted to position                                             |                                         | compensation                                                   | allowances                                 | _        |  |  |  |  |
| NONE                                                                                                                  |                                                                 |                                         |                                                                |                                            |          |  |  |  |  |
|                                                                                                                       |                                                                 |                                         |                                                                |                                            | _        |  |  |  |  |
|                                                                                                                       |                                                                 |                                         |                                                                |                                            |          |  |  |  |  |
|                                                                                                                       | <del> </del>                                                    |                                         | <u>-</u>                                                       |                                            |          |  |  |  |  |
|                                                                                                                       |                                                                 |                                         | ĺ                                                              |                                            |          |  |  |  |  |
|                                                                                                                       |                                                                 |                                         |                                                                |                                            | _        |  |  |  |  |
|                                                                                                                       |                                                                 |                                         |                                                                |                                            |          |  |  |  |  |
|                                                                                                                       |                                                                 | L                                       | L                                                              |                                            |          |  |  |  |  |
|                                                                                                                       |                                                                 |                                         |                                                                |                                            | _        |  |  |  |  |
|                                                                                                                       |                                                                 | {                                       |                                                                |                                            |          |  |  |  |  |
| Total number of other employees paid over \$50,000                                                                    | ***************************************                         | • • • • • • • • • • • • • • • • • • • • | <b>&gt;</b>                                                    |                                            | 0        |  |  |  |  |
| - Andrews At Address accounts and hand along department                                                               |                                                                 |                                         | Form                                                           | 990-PF (201                                | _        |  |  |  |  |

| Form 990-PF (2015) BRADY FOUNDATION INC 18060400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 74-2474     | 880 Page 7             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                        |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                        |
| (a) Name and address of each person paid more than \$50,000 (b) Type of servi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ce          | (c) Compensation       |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             | (0)                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ļ           |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | <del></del>            |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ļ           |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |
| Total number of others receiving over \$50,000 for professional services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | •           | 0                      |
| Part IX-A Summary of Direct Charitable Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                        |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | Expenses               |
| 1 NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | 0.                     |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |
| Part IX-B   Summary of Program-Related Investments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <del></del> |                        |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | Amount                 |
| 1 N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | —-          |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del> |                        |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ——          |                        |
| All of the control of |             |                        |
| All other program-related investments. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                        |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |
| Total, Add lines 1 through 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b></b>     | 0.                     |
| Total, Aud lines i tillough S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | m <b>990-PF</b> (2015) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FUI         | 220 · · (2013)         |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Form 990-PF (2015)

139,020.

2,298.

4

5

6

4

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

ı f

## Part XIII Undistributed Income (see instructions)

|                                                                                                                                          | (a)<br>Corpus | (b)<br>Years prior to 2014 | (c)<br>2014   | (d)<br>2015        |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|---------------|--------------------|
| 1 Distributable amount for 2015 from Part XI,<br>line 7                                                                                  |               |                            |               | 135,981.           |
| 2 Undistributed income, if any, as of the end of 2015                                                                                    | Ţ · i · · ·   | · · ·                      |               | , , , , ,          |
| a Enter amount for 2014 only                                                                                                             | ·             |                            | 33,326.       |                    |
| b Total for prior years:                                                                                                                 | ,             | 0.                         | 3 *           | A Section of       |
| 3 Excess distributions carryover, if any, to 2015:                                                                                       |               |                            |               | 1                  |
| a From 2010                                                                                                                              |               | š.                         | *             |                    |
| <b>b</b> From 2011                                                                                                                       |               |                            | ,             |                    |
| c From 2012                                                                                                                              | Ì             | ,                          | ,             |                    |
| d From 2013                                                                                                                              |               | N.                         | *             | ,                  |
| e From 2014                                                                                                                              |               | *                          |               |                    |
| f Total of lines 3a through e                                                                                                            | 0.            |                            | ,             | •                  |
| 4 Qualifying distributions for 2015 from                                                                                                 |               |                            |               | ,                  |
| Part XII, line 4: ►\$ 139,020.                                                                                                           | ,             |                            |               |                    |
| a Applied to 2014, but not more than line 2a                                                                                             |               |                            | 33,326.       | `                  |
| b Applied to undistributed income of prior                                                                                               |               |                            |               |                    |
| years (Election required - see instructions)                                                                                             |               | 0.                         |               | *                  |
| c Treated as distributions out of corpus                                                                                                 |               |                            |               | ,) )               |
| (Election required - see instructions)                                                                                                   | 0.            |                            | , , ,         |                    |
| d Applied to 2015 distributable amount                                                                                                   |               | ,                          |               | 105,694.           |
| e Remaining amount distributed out of corpus                                                                                             | 0.            |                            |               |                    |
| 5 Excess distributions carryover applied to 2015<br>(If an amount appears in column (d), the same amount<br>must be shown in column (a)) | 0.            |                            |               | 0.                 |
| 6 Enter the net total of each column as indicated below:                                                                                 |               | ,                          |               | * ,                |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                        | 0.            | *                          | `             |                    |
| b Prior years' undistributed income. Subtract                                                                                            |               |                            |               | * 1                |
| line 4b from line 2b                                                                                                                     | *             | 0.                         |               |                    |
| c Enter the amount of prior years'                                                                                                       |               |                            |               | ,                  |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed  | ,             | 0.                         | ,             |                    |
| d Subtract line 6c from line 6b. Taxable                                                                                                 |               |                            | 1             |                    |
| amount - see instructions                                                                                                                |               | 0.                         | i             | •                  |
| e Undistributed income for 2014. Subtract line                                                                                           | 1 1           | ,                          |               |                    |
| 4a from line 2a. Taxable amount - see instr.                                                                                             |               |                            | 0.            | •                  |
| f Undistributed income for 2015. Subtract                                                                                                |               |                            | <del>``</del> |                    |
| lines 4d and 5 from line 1. This amount must                                                                                             |               |                            | •             |                    |
| be distributed in 2016                                                                                                                   | `             |                            |               | 30,287.            |
| 7 Amounts treated as distributions out of                                                                                                |               |                            |               |                    |
| corpus to satisfy requirements imposed by                                                                                                |               |                            |               |                    |
| section 170(b)(1)(F) or 4942(g)(3) (Election                                                                                             |               |                            |               |                    |
| may be required - see instructions)                                                                                                      | 0.            |                            |               |                    |
| 8 Excess distributions carryover from 2010                                                                                               |               |                            |               | <del></del>        |
| not applied on line 5 or line 7                                                                                                          | 0.            | ,                          |               | * ,                |
| 9 Excess distributions carryover to 2016.                                                                                                |               | ,,                         | -             |                    |
| Subtract lines 7 and 8 from line 6a                                                                                                      | 0.            |                            | `             |                    |
| 10 Analysis of line 9:                                                                                                                   |               |                            |               | <del> </del>       |
| a Excess from 2011                                                                                                                       |               | ,                          |               |                    |
| b Excess from 2012                                                                                                                       |               |                            |               | ,                  |
| c Excess from 2013                                                                                                                       | Ì             |                            |               | r                  |
| d Excess from 2014                                                                                                                       | ,             |                            |               |                    |
| e Excess from 2015                                                                                                                       |               |                            |               |                    |
| 502581 11-04-15                                                                                                                          |               |                            |               | Enrm 990-PF (2015) |

