EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A F	or the	2021 calendar year, or tax year beginning and	ending			
B c	heck if pplicable:	C Name of organization		D Employer identific	cation number	
	Address change	THE BRAIN RECOVERY PROJECT				
	Name change	Doing business as		45-257189	98	
	Initial return Final return/	,	Room/suite 101	E Telephone number 833-675-3		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	239,954.	
	Amende return			H(a) Is this a group re	eturn	
	Applica-	F Name and address of principal officer: MATTHEW FLESCH		for subordinates		
	pending	SAME AS C ABOVE		H(b) Are all subordinates in		
ΙT	ax-exer	npt status: X 501(c)(3) 501(c) ()	or 527	1	list. See instructions	
J۷	Vebsite	: ► WWW.BRAINRECOVERYPROJECT.ORG		H(c) Group exemption	n number 🕨	
K F	orm of o	rganization: X Corporation Trust Association Other	L Year	of formation: 2011 N	1 State of legal domicile: CA	
Pa		Summary				
d)		riefly describe the organization's mission or most significant activities: WE El				
Governance	<u>W</u>	HO NEED NEUROSURGERY TO TREAT MEDICATION	-RESIS	STANT EPILEP	SY.	
rna	2 0	heck this box 🕨 🔛 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.	
ove.				3	6	
ھ 2		umber of independent voting members of the governing body (Part VI, line 1b)			6	
es 8		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			3	
Ĭŧ		otal number of volunteers (estimate if necessary)			40	
Activities		otal unrelated business revenue from Part VIII, column (C), line 12			0.	
	b N	et unrelated business taxable income from Form 990-T, Part I, line 11	······		0.	
Revenue				Prior Year	Current Year	
	l	contributions and grants (Part VIII, line 1h)		241,345.	239,432.	
		rogram service revenue (Part VIII, line 2g)		0.	0.	
		evestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,085.	522.	
		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		242,430.	239,954.	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,250.	12,991.	
		trants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	45 0	enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		91,053.		
ses	15 S	rofessional fundraising fees (Part IX, column (A), line 11e)		9,687.	5,480.	
Expenses	h T	otal fundraising expenses (Part IX, column (D), line 25) 12,95	57.	3,007.	3,400.	
Ä	17 C	otal fundraising expenses (i art ix, column (b), line 23)		73,482.	96,353.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		199,472.	204,686.	
		evenue less expenses. Subtract line 18 from line 12		42,958.	35,268.	
-Se			Be	ginning of Current Year	End of Year	
ets	20 T	otal assets (Part X, line 16)		140,445.	166,016.	
ASS	21 T	otal liabilities (Part X, line 26)		21,087.	11,390.	
Net Assets or Fund Balances	22 N	et assets or fund balances. Subtract line 21 from line 20		119,358.	154,626.	
Pa	art II	Signature Block				
Und	er penalti	es of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is	
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.		
Sigi	ո	Signature of officer		Date		
Her	e	MATTHEW FLESCH, BOARD CHAIR				
		Type or print name and title		Data Lui E	DTIN	
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN	
Paid -		TAMES E. MULLIGAN, CPA	1	1/13/22 self-employe		
	-	STRIEGEL KNOBLOCH & COMPANY LLC		Firm's EIN ▶	37-1122831	
use	Only	Firm's address 115 W JEFFERSON ST SUITE 200		20	0 000 4202	
	:= :	BLOOMINGTON, IL 61701		Phone no. 30	9-829-4303	
May	the IRS	S discuss this return with the preparer shown above? See instructions			X Yes No	