| Form 990-PF (2015) BRADY F                                                                 | OUNDATION I              | NC 18060400                           |                             | 74-24                                   | 74880 Page 10      |
|--------------------------------------------------------------------------------------------|--------------------------|---------------------------------------|-----------------------------|-----------------------------------------|--------------------|
| Part XIV   Private Operating F                                                             | -A, question 9)          | N/A                                   |                             |                                         |                    |
| 1 a If the foundation has received a ruling of foundation, and the ruling is effective for |                          |                                       | •                           |                                         |                    |
| b Check box to indicate whether the found                                                  | •                        | •                                     | n section                   | 4942(j)(3) or 4                         | 942(1)(5)          |
| 2 a Enter the lesser of the adjusted net                                                   | Tax year                 |                                       | Prior 3 years               |                                         | T                  |
| income from Part I or the minimum                                                          | (a) 2015                 | (b) 2014                              | (c) 2013                    | (d) 2012                                | (e) Total          |
| investment return from Part X for                                                          |                          |                                       |                             |                                         | <del></del>        |
| each year listed                                                                           |                          | į                                     |                             |                                         |                    |
| b 85% of line 2a                                                                           |                          | · · · · · · · · · · · · · · · · · · · |                             | <u> </u>                                | <del> </del>       |
| c Qualifying distributions from Part XII,                                                  |                          | <u> </u>                              |                             |                                         | <del></del>        |
| line 4 for each year listed                                                                |                          |                                       |                             |                                         |                    |
| d Amounts included in line 2c not                                                          | <del></del>              | <del> </del>                          |                             |                                         |                    |
| used directly for active conduct of                                                        | İ                        | l                                     |                             |                                         |                    |
| exempt activities                                                                          | ļ                        |                                       | 1                           |                                         | Ì                  |
| e Qualifying distributions made directly                                                   | <del> </del>             |                                       |                             | <del></del>                             | <del> </del>       |
| ·                                                                                          |                          | 1                                     | ł                           |                                         |                    |
| for active conduct of exempt activities,                                                   |                          |                                       |                             | i                                       |                    |
| Subtract line 2d from line 2c .  3 Complete 3a, b, or c for the                            |                          |                                       |                             | <del></del>                             |                    |
| alternative test relied upon:                                                              | }                        | }                                     | ì                           |                                         |                    |
| a "Assets" alternative test - enter:                                                       |                          | ļ                                     |                             |                                         |                    |
| (1) Value of all assets                                                                    |                          | <del> </del>                          |                             | · <del> </del>                          | <del> </del>       |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i)                              |                          |                                       |                             |                                         |                    |
| b "Endowment" alternative test - enter                                                     |                          |                                       |                             |                                         |                    |
| 2/3 of minimum investment return<br>shown in Part X, line 6 for each year                  |                          |                                       | İ                           |                                         |                    |
| listed                                                                                     | İ                        | <u> </u>                              | <u> </u>                    | <u> </u>                                | <u> </u>           |
| c "Support" alternative test - enter:                                                      |                          |                                       |                             |                                         |                    |
| (1) Total support other than gross                                                         |                          |                                       |                             |                                         | 1                  |
| investment income (interest,                                                               |                          | ł                                     | ľ                           |                                         |                    |
| dividends, rents, payments on<br>securities loans (section                                 |                          |                                       |                             |                                         |                    |
| 512(a)(5)), or royalties)                                                                  |                          |                                       |                             |                                         |                    |
| (2) Support from general public                                                            |                          |                                       |                             |                                         |                    |
| and 5 or more exempt                                                                       |                          |                                       |                             |                                         |                    |
| organizations as provided in<br>section 4942(j)(3)(B)(iii)                                 |                          |                                       |                             |                                         |                    |
| (3) Largest amount of support from                                                         |                          |                                       |                             |                                         |                    |
| an exempt organization                                                                     |                          | 1                                     |                             |                                         |                    |
| (4) Gross investment income                                                                |                          |                                       |                             |                                         |                    |
| Part XV Supplementary Info                                                                 |                          |                                       | f the foundation            | had \$5,000 or mo                       | re in assets       |
| at any time during t                                                                       | he year-see instr        | ructions.)                            |                             |                                         |                    |
| 1 Information Regarding Foundation                                                         | n Managers:              |                                       |                             |                                         |                    |
| a List any managers of the foundation wh                                                   |                          | than 2% of the total cont             | ributions received by the   | foundation before the clos              | se of any tax      |
| year (but only if they have contributed i                                                  |                          |                                       |                             |                                         |                    |
| NONE                                                                                       |                          |                                       |                             |                                         |                    |
| b List any managers of the foundation wh                                                   | o own 10% or more of th  | ne stock of a corporation             | or an equally large portion | on of the ownership of a p              | artnership or      |
| other entity) of which the foundation ha                                                   |                          |                                       | ·                           | . ,                                     |                    |
| NONE                                                                                       |                          |                                       |                             |                                         |                    |
| 2 Information Regarding Contribut                                                          | ion, Grant, Gift, Loan   | , Scholarship, etc., Pr               | ograms:                     |                                         |                    |
| Check here 🕨 🗓 if the foundation                                                           |                          |                                       |                             | not accept unsolicited requ             | ests for funds. If |
| the foundation makes gifts, grants, etc.                                                   |                          |                                       |                             |                                         |                    |
| a The name, address, and telephone num                                                     | ber or e-mail address of | the person to whom appli              | cations should be addres    | ssed;                                   |                    |
|                                                                                            |                          |                                       |                             |                                         |                    |
| b The form in which applications should                                                    | oe submitted and informa | ation and materials they s            | rould include:              | *************************************** |                    |
| c Any submission deadlines:                                                                |                          |                                       |                             |                                         |                    |
|                                                                                            |                          | <del> </del>                          | Inches of the state         | -Ab                                     |                    |
| d Any restrictions or limitations on award                                                 | s, such as by geographic | ai areas, charitable fields,          | KINGS OF INSTITUTIONS, OF   | omer factors;                           |                    |
|                                                                                            |                          |                                       |                             |                                         |                    |