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WE ENHANCE THE LIVES OF CHILDREN WHO NEED NEUROSURGERY TO TREAT
	MEDICATION-RESISTANT EPILEPSY BY EMPOWERING THEIR FAMILIES WITH
	RESEARCH, SUPPORT SERVICES, AND IMPACTFUL PROGRAMS ACROSS THE
	LIFESPAN.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 78,098 • including grants of \$) (Revenue \$
	PEDIATRIC EPILEPSY SURGERY INFORMATION AND RESOURCES:
	THE BRP IS A TRUSTED SOURCE OF INFORMATION FOR PARENTS AND CAREGIVERS,
	EPILEPSY PROFESSIONALS, SCHOOL TEAMS, AND THERAPISTS. THIS PROGRAM AIMS
	TO PROVIDE INFORMATION AND EDUCATE PARENTS/CAREGIVERS OF CHILDREN WITH
	DRUG-RESISTANT EPILEPSY AND THE PUBLIC ABOUT EPILEPSY SURGERY, GET
	CHILDREN EVALUATED FOR SURGERY FASTER, AND HELP PARENTS/CAREGIVERS
	UNDERSTAND AND IMPROVE POSTOPERATIVE OUTCOMES USING EVIDENCE-BASED RESEARCH. THROUGH ITS WIDE RANGE OF WEB CONTENT, PRINT PUBLICATIONS,
	AND WEBINARS, THE PROGRAM AIMS TO ENSURE THAT PARENTS, CAREGIVERS, AND
	ALIGNED PROFESSIONALS HAVE THE TOOLS AND INFORMATION THEY NEED FROM
	DRUG-RESISTANT EPILEPSY DIAGNOSES THROUGHOUT THEIR LIFESPAN.
4b	(Code:) (Expenses \$
	RESEARCH:
	WE CONTINUED TO COLLECT DATA IN THE GLOBAL PEDIATRIC EPILEPSY SURGERY
	REGISTRY TO UNDERSTAND THE DEVELOPMENTAL TRAJECTORY AFTER PEDIATRIC
	EPILEPSY SURGERY. THIS DATA COLLECTED RESULTED IN THE PUBLICATION OF
	ONE RESEARCH PAPER ON THE COGNITIVE AND LANGUAGE OUTCOMES OF CHILDREN
	WHO HAD HEMISPHERECTOMY FOR SEIZURES CAUSED BY HEMIMEGALENCEPHALY.
	ABSTRACTS INCLUDED DISPARITIES IN MULTI-DISCIPLINARY REHABILITATION
	AFTER CEREBRAL HEMISPHERECTOMY: A PATIENT-CENTERED REPORT FROM THE
	GLOBAL PEDIATRIC EPILEPSY SURGERY REGISTRY PRESENTED AT THE AMERICAN
	CONGRESS OF REHABILITATION MEDICINE MEETING.
4c	(Code:) (Expenses \$) (Revenue \$)
	ADVOCACY & COLLABORATION
	WE MOVE OUR MISSION FORWARD BY COLLABORATING AND ADVOCATING WITH
	HIGH-IMPACT ORGANIZATIONS. WE DO THIS THROUGH OUR ACTIVE PARTICIPATION
	IN ALLIANCES WITH OTHER ORGANIZATIONS, INCLUDING PERKINS SCHOOL FOR THE
	BLIND, COUNCIL OF PARENT ATTORNEYS AND ADVOCATES, AMERICAN BRAIN
	COALITION, RARE EPILEPSIES NETWORK, EPILEPSY LEARNING HEALTHCARE SYSTEM
	OF THE EPILEPSY FOUNDATION OF AMERICA, INFANTILE SPASMS ACTIONS
	NETWORK, THE RARE AND CATASTROPHIC SEIZURES CONSORTIUM; AND THE
	EPILEPSY LEADERSHIP COUNCIL OF THE AMERICAN EPILEPSY SOCIETY.
4d	Other program services (Describe on Schedule O.)
46	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 144,664.
TC	Total program service expenses

12031113 310279 04845.000

2

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			٦,
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			<u></u>
		19		x
20a	complete Schedule G, Part III	20a		X
20a b		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domocio government orti artix, commit (-), inte 1: II Tes. complete ochequie I, Parts I and II	41		

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THE BRAIN RECOVERY PROJECT 45-2571898 Page 4 Form 990 (2021) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response or note to any line in this Part v							
					Yes	No		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	5					
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0					
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?			1c				

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Form **990** (2021)