523601 11-24-15

Form **990-PF** (2015)

Form 990-PF (2015) BRADY FOUNDATION INC 18060400 74-2474880 Page 11
Part XV Supplementary Information (continued)

| 3 Grants and Contributions Paid During the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                    | Payment              | <del></del>                                      |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------|---------|
| Recipient  Name and address (home or business)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation status of | Purpose of grant or contribution                 | Amount  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | or substantial contributor                                                                                         | recipient            |                                                  |         |
| a Paid during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                      |                                                  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    | ľ                    |                                                  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      |                                                  |         |
| CHRISTIAN APPALACHIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | none                                                                                                               | PC                   | GENERAL FUND                                     |         |
| 322 CRAB ORCHARD STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    |                      |                                                  |         |
| LANCASTER, KY 40444                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                    |                      | <del>                                     </del> | 15,000  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      |                                                  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    | ł                    |                                                  |         |
| CUMBERLAND COLLEGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NONE                                                                                                               | PC                   | GENERAL FUND                                     |         |
| 6191 COLLEGE STATION DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                    |                      | 1                                                |         |
| WILLIAMSBURG, KY 40769                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u> </u>                                                                                                           |                      | <u> </u>                                         | 15,000. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      |                                                  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      |                                                  |         |
| DE LA SALLE BLACKFOOT SCHOOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NONE                                                                                                               | PC                   | GENERAL FUND                                     |         |
| P.O. BOX 1489                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    | -                    |                                                  |         |
| BROWNING, MT 59417                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                      |                                                  | 5,000   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      |                                                  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      |                                                  |         |
| HOLY SPIRIT CHURCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NONE                                                                                                               | PC                   | GENERAL FUND                                     |         |
| 311 THIRD STREET SOUTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                      |                                                  |         |
| VIRGINIA, MN 55792                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u> </u>                                                                                                           |                      |                                                  | 10,000  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      |                                                  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                                                                                  |                      |                                                  |         |
| NAMED AND THE PROPERTY OF THE PARTY OF THE P | TOVE                                                                                                               | PC                   | OTHER AT THE PARTY                               |         |
| NATIONAL FEDERATION FOR THE BLIND<br>200 E. WELLS STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NONE                                                                                                               | PC                   | GENERAL FUND                                     |         |
| BALTIMORE, MD 21230                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                    |                      |                                                  | 5,000.  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NTINUATION SHEE                                                                                                    | T(S)                 | , <b>&gt;</b> 3a                                 | 135,000 |
| b Approved for future payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    |                      |                                                  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      |                                                  |         |
| MONTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Ĭ                                                                                                                  |                      |                                                  |         |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                    |                      |                                                  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      |                                                  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      |                                                  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      |                                                  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      |                                                  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      | ]                                                |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      |                                                  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      |                                                  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      |                                                  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      |                                                  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      |                                                  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      |                                                  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                      |                                                  |         |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                    | 1                    | <b>▶</b> 3b                                      | 0       |

### Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated.                 | Unrelat                 | ed business income                     | Exclu                  | ded by section 512, 513, or 514         | (a)                                   |
|-----------------------------------------------------------------|-------------------------|----------------------------------------|------------------------|-----------------------------------------|---------------------------------------|
| 1 Program service revenue:                                      | (a)<br>Business<br>code | (b)<br>Amount                          | Exclu-<br>sion<br>code | (d)<br>Amount                           | (e) Related or exempt function income |
| <del>-</del>                                                    | COUC                    |                                        | 0000                   |                                         |                                       |
| a                                                               | <u> </u>                | <del> </del>                           |                        |                                         | <del></del>                           |
| b                                                               | <u> </u>                | <u> </u>                               |                        |                                         |                                       |
| C                                                               |                         |                                        | ļ                      |                                         | <del></del>                           |
| d                                                               |                         |                                        | ļ                      |                                         | <del></del>                           |
| e                                                               |                         |                                        |                        |                                         |                                       |
| f                                                               |                         |                                        |                        |                                         |                                       |
| g Fees and contracts from government agencies                   |                         |                                        |                        |                                         |                                       |
| 2 Membership dues and assessments                               |                         |                                        |                        |                                         |                                       |
| 3 Interest on savings and temporary cash                        |                         |                                        |                        |                                         |                                       |
| investments                                                     | ]                       |                                        |                        |                                         |                                       |
| 4 Dividends and interest from securities                        |                         |                                        | 14                     | 55,948.                                 | <del></del>                           |
| 5 Net rental income or (loss) from real estate:                 |                         |                                        | `                      | , , , , , , , , , , , , , , , , , , , , |                                       |
| a Debt-financed property                                        | <u> </u>                |                                        |                        |                                         | <del>"</del>                          |
| b Not debt-financed property                                    |                         |                                        |                        | ······································  | <del> </del>                          |
|                                                                 | <u> </u>                |                                        |                        |                                         | <del></del>                           |
| 6 Net rental income or (loss) from personal                     |                         |                                        |                        |                                         |                                       |
| property                                                        |                         |                                        |                        |                                         |                                       |
| 7 Other investment income                                       |                         | <u> </u>                               |                        |                                         | <del></del>                           |
| 8 Gain or (loss) from sales of assets other                     | <u>'</u>                |                                        |                        |                                         |                                       |
| than inventory                                                  |                         |                                        | 18                     | 173,859.                                |                                       |
| 9 Net income or (loss) from special events                      | <u> </u>                |                                        |                        |                                         | <del></del>                           |
| 10 Gross profit or (loss) from sales of inventory               |                         |                                        |                        |                                         |                                       |
| 11 Other revenue:                                               |                         |                                        |                        |                                         |                                       |
| a CLASS ACTION PROCEEDS                                         |                         |                                        | 01                     | 374.                                    |                                       |
| b FEDERAL TAX REFUND                                            |                         |                                        | 01                     | 72.                                     |                                       |
| С                                                               |                         |                                        |                        |                                         |                                       |
| d                                                               |                         |                                        |                        |                                         |                                       |
| •                                                               | <del></del>             |                                        |                        |                                         |                                       |
| 12 Subtotal. Add columns (b), (d), and (e)                      | <del></del>             | 0.                                     |                        | 230,253.                                | 0.                                    |
|                                                                 | <u> </u>                |                                        | L                      |                                         |                                       |
| 13 Total. Add line 12, columns (b), (d), and (e)                |                         |                                        |                        | 13                                      | 230,233.                              |
| (See worksheet in line 13 instructions to verify calculations.) |                         |                                        |                        | <del></del>                             | <del> </del>                          |
| Part XVI-B Relationship of Activities to                        | the Acco                | mplishment of Exe                      | empt                   | Purposes                                |                                       |
| Line No. Explain below how each activity for which incom        | ne is reported          | in column (e) of Part XVI-A            | contrib                | uted importantly to the accom           | plishment of                          |
| the foundation's exempt purposes (other than b                  | y providing fui         | nds for such purposes).                |                        |                                         |                                       |
| 1 NOT APPLICABLE                                                |                         |                                        |                        |                                         |                                       |
|                                                                 |                         |                                        |                        |                                         |                                       |
|                                                                 |                         |                                        |                        |                                         |                                       |
|                                                                 |                         |                                        |                        |                                         |                                       |
|                                                                 |                         | · · · · · · · · · · · · · · · · · · ·  |                        | <del></del>                             |                                       |
|                                                                 | ·                       |                                        |                        |                                         |                                       |
|                                                                 |                         | <del></del>                            |                        |                                         | <del> </del>                          |
|                                                                 |                         |                                        |                        |                                         |                                       |
|                                                                 |                         | <del></del>                            |                        |                                         | <del></del>                           |
| <del></del>                                                     | <del></del>             | <del></del>                            |                        |                                         | <del></del>                           |
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| <del></del>                                                     |                         | ··                                     |                        |                                         |                                       |
|                                                                 |                         |                                        |                        |                                         |                                       |
|                                                                 |                         |                                        |                        |                                         | <del></del>                           |
|                                                                 |                         | ······································ |                        | <del></del>                             | <del></del>                           |
|                                                                 |                         |                                        |                        | <u></u>                                 | <del></del>                           |
|                                                                 |                         |                                        |                        |                                         |                                       |
|                                                                 |                         |                                        |                        |                                         |                                       |
|                                                                 |                         |                                        |                        |                                         |                                       |
| 523621 11-24-15                                                 | <u></u>                 |                                        |                        |                                         | Form <b>990-PF</b> (2015)             |

| Form 990      |                                                                | 015) BRADY                            | FOUNDATI                  | ON INC              | _180       | 060400                     |               |                  | 7                     | 4-2474                                 | 1880          | Pa       | ige 13 |
|---------------|----------------------------------------------------------------|---------------------------------------|---------------------------|---------------------|------------|----------------------------|---------------|------------------|-----------------------|----------------------------------------|---------------|----------|--------|
| Part >        | (VII                                                           | Information Re                        | garding Tran              | sfers To a          | and T      | ransactions a              | ind R         | elationsl        | nips With N           | lonchari                               | table         |          |        |
|               |                                                                | Exempt Organ                          | izations                  |                     |            |                            |               |                  | -                     |                                        |               |          |        |
| 1 Did         | the ord                                                        | ganization directly or indi           |                           | of the followin     | na wath    | any other organizati       | on desc       | rihad in caci    | ion 501/c) of         |                                        | Т             | Yes      | No     |
|               |                                                                | other than section 501(c)             |                           |                     |            | -                          |               |                  | 1011 00 1(0) 01       |                                        | 1             |          |        |
| _             |                                                                |                                       |                           |                     |            | • .                        | IIZAUOIIS     | o f              |                       |                                        |               | 1        |        |
|               |                                                                | from the reporting found              | ation to a noncharita     | ible exempt org     | ganızatı   | on or:                     |               |                  |                       |                                        | 1 .           | ľ        |        |
|               | Cash                                                           | •                                     |                           |                     |            |                            |               |                  |                       | •                                      | 1a(1)         |          | X      |
| (2)           | Other                                                          | assets                                |                           |                     |            |                            |               |                  |                       |                                        | 1a(2)         |          | X      |
| <b>b</b> Oth  | er trans                                                       | sactions:                             |                           |                     |            |                            |               |                  |                       |                                        |               |          |        |
| (1)           | (1) Sales of assets to a noncharitable exempt organization 1b( |                                       |                           |                     |            |                            |               |                  |                       |                                        |               |          | Х      |
|               | · · ·                                                          |                                       |                           |                     |            |                            |               |                  |                       |                                        | 1b(2)         |          | Х      |
| ٠,            |                                                                | of facilities, equipment,             |                           | <b></b>             | •          |                            |               |                  | •                     | . ,                                    | 1b(3)         |          | X      |
|               |                                                                | oursement arrangements                |                           | •                   |            | •                          |               | •                |                       |                                        | 1b(4)         |          | X      |
| ٠,            |                                                                | <del>-</del> -                        |                           | •                   | •          |                            |               |                  |                       |                                        |               |          | X      |
|               |                                                                | or loan guarantees                    |                           |                     |            |                            |               | •                | -                     | •                                      | 1b(5)         |          | _      |
|               |                                                                | mance of services or me               |                           | -                   |            |                            |               |                  |                       | •                                      | 1b(6)         |          | X      |
|               | _                                                              | facilities, equipment, ma             | * ·                       | •                   |            | •                          |               |                  | •                     |                                        | 10            |          | X      |
| d If th       | ie answ                                                        | er to any of the above is             | "Yes," complete the       | following sche      | dule. C    | olumn (b) should al        | lways sh      | now the fair     | market value of       | the goods, o                           | ther ass      | ets,     |        |
| or s          | ervices                                                        | given by the reporting fo             | oundation. If the fou     | ndation receive     | ed less    | than fair market vali      | ue in an      | / transaction    | or sharing arra       | ngement, sh                            | ow in         |          |        |
| coli          | ımn (d)                                                        | ) the value of the goods,             | other assets, or serv     | ices received.      |            |                            |               |                  |                       |                                        |               |          |        |
| (a) Line no   | , ,                                                            | (b) Amount involved                   | (c) Name o                | f noncharitable     | exemp      | t organization             |               | (d) Description  | n of transfers, trans | actions, and s                         | haring arre   | angemen  | ıts    |
|               | 1                                                              | · · · · · · · · · · · · · · · · · · · |                           | N/A                 |            |                            | $\neg$        |                  |                       | ······································ |               |          |        |
|               | <del>                                     </del>               |                                       |                           | ·                   |            |                            |               |                  |                       |                                        |               |          |        |
|               | +                                                              |                                       |                           |                     |            |                            |               |                  | ····                  | ····                                   |               |          |        |
|               |                                                                |                                       | <b></b>                   |                     |            |                            |               |                  |                       |                                        |               |          |        |
|               | ╁                                                              |                                       | <del></del>               |                     |            | <del></del>                |               |                  | <del></del>           |                                        |               |          |        |
|               |                                                                | <del></del>                           | <del></del>               | <del></del>         |            |                            | <del></del> - |                  |                       |                                        |               |          |        |
|               | ┿-                                                             | <del></del>                           | [ <del></del>             |                     |            |                            |               |                  |                       |                                        |               |          |        |