021) THE BRAIN RECOVERY PROJECT

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	C -		X
L	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6h		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
·	to file Form 8282?	7с		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
J	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	L	х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X			
Sec	tion A. Governing Body and Management									
				_		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b		6						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other							
_	officer, director, trustee, or key employee?				2		х			
3	Did the organization delegate control over management duties customarily performed by or under the			·	_					
3					3		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 9		o filod?		4		X			
4					5		X			
5	· · · · · · · · · · · · · · · · · · ·									
6	Did the organization have members or stockholders?			· -	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•			_		3,7			
	more members of the governing body?			· -	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		·							
	persons other than the governing body?			Ľ	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-							
а	The governing body?			Ŀ	8a	X				
b	Each committee with authority to act on behalf of the governing body?			. <u>L</u> i	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re									
			,			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			Γı	10a		Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			·						
_			,	1	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			· -	11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	DOIO	e ming the form.	H	ı ıa					
				١,	12a	X				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a 12b	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			··	IZD	21				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		١.		v				
	on Schedule O how this was done				12c	X				
13	Did the organization have a written whistleblower policy?				13	X	37			
14	Did the organization have a written document retention and destruction policy?			. 📙	14		X			
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official			. [1	15a	X				
b	Other officers or key employees of the organization			. 1	15b		X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a							
	taxable entity during the year?			<u> </u>	16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's							
	exempt status with respect to such arrangements?			. 1	16b					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)	3)s o	nlv) =	availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply.		(===:0::001(0)(-,- 0	,,					
		00.0	shodulo (1)							
10										
19										
00	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's boom MONTKA A TONES - (833) 675-3335	ks an	u records -							
	MONIKA A. JONES - (833) 675-3335	0.0	10.41							
	969 COLORADO BOULEVARD, SUITE 101, LOS ANGELES, CA	91	041							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organize	zation nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Position not check more than one			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	person is both an a director/trustee)		n an	compensation	compensation	amount of
	week	_	Cer ai	lu a u	recid	i / ii us	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	e e			sated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trust		ee	ubeu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual t	tiona		oldr	ye co	_	1033 (420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MONIKA A. JONES, ESQ.	35.00	_								
EXECUTIVE DIRECTOR/CEO				Х				43,350.	0.	0.
(2) LUKE SHEPARD	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) KEVIN O'CONNOR	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) MATTHEW FLESCH	1.00	1								
SECRETARY		Х		Х				0.	0.	0.
(5) SANDI LAM, MD	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(6) NICOLE MURRAY	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(7) CECILE DAME, PHD	1.00	l								
DIRECTOR		Х						0.	0.	0.
		-								
		1								
		1								
		-								
		1			_	_	<u> </u>			
		-								
		-								
		1								
		1								
					l			<u> </u>	l	000

Form 990 (2021)

45-2571898

Section A. Officers, Directors, Trus	tees, Key Emp	loyو	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)		(C)					(D)	(E)		(F)	
Name and title	Average			Pos			one	Reportable	Reportable		Estimate	∍d
	hours per	box	òox, unless		check more than one less person is both an and a director/trustee)			compensation	compensation	a	amount	of
	week	offic	cer ar	nd a di	irecto	or/trus	tee)	from	from related		other	
	(list any	ector						the	organizations	CO	mpensa	ition
	hours for	or dir	au			ted		organization	(W-2/1099-MISC/	- 1	from th	
	related	stee	truste			bens		(W-2/1099-MISC/	1099-NEC)		rganizat	
	organizations below	al tru	onal		oloye	le e		1099-NEC)		- 1	nd relat	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former			or	ganizati	ons
		드	드	JO.	- A	물등	요			+-		
		1										
										+-		
		<u> </u>				_						
		1										
						\vdash				+		
		<u> </u>				_						
		ł										
										+		
								42.250				
1b Subtotal								43,350.		•		0.
c Total from continuation sheets to Part VI								0.		•		0.
d Total (add lines 1b and 1c)							<u> </u>	43,350.	0	•		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			0
compensation from the organization											Yes	No
3 Did the organization list any former officer,	director, trust	ee. k	ev e	lame	ove	e. or	hia	hest compensated emp	lovee on			
line 1a? If "Yes," complete Schedule J for s	,	-	•	•	•		•		•	3		х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4		Х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes, " com	plete Schedule	⊋ <i>J f</i> ¢	or su	ıch r	oers	on				. 5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co the organization. Report compensation for										sation i	rom	
(A)	ine calendar ye	,ai C	, i i dii	ig w	iti i	J1 VV1		(B)	car.		(C)	
Name and business	address	NC	INC	3				Description of s	ervices		ensatio	n
2 Total number of independent contractors (ii	ncludina but n	ot lir	nited	d to t	thos	se lis	ted	above) who received me	ore than			
\$100,000 of compensation from the organiz					(
										Forr	n 990 (2021)

Form 990 (2021) THE BRA
Part VIII Statement of Revenue

			Check if Schedule O contains a respons	se or note to any lin	e in this Part VIII			
			Officer if Ochedule O Contains a respons	se of flote to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
ıts	1 :	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	1	b	Membership dues 1b					
e, e		С	Fundraising events 1c					
ifts			Related organizations 1d					
nii. Bii			Government grants (contributions) 1e	14,097.				
Sir			All other contributions, gifts, grants, and	,				
uti Je	'		similar amounts not included above 1f	225,335.				
ë₽				223,333.				
on pu		_	Noncash contributions included in lines 1a-1f		220 422			
O B		h	Total. Add lines 1a-1f		239,432.			
				Business Code				
çe	2	а		_				
e Ķ		b		_				
am Ser		С						
am		d						
Program Service Revenue		е						
Pro		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3	3	Investment income (including dividends, into					
	Ü		other similar amounts)					
	4		Income from investment of tax-exempt bond	-				
	5		Royalties(i) Real					
				(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss))				
	7	а	Gross amount from sales of (i) Securitie	s (ii) Other				
			assets other than inventory 7a					
			Less: cost or other basis					
<u>e</u>			and sales expenses 7b					
Revenue			Gain or (loss) 7c					
ev			Net gain or (loss)					
her R								
ţ	0		Gross income from fundraising events (not					
₽			including \$ of					
			contributions reported on line 1c). See	_				
			· · · · · · · · · · · · · · · · · · ·	8a				
				8b				
		С	Net income or (loss) from fundraising events	<u> </u>				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	9a				
	1	b		9b				
			Net income or (loss) from gaming activities	>				
	10	а	Gross sales of inventory, less returns					
			• •	0a				
		h	I	0b				
			Net income or (loss) from sales of inventory					
		<u> </u>	Net income of (loss) from sales of inventory	Business Code				
SL			MISCELLANEOUS	999999	522.	522.		
eo e	11		MISCELLANEOUS	_ 333333	344.	322.		
Miscellaneous Revenue		b		-				
cel ev		С		-				
Mis		d	All other revenue					
_			Total. Add lines 11a-11d		522.			
	12		Total revenue. See instructions	>	239,954.	522.	0.	0.

Form 990 (2021) THE BRAIN REC Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(0)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	12,991.	12 001		
_	individuals. See Part IV, line 22	12,991.	12,991.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	42 250	24 677	4 226	4 227
	trustees, and key employees	43,350.	34,677.	4,336.	4,337
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	20 615	20 000	E0.4	2.6
7	Other salaries and wages	39,617.	38,877.	704.	36
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	6,895.	6,047.	515.	333
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	17,887.		17,887.	
d					
е	Professional fundraising services. See Part IV, line 17	5,480.			5,480
f	Investment management fees				
g					
Ī	column (A), amount, list line 11g expenses on Sch O.)	37,598.	35,548.	1,225.	825
2	Advertising and promotion	2,665.	2,347.		318
3	Office expenses	1,725.	308.	1,417.	
4	Information technology	12,848.	8,295.	4,501.	52
5	Royalties	·	,		
6	Occupancy				
7	Travel	2,035.	1,914.	121.	
8	Payments of travel or entertainment expenses				
U	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	4,119.	4,119.		
		-,>•	-,		
0	·····				
1	Payments to affiliates				
2		4,045.	2,427.	809.	809
3	Insurance Other evenues Itamize evenues not severed	4,043.	4,441.	003.	003
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) OTHER EXPENSES	5,465.	4,755.	710.	
a b	BOOKS AND SUBSCRIPTIONS	4,386.	3,532.	854.	
	TRAINING AND DEVELOPMEN	1,853.	1,500.	353.	
c	BANK AND MERCHANT FEES	1,419.	465.	187.	767
d		308.	113.	195.	707
	All other expenses	204,686.	157,915.	33,814.	12,957
<u>5</u>	Total functional expenses. Add lines 1 through 24e	404,000.	101,910.	33,014.	14,957
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		138,561.	1	160,516.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,884.	4	500
	5	Loans and other receivables from any current or for				
		trustee, key employee, creator or founder, substant	tial contributor, or 35%			
		controlled entity or family member of any of these p	persons		5	
	6	Loans and other receivables from other disqualified	l persons (as defined			
		under section 4958(f)(1)), and persons described in	section 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Description of the second seco			9	5,000
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D1	0a			
	b	Less: accumulated depreciation1	0b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal li		140,445.	16	166,016
	17	Accounts payable and accrued expenses		6,990.	17	11,390
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Par			21	
es	22	Loans and other payables to any current or former				
Liabilities		trustee, key employee, creator or founder, substant	· ·			
iab.		controlled entity or family member of any of these p		14 000	22	
_	23	Secured mortgages and notes payable to unrelated		14,097.	23	
	24	Unsecured notes and loans payable to unrelated th			24	
	25	Other liabilities (including federal income tax, payab				
		parties, and other liabilities not included on lines 17	7-24). Complete Part X			
		of Schedule D		21,087.	25	11 200
	26	Total liabilities. Add lines 17 through 25		21,007.	26	11,390
Ş		Organizations that follow FASB ASC 958, check	nere 🕨 🔼			
nce		and complete lines 27, 28, 32, and 33.		83,595.	07	125,155
ala	27			35,763.	27	29,471
d B	28		abaak baya	33,703.	28	23,411
-u		Organizations that do not follow FASB ASC 958,	cneck nere			
Net Assets or Fund Balances	20	and complete lines 29 through 33.			00	
ste	29	Capital stock or trust principal, or current funds			29	
SSE	30	Paid-in or capital surplus, or land, building, or equip			30	
et A	31	Retained earnings, endowment, accumulated incor		119,358.	31	154,626.
ž	32 33			140,445.	33	166,016.
	J	TOTAL HADIILLES AND HEL ASSETS/TUND DAIGNOES		T40, 44J	33	Form 990 (2021