|               | <u> </u>                                                       |                                       |                           |                     |            |                            |               |                  |                       |                                        |               |          |        |
|               |                                                                |                                       |                           |                     |            |                            |               |                  |                       |                                        |               |          |        |
|               |                                                                |                                       | İ                         |                     |            |                            |               |                  |                       |                                        |               |          |        |
|               |                                                                |                                       |                           |                     |            |                            |               |                  |                       |                                        |               |          |        |
|               |                                                                |                                       | ]                         |                     |            |                            | 1             |                  |                       |                                        |               |          |        |
|               |                                                                |                                       |                           |                     |            |                            |               |                  |                       |                                        |               |          |        |
|               |                                                                |                                       |                           |                     |            |                            |               |                  |                       |                                        |               |          |        |
|               | +                                                              | <del></del>                           |                           |                     |            |                            |               |                  |                       |                                        | ·             |          |        |
|               | +                                                              |                                       |                           |                     |            |                            |               |                  |                       |                                        |               |          |        |
|               |                                                                | <del></del>                           | <del> </del>              |                     |            |                            | <del></del>   |                  |                       |                                        |               |          |        |
|               | ــــــــــــــــــــــــــــــــــــــ                         |                                       | <u> </u>                  |                     |            |                            |               |                  |                       | <del></del>                            |               |          |        |
|               |                                                                | idation directly or indirec           | •                         |                     |            |                            | iizations     | described        |                       | _                                      | <del></del>   | 137      | ٦      |
|               |                                                                | 501(c) of the Code (other             |                           | )(3)) or in sect    | tion 527   | 7                          |               | •                |                       | L                                      | Yes           | LA       | .] No  |
| <u>b</u> if " | es," co                                                        | mplete the following sch              |                           |                     | т          |                            | ·             |                  |                       |                                        |               |          |        |
|               |                                                                | (a) Name of org                       | ganization                |                     | (b) T      | ype of organization        | <del></del>   |                  | (c) Description       | of relations                           | nip           |          |        |
|               |                                                                | N/A                                   |                           |                     |            |                            |               |                  |                       |                                        |               |          |        |
|               |                                                                |                                       |                           |                     |            |                            | 1             |                  |                       |                                        |               |          |        |
|               |                                                                |                                       |                           |                     |            |                            |               |                  |                       |                                        |               |          |        |
|               |                                                                |                                       |                           |                     |            |                            |               |                  |                       |                                        |               |          |        |
|               |                                                                | <del></del>                           | <del></del>               |                     | 1          |                            |               |                  |                       |                                        |               |          |        |
|               | Under                                                          | penalties of perjury, I declare t     | that I have examined this | s return, including | accomp     | anying schedules and s     | tatement      | s, and to the be | est of my knowledg    | 9                                      | 188           |          |        |
| Sign          | and be                                                         | lief, it is true, correct, and con    | nplete Declaration of pro | eparer (other than  | taxpaye    | r) is based on all informa | ation of w    | hich preparer !  | nas any knowledge     | retu                                   | y the IRS out | e prepar | er     |
| Here          |                                                                | De mas                                | 1/ 1900                   | de                  |            | 14/2///                    |               | WH               | /                     |                                        | wn below      |          | ¬' I   |
|               | C:                                                             | atura of officer or trust             | - Coa                     | <del>-7</del>       |            | Data Data                  | _ <b>Z</b> _  | */a              |                       | <u> </u>                               | Yes           | <u> </u> | _  No  |
|               | Sign                                                           | ature of officer or trustee           | <del></del>               | Dean-wide -         |            | Date /                     | <del></del>   | tle              | Chack                 | if DTIN                                |               |          |        |
|               |                                                                | Print/Type preparer's na              | ame                       | Preparer's s        | agnatur    | t                          | Date          | j                | Check                 | If PTIN                                |               |          |        |
|               |                                                                |                                       |                           |                     |            |                            |               |                  | self- employe         |                                        |               |          |        |
| Paid          |                                                                | JESSICA A.                            |                           | JESSIC              | <u>A A</u> | . DUFF                     | 04/           | 25/16            | <del></del>           |                                        | 0179          |          |        |
| Prepa         |                                                                | Firm's name ► DEL                     | XAT TTTIO                 | LLP                 |            |                            |               |                  | Firm's EIN            | <b>►</b> 86-10                         | 3657          | 72       |        |
| Use (         | e Only                                                         |                                       |                           |                     |            |                            |               |                  | ł                     |                                        |               |          |        |