Form **990** (2021)

Pai	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>9,9</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2			86.			
3	Revenue less expenses. Subtract line 2 from line 1	3			68. 58.			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	15	4,6	26.			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		За		X			
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b					
			Form	990	(2021)			

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization THE BRAIN RECOVERY PROJECT 45-2571898 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support		•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and				. ,		,
-	membership fees received. (Do not						
	include any "unusual grants.")	268,251.	223,893.	320,751.	241,345.	239,432.	1293672.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	268,251.	223,893.	320,751.	241,345.	239,432.	1293672.
	The portion of total contributions		·				
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1293672.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	268,251.	223,893.	320,751.	241,345.	239,432.	1293672.
	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
۵	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	* * "						
10	Other income. Do not include gain or loss from the sale of capital						
	·	3,257.	1,777.	3,595.	1,085.	522.	10,236.
44	assets (Explain in Part VI.)	3,2374	± ,///•	3,333.	1,005.	522.	1303908.
	Total support. Add lines 7 through 10		>			12	151,969.
	Gross receipts from related activities, First 5 years. If the Form 990 is for th			iourth or fifth town			131,303.
ıs	•			•		. , . ,	▶□
Sec	organization, check this box and stop ction C. Computation of Public			•••••			
	Public support percentage for 2021 (li			volumo (fl)		14	99.21 %
						15	99.21 %
	Public support percentage from 2020 33 1/3% support test - 2021. If the o					<u> </u>	
10a							
h	stop here. The organization qualifies a 33 1/3% support test - 2020. If the o						
U		-					
17-	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts				rani-ation		
1-	meets the facts-and-circumstances tes					70 and line 15 is :	
b	10% -facts-and-circumstances test	_					IU% Of
	more, and if the organization meets th				•		. —
40	organization meets the facts-and-circu		-	•			
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 160, 17a, or 17b	, cneck this box ar	nd see instructions	

Schedule A (Form 990) 2021

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	0.5		
	3с		
	30		
	4-		
	4a		
	4-		
	4b		
	4c		
	5a		
	5b		
	5c		
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	7		
	8		
	σ		
	9a		
	9b		
	9с		
	10a		
	10b		
dule	A (Forn	n 990)	2021

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Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Sche	dule A (Form 990) 2021 THE BRAIN RECOVERY PROJ			<u>45-2571898 Page 6</u>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

emergency temporary reduction (see instructions).

					9	
Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)		
Sect	ion D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exe		1			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
_4	Amounts paid to acquire exempt-use assets	Amounts paid to acquire exempt-use assets				
_5	Qualified set-aside amounts (prior IRS approval required - pri		5			
6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the organization is responsive					
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
(i)		(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i_	Carryover from 2016 not applied (see instructions)					
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2017					
b	Excess from 2018					
c	Excess from 2019					

Schedule A (Form 990) 2021

d Excess from 2020 e Excess from 2021

2021.05000 THE BRAIN RECOVERY PROJEC 04845.01

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.

THE BRAIN RECOVERY PROJECT

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

OMB No. 1545-0047

45-2571898

2021

Name of the organization Employer identification number

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

THE BRAIN RECOVERY PROJECT

45-2571898

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	LAUREL MARX AND JARED ABEL 5330 WISCONSIN AVE #930 CHEVY CHASE, MD 20815	\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	SCHWAB CHARITABLE FUND 211 MAIN STREET, FLOOR 10 SAN FRANCISCO, CA 94105	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	FACEBOOK PAYMENTS, INC. 1601 WILLOW RD MENLO PARK, CA 94025	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 NEURELIS, INC. 3430 CARMEL MOUNTAIN ROAD, SUITE 300 SAN DIEGO, CA 92121-1071	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(2)	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	SMALL BUSINESS ADMINISTRATION 409 THIRD ST SW WASHINGTON, DC 20416	\$14,097.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NU.	name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.

Name of organization Employer identification number

THE BRAIN RECOVERY PROJECT

45-2571898

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
123/53 11-11	.21		Schedule B (Form 990) (2021)

Name of organization **Employer identification number** THE BRAIN RECOVERY PROJECT 45-2571898 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection **Employer identification number** Name of the organization 45-2571898 THE BRAIN RECOVERY PROJECT Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2021

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AMS FOR DANNY TRAVEL SCHOLARSHIP AWARDS	13	12,991.	0.		
T IV Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, column	(b); and any other ac	I Iditional information.	
			•		

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE BRAIN RECOVERY PROJECT

Employer identification number 45-2571898

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EMPOWERING THEIR FAMILIES WITH RESEARCH, SUPPORT SERVICES, AND
IMPACTFUL PROGRAMS ACROSS THE LIFESPAN.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE BRP PROVIDES:
- EDUCATION FOR PARENTS, CAREGIVERS, SCHOOL TEAMS, AND THERAPISTS AT
WWW.BRAINRECOVERYPROJECT.ORG
PRINT PUBLICATIONS SPECIFIC TO DIAGNOSIS THROUGH POST-OPERATIVE
FUNCTIONAL, MEDICAL, AND EDUCATION OUTCOMES AND INTERVENTIONS ARE
AVAILABLE TO PARENTS, CAREGIVERS, THERAPISTS, AND SCHOOL TEAMS. ALL ARE
DOWNLOADABLE, AND MOST ARE TRANSLATED INTO ENGLISH, SPANISH, FRENCH,
CHINESE, AND TAGALOG.
- A BIENNIAL PATIENT-CENTERED NATIONAL CONFERENCE BRINGS TOGETHER
LEADING MEDICAL, ALIGNED THERAPISTS, BEHAVIORISTS, EDUCATORS,
RESEARCHERS, AND FAMILIES TO LEARN, BUILD COMMUNITY, AND GAIN SUPPORT.
MOST CONFERENCE SESSIONS ARE RECORDED AND PUBLISHED ON THE BRP'S
YOUTUBE CHANNEL, WHICH EXCEEDED 68,000 VIEWS IN 2021.
- UPDATES ON PEDIATRIC EPILEPSY SURGERY, FINANCIAL AID, SPECIAL
EDUCATION, TRANSITIONING TO ADULTHOOD, AND OTHER ISSUES THROUGH
ELECTRONIC COMMUNICATIONS, WEBINARS, AND REGULAR WEBSITE POSTINGS AT
WWW.BRAINRECOVERYPROJECT.ORG.
- IN 2021, WE LAUNCHED OUR PEER SUPPORT PROGRAM FOR PARENTS NAVIGATING
EPILEPSY SURGERY AND NEURODEVELOPMENTAL CHALLENGES. PEER SUPPORTERS
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization **Employer identification number** 45-2571898 THE BRAIN RECOVERY PROJECT RECEIVE MONTHS OF TRAINING IN EVIDENCE-BASED PEER SUPPORT PRACTICES FROM OUR PARTNERS PARENT2PARENTUSA, THE FOUR STAGES OF ADAPTATION IN SPECIAL NEEDS PARENTING, MANAGING EPILEPSY FROM THE MANAGING EPILEPSY WELL NETWORK, AND THE SURGICAL JOURNEY USING PRE-RECORDED VIDEOS FROM EXPERTS IN THE FIELDS OF NEUROLOGY AND NEUROSURGERY. OUR FIRST COHORT OF EIGHT PEER SUPPORTERS SERVED OVER 40 PARENTS. WE ALSO LAUNCHED POWER HOUR, A SERIES OF ONE-HOUR, SEMI-MONTHLY VIRTUAL WORKSHOPS ON VARIOUS TOPICS RELATED TO THE IMPACT OF EPILEPSY SURGERY IN THE SCHOOL SETTING, BEHAVIORAL CHALLENGES, TRANSITION TO ADULTHOOD, AND OTHER TOPICS. OVER 50 PARENTS ENROLLED IN OUR FREE, DEEP, SELF-PACED COURSE ON TRANSITIONING TO ADULTHOOD. HEALTH PROFESSIONAL OUTREACH THE BRP PROVIDES HEALTH PROFESSIONALS WITH TOOLS TO ASSIST THEIR PATIENTS AND CAREGIVERS WITH CURRENT EDUCATIONAL INFORMATION AND OPPORTUNITIES TO HELP THEM BETTER UNDERSTAND THE SURGICAL EVALUATION PROCESS, EPILEPSY SURGERY, AND POST-OPERATIVE FUNCTIONAL AND MEDICAL OUTCOMES AND IMPROVE THEM. WE DO THIS BY: ACTIVELY PARTICIPATING IN PROFESSIONAL ORGANIZATIONS AS MEMBERS, EXHIBITORS, OR BOTH, SUCH AS THE AMERICAN EPILEPSY SOCIETY, THE ENDOCRINE SOCIETY, THE AMERICAN CONGRESS OF REHABILITATION MEDICINE, AND THE SOCIETY FOR THE NEURAL CONTROL OF MOVEMENT. ENGAGING OUR SCIENTIFIC ADVISORY BOARD, A GROUP OF TOP-LEVEL SCIENTISTS AND CLINICIANS WHO ADVISE THE ORGANIZATION ON OUR