Firm's address ► 2901 N. CENTRAL AVENUE, SUITE 1200 PHOENIX, AZ 85012-2799

| 3 Grants and Contributions Paid During the     | Year (Continuation)                                                                  |                      |                                  |        |
|------------------------------------------------|--------------------------------------------------------------------------------------|----------------------|----------------------------------|--------|
| Recipient  Name and address (home or business) | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Maine and address (nome of business)           | or substantial contributor                                                           | recipient            |                                  |        |
|                                                |                                                                                      |                      |                                  |        |
| NATIONAL RIGHT TO LIFE                         | NONE                                                                                 | PC                   | GENERAL FUND                     |        |
| 512 10TH STREET NW                             |                                                                                      |                      |                                  |        |
| WASHINGTON, DC 20004                           |                                                                                      |                      |                                  | 5,000  |
|                                                |                                                                                      |                      |                                  |        |
| ST. JUDE'S RESEARCH HOSPITAL                   | NONE                                                                                 | PC                   | GENERAL FUND                     |        |
| 501 STREET JUDES PLACE                         |                                                                                      |                      |                                  |        |
| MEMPHIS, TN 38103                              |                                                                                      | <u> </u>             |                                  | 10,000 |
|                                                |                                                                                      |                      |                                  |        |
| TUTWILER CLINIC                                | NONE                                                                                 | PC                   | GENERAL FUND                     |        |
| P.O. BOX 462                                   |                                                                                      |                      |                                  | 10 000 |
| TUTWILER, MS 38963                             |                                                                                      | <b></b>              |                                  | 10,000 |
|                                                |                                                                                      |                      |                                  |        |
| SALVATION ARMY                                 | NONE                                                                                 | PC                   | GENERAL FUND                     |        |
| P.O. BOX 52177<br>PHOENIX, AZ 85072            |                                                                                      | ļ                    |                                  | 25,000 |
|                                                | <del></del>                                                                          | <u> </u>             |                                  | 20,000 |
| POVE AND CIRI C CLUB                           | NONE                                                                                 | PC                   | GENERAL FUND                     |        |
| BOYS AND GIRLS CLUB<br>2645 N. 24TH STREET     | NONE                                                                                 | PC                   | GENERAL FUND                     |        |
| PHOENIX, AZ 85008                              |                                                                                      |                      |                                  | 10,000 |
|                                                |                                                                                      |                      |                                  |        |
| SHRINER HOSPITALS                              | NONE                                                                                 | PC                   | GENERAL FUND                     |        |
| 2900 ROCKY POINT DRIVE                         |                                                                                      | 1.0                  |                                  |        |
| TAMPA, FL 33607                                |                                                                                      |                      |                                  | 15,000 |
|                                                |                                                                                      |                      |                                  |        |
| VIRGINIA COMMUNITY FOUNDATION                  | NONE                                                                                 | PC                   | GENERAL FUND                     |        |
| P.O. BOX 559                                   |                                                                                      |                      |                                  |        |
| VIRGINIA, MN 55792                             |                                                                                      | <u> </u>             |                                  | 5,000  |
|                                                |                                                                                      |                      |                                  |        |
| ST, JOHN PAUL II CHURCH                        | NONE                                                                                 | PC                   | GENERAL FUND                     |        |
| P.O. BOX 277<br>BIGFORK, MT 59911              |                                                                                      |                      |                                  |        |
| BIGFORK, MT 59911                              |                                                                                      |                      | <del></del>                      | 5,000  |
|                                                |                                                                                      |                      |                                  |        |
|                                                |                                                                                      |                      |                                  |        |
|                                                |                                                                                      |                      |                                  |        |
|                                                |                                                                                      |                      |                                  |        |
|                                                |                                                                                      |                      |                                  |        |
|                                                |                                                                                      |                      |                                  |        |
| 7.1.1                                          |                                                                                      | <u>L</u>             | <u> </u>                         | 9E 000 |
| Total from continuation sheets                 |                                                                                      | <del> </del>         |                                  | 85,000 |

1

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2015

Name of the organization

**Employer identification number** 

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | BRA                                            | ADY                  | FOUNDATION               | INC 180604                                | 00                                                                                           |                 | 74-2474880                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------|--------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------|
| Organiz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ation type (check on                           | ne)                  |                          |                                           |                                                                                              |                 |                                                                               |
| Filers of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | :                                              | Section              | n:                       |                                           |                                                                                              |                 |                                                                               |
| Form 990 or 990-EZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | <u> </u>             | 01(c)( ) (enter nu       | mber) organization                        |                                                                                              |                 |                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                      | 947(a)(1) nonexempt      | chantable trust not                       | treated as a private foundate                                                                | ion             |                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                      | 27 political organizat   | ion                                       |                                                                                              |                 |                                                                               |
| Form 99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0-PF                                           | X :                  | 01(c)(3) exempt priva    | te foundation                             |                                                                                              |                 |                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                      | 947(a)(1) nonexempt      | charitable trust treate                   | ed as a private foundation                                                                   |                 |                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                      | 01(c)(3) taxable prıva   | te foundation                             |                                                                                              |                 |                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | your organization is<br>nly a section 501(c)(7 |                      | •                        | •                                         | th the General Rule and a Sp                                                                 | pecial Rule. So | ee instructions.                                                              |
| General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Rule                                           |                      |                          |                                           |                                                                                              |                 |                                                                               |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ~                                              | -                    |                          |                                           | during the year, contribution actions for determining a cor                                  |                 |                                                                               |
| Special                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Rules                                          |                      |                          |                                           |                                                                                              |                 |                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | sections 509(a)(1) ar                          | and 170<br>r, during | b)(1)(A)(vi), that check | ed Schedule A (Formoutions of the greater | 90-EZ that met the 33 1/3%<br>990 or 990-EZ), Part II, line<br>of (1) \$5,000 or (2) 2% of t | 13, 16a, or 16  |                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | year, total contribut                          | itions of            |                          | clusively for religious,                  | rm 990 or 990-EZ that receiv<br>charitable, scientific, literary<br>nd III.                  |                 |                                                                               |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year |                                                |                      |                          |                                           |                                                                                              |                 | than \$1,000. If this box<br>naritable, etc.,<br>ceived <i>nonexclusively</i> |
| but it m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                | Part IV,             | line 2, of its Form 990  | ), or check the box o                     | n line H of its Form 990-EZ o                                                                |                 | orm 990, 990-EZ, or 990-PF),<br>990-PF, Part I, line 2, to                    |

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

Name of organization

Employer identification number

### BRADY FOUNDATION INC 18060400

74-2474880

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |                     |   |  |  |  |  |  |
|--------|------------------------------------------------------------------------------------------------|---------------------|---|--|--|--|--|--|
| (a)    | (b)                                                                                            | (c)                 |   |  |  |  |  |  |
| No.    | Name, address, and ZIP + 4                                                                     | Total contributions | Т |  |  |  |  |  |

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c) Total contributions    | (d)<br>Type of contribution                                                |
|------------|-------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------|
| 1          | THOMAS AND DONNA BRADY  12656 N. 84TH PLACE  SCOTTSDALE, AZ 85260 | \$ <u>100,000</u> .        | Person X Payroll  Noncash  (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions | (d)<br>Type of contribution                                                |
| 2          | THOMAS AND DONNA BRADY  12656 N. 84TH PLACE  SCOTTSDALE, AZ 85260 | \$ 250,017.                | Person X Payroll X Noncash X (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c) Total contributions    | (d) Type of contribution                                                   |
|            |                                                                   | \$                         | Person Payroll Noncash Complete Part II for noncash contributions.)        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions | (d)<br>Type of contribution                                                |
|            |                                                                   | \$                         | Person Payroll Oncash Ocomplete Part II for noncash contributions.)        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions | (d)<br>Type of contribution                                                |
|            |                                                                   | \$                         | Person Payroll Oncash Complete Part II for noncash contributions.)         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions | (d)<br>Type of contribution                                                |
|            |                                                                   | \$                         | Person Payroll Oncash Complete Part II for noncash contributions.)         |

Name of organization

Employer identification number

#### BRADY FOUNDATION INC 18060400

74-2474880

| KADY                         | FOUNDATION INC 18060400                                               |                                                | -2474880                   |
|------------------------------|-----------------------------------------------------------------------|------------------------------------------------|----------------------------|
| Part II                      | Noncash Property (see instructions). Use duplicate copies of Property | art II if additional space is needed.          |                            |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                            | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received       |
|                              | 5,645 SHS OF CONAGRA FOODS INC.                                       |                                                |                            |
| 2                            |                                                                       |                                                |                            |
|                              |                                                                       | \$ 250,017.                                    | _07/21/15                  |
| (a)                          |                                                                       | (c)                                            |                            |
| No.<br>from                  | (b)                                                                   | FMV (or estimate)                              | (d)                        |
| Part I                       | Description of noncash property given                                 | (see instructions)                             | Date received              |
|                              |                                                                       |                                                |                            |
|                              |                                                                       |                                                |                            |
| İ                            |                                                                       |                                                |                            |
|                              |                                                                       | \$                                             |                            |
| (a)                          |                                                                       | (-)                                            |                            |
| No.                          | (b)                                                                   | (c)<br>FMV (or estimate)                       | (d)                        |
| from Part I                  | Description of noncash property given                                 | (see instructions)                             | Date received              |
| raiti                        |                                                                       |                                                |                            |
|                              |                                                                       |                                                |                            |
|                              |                                                                       |                                                |                            |
| 1                            |                                                                       | \$                                             |                            |
| (a)                          |                                                                       |                                                |                            |
| No.                          | (b)                                                                   | (c)<br>FMV (or estimate)                       | (d)                        |
| from                         | Description of noncash property given                                 | (see instructions)                             | Date received              |
| Part I                       |                                                                       |                                                |                            |
|                              |                                                                       |                                                |                            |
|                              |                                                                       |                                                |                            |
|                              |                                                                       | \$                                             |                            |
| (a)                          |                                                                       |                                                |                            |
| No.                          | (b)                                                                   | (c)<br>FMV (or estimate)                       | (d)                        |
| from                         | Description of noncash property given                                 | (see instructions)                             | Date received              |
| Part I                       |                                                                       |                                                |                            |
| }                            |                                                                       |                                                |                            |
|                              |                                                                       |                                                |                            |
|                              |                                                                       |                                                |                            |
| (a)                          |                                                                       |                                                |                            |
| No.                          | (b)                                                                   | (c)<br>FMV (or estimate)                       | (d)                        |
| from                         | Description of noncash property given                                 | (see instructions)                             | Date received              |
| Part I                       |                                                                       | , , , , , , , , , , , , , , , , , , , ,        |                            |
| ļ                            |                                                                       | <del></del>                                    |                            |
|                              |                                                                       |                                                |                            |
|                              |                                                                       | \$                                             | 990, 990-EZ, or 990-PF) (2 |

| •                         |                                                                                                                                                                                                               |                                                                                          |                                                                                                                                                |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule E<br>Name of org | 3 (Form 990, 990-EZ, or 990-PF) (2015)                                                                                                                                                                        |                                                                                          | Page <sup>4</sup><br>Employer identification number                                                                                            |
|                           | <b>,</b>                                                                                                                                                                                                      |                                                                                          | Employer racinimation national                                                                                                                 |
|                           | FOUNDATION INC 18060400                                                                                                                                                                                       |                                                                                          | 74-2474880                                                                                                                                     |
| Part III                  | Exclusively feligious, charitable, etc., contribute the year from any one contributor. Complete completing Part III, enter the total of exclusively religious,  Use duplicate copies of Part III if additiona | olumns (a) through (e) and the follow<br>charitable, etc., contributions of \$1,000 or l | n section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year (Enter this info once) |
| (a) No.                   |                                                                                                                                                                                                               |                                                                                          |                                                                                                                                                |
| from<br>Part I            | (b) Purpose of gift                                                                                                                                                                                           | (c) Use of gift                                                                          | (d) Description of how gift is held                                                                                                            |
| -                         |                                                                                                                                                                                                               | (e) Transfer of gift                                                                     | t                                                                                                                                              |
|                           | Transferee's name, address, an                                                                                                                                                                                | d ZIP + 4                                                                                | Relationship of transferor to transferee                                                                                                       |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                                                                                                                           | (c) Use of gift                                                                          | (d) Description of how gift is held                                                                                                            |
|                           | Transferee's name, address, an                                                                                                                                                                                | (e) Transfer of gift                                                                     | Relationship of transferor to transferee                                                                                                       |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                                                                                                                           | (c) Use of gift                                                                          | (d) Description of how gift is held                                                                                                            |
|                           |                                                                                                                                                                                                               | (e) Transfer of gift                                                                     | t                                                                                                                                              |
| ,                         | Transferee's name, address, an                                                                                                                                                                                | d ZIP + 4                                                                                | Relationship of transferor to transferee                                                                                                       |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                                                                                                                           | (c) Use of gift                                                                          | (d) Description of how gift is held                                                                                                            |
|                           |                                                                                                                                                                                                               | (e) Transfer of gif                                                                      | <u> </u>                                                                                                                                       |

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

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| FORM 990-PF DIVI                                                        | DENDS         | AND                                         | INTER              | EST     | FROM SI                                    | ECUR         | ITIES                             |                    | STATEME             | NT 1                                            |
|-------------------------------------------------------------------------|---------------|---------------------------------------------|--------------------|---------|--------------------------------------------|--------------|-----------------------------------|--------------------|---------------------|-------------------------------------------------|
| GRO SOURCE AMO                                                          | SS<br>UNT     | CAPITA<br>GAINS<br>DIVIDEN                  |                    | REVENUE |                                            | JΕ           | (B)<br>NET INVEST-<br>MENT INCOME |                    |                     |                                                 |
| DIVIDENDS 55 OTHER INTEREST                                             | 5,938.<br>10. |                                             | 0. 55,938<br>0. 10 |         | 38.                                        | •            |                                   |                    | <del></del>         |                                                 |
| TO PART I, LINE 4 55                                                    | ,948.         |                                             | 0. 55,94           |         |                                            | -            |                                   |                    |                     |                                                 |
| FORM 990-PF                                                             |               | OT                                          | HER I              | NCOI    | ИE                                         | <u>.</u>     |                                   |                    | STATEME             | NT 2                                            |
| DESCRIPTION                                                             |               |                                             |                    | REV     | (A)<br>ÆNUE<br>BOOKS                       |              | (B)<br>ET INV<br>ENT IN           | EST-               | (C<br>ADJU<br>NET I | STED                                            |
| CLASS ACTION PROCEEDS<br>FEDERAL TAX REFUND                             |               |                                             | <del></del>        |         | 37 <i>4</i>                                |              |                                   | 0.                 |                     |                                                 |
| TOTAL TO FORM 990-PF, PAR                                               | т І. 1        | TNE                                         | 11                 |         | 446                                        |              |                                   | 0.                 |                     |                                                 |
|                                                                         | , ·           |                                             |                    |         |                                            | , .<br>== == |                                   |                    |                     |                                                 |
| FORM 990-PF                                                             |               |                                             | OUNTI              | NG I    |                                            |              |                                   |                    | STATEME             | NT 3                                            |
| FORM 990-PF  DESCRIPTION                                                |               | ACC<br>(A<br>EXPEN                          | OUNTI              | NE?     |                                            |              | (C<br>ADJU<br>NET I               | )<br>STED          | (<br>CHAR           | D)                                              |
|                                                                         |               | ACC<br>(A<br>EXPEN<br>PER B                 | OUNTI              | NE?     | FEES (B) FINVES                            |              | ADJU                              | )<br>STED          | (<br>CHAR<br>PUR    | D)<br>ITABLE                                    |
| DESCRIPTION                                                             | ]             | ACC (A EXPEN PER B                          | OUNTI              | NE?     | FEES (B) FINVES                            | ·-           | ADJU                              | )<br>STED          | (<br>CHAR<br>PUR    | D)<br>ITABLE<br>POSES                           |
| DESCRIPTION TAX PREPARATION FEE                                         | 168           | ACC (A EXPEN PER B 4                        | OUNTI              | NET     | FEES (B) FINVES                            | 0.<br>0.     | ADJU                              | )<br>STED<br>NCOME | (<br>CHAR<br>PUR    | D)<br>ITABLE<br>POSES<br>4,020.                 |
| DESCRIPTION  TAX PREPARATION FEE  TO FORM 990-PF, PG 1, LN              | 16B           | ACC (A EXPEN PER B 4                        | OUNTI              | NET     | FEES  (B) F INVEST                         | 0.<br>0.     | ADJU<br>NET I                     | )<br>STED<br>NCOME | CHAR PUR  STATEME   | D)<br>ITABLE<br>POSES<br>4,020.                 |
| DESCRIPTION  TAX PREPARATION FEE  TO FORM 990-PF, PG 1, LN  FORM 990-PF | 16B           | ACC (A EXPEN PER B 4 4 HER P (A EXPEN PER B | OUNTI              | NET     | FEES  (B) F INVEST  VAL FEES  (B) F INVEST | 0.<br>0.     | ADJU<br>NET I                     | )<br>STED<br>NCOME | CHAR PUR  STATEME   | D) ITABLE POSES 4,020. 4,020.  ONT 4  D) ITABLE |

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| FORM 990-PF                                        | TAX                          |                                   | STATEMENT 5 |                      |  |
|----------------------------------------------------|------------------------------|-----------------------------------|-------------|----------------------|--|
| DESCRIPTION                                        | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME |             |                      |  |
| FEDERAL TAXES PAID                                 | 6,760.                       | 0                                 | •           | 0 .                  |  |
| TO FORM 990-PF, PG 1, LN 18 =                      | 6,760.                       | 0                                 | •           | 0.                   |  |
| EODW 000 DE OMUED DEODE A                          | ag TN Nam Ag                 | arma on Firm                      | DALANGEG    | CM2 menterm 6        |  |
| FORM 990-PF OTHER DECREASI                         | ES IN NET AS                 | SETS OR FUND                      | BALANCES    | STATEMENT 6          |  |
| DESCRIPTION                                        |                              |                                   |             | AMOUNT               |  |
| RETURN OF CAPITAL<br>DIFFERENCE BETWEEN COST BASIS | T AND EMILOR                 |                                   |             | 1,436.               |  |
| PROPERTY NON-TAXABLE DISTRIBUTION                  | 5 AND PHV OF                 | COMINIBULED                       |             | 250,016.<br>203.     |  |
| TOTAL TO FORM 990-PF, PART II                      | II, LINE 5                   |                                   |             | 251,655.             |  |
| FORM 990-PF                                        | CORPORAT                     | E STOCK                           |             | STATEMENT 7          |  |
| DESCRIPTION                                        |                              | Е                                 | OOK VALUE   | FAIR MARKET<br>VALUE |  |
| CORPORATE STOCKS-ATTACHMENT                        | A                            |                                   | 533,204.    | 668,344.             |  |
| TOTAL TO FORM 990-PF, PART I                       | I, LINE 10B                  |                                   | 533,204.    | 668,344.             |  |
| FORM 990-PF                                        | CORPORAT                     | E BONDS                           |             | STATEMENT 8          |  |
| DESCRIPTION                                        |                              | E                                 | SOOK VALUE  | FAIR MARKET<br>VALUE |  |
| CORPORATE BONDS-ATTACHMENT A                       |                              | <del></del>                       | 226,761.    | 215,193.             |  |
| TOTAL TO FORM 990-PF, PART I                       | 215,193.                     |                                   |             |                      |  |

# BRADY FOUNDATION INC 18060400

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| FORM 990-PF OTHER                 |      | INVESTMENTS         | STATEMENT 9 |                      |
|-----------------------------------|------|---------------------|-------------|----------------------|
| DESCRIPTION                       |      | VALUATION<br>METHOD | BOOK VALUE  | FAIR MARKET<br>VALUE |
| OTHER INVESTMENTS-ATTACHMENT A    |      | COST                | 1,618,125.  | 1,698,580.           |
| TOTAL TO FORM 990-PF, PART II, LI | NE 1 | 3                   | 1,618,125.  | 1,698,580.           |