RESEARCH-RELATED EFFORTS AND CLINICIAN OUTREACH.

Schedule O (Form 990) 2021 Page 2

Employer identification number Name of the organization 45-2571898 THE BRAIN RECOVERY PROJECT FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: PRIOR RESEARCH EITHER INCITED OR FUNDED BY US RESULTED IN SEVERAL RESEARCH PAPERS PUBLISHED IN PEER-REVIEWED MEDICAL JOURNALS, INCLUDING PROCEEDINGS FROM OUR RESEARCH MEETING IN 2019 ON THE FUNCTIONAL IMPLICATIONS OF SIGNIFICANT EPILEPSY SURGERIES, THE FEASIBILITY OF HAND-ARM BIMANUAL INTENSIVE THERAPY FOR CHILDREN AFTER HEMISPHERECTOMY, LITERACY SKILLS IN CHILDREN AFTER LEFT OR RIGHT HEMISPHERIC SURGERY, AND LONG-TERM PATIENT-REPORTED OUTCOMES OF VISUAL FIELD DEFECTS AND COMPENSATORY MECHANISMS IN PATIENTS AFTER CEREBRAL HEMISPHERECTOMY. ADDITIONALLY, OUR EXECUTIVE DIRECTOR WAS A SPEAKER AT AN INVESTIGATOR WORKSHOP AT THE MEETING OF THE AMERICAN EPILEPSY SOCIETY REGARDING THE FUNCTIONAL IMPLICATIONS OF SIGNIFICANT EPILEPSY SURGERIES AND A SYMPOSIUM ON REHABILITATION AFTER CEREBRAL HEMISPHERECTOMY AT THE AMERICAN CONGRESS OF REHABILITATION MEETING MEDICINE. FINALLY, WE PROVIDED \$25,000 IN PRODUCTION SUPPORT TO SPINEX TO PRODUCE TWO TRANSCUTANEOUS SPINAL CORD STIMULATION DEVICES FOR RESEARCH TO DETERMINE THE FEASIBILITY AND EFFICACY OF THE DEVICE TO IMPROVE FUNCTION, INCLUDING GAIT AND AMBULATION, IN CHILDREN WITH CEREBRAL PALSY INCLUDING HEMIPARESIS AFTER HEMISPHERECTOMY. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: OUR EXECUTIVE DIRECTOR ACTIVELY PARTICIPATED IN THE CURING THE

EPILEPSIES CONFERENCE AND SERVED AS PART OF THE

EPILEPSY LEADERSHIP

Schedule O (Form 990) 2021 Page 2

Name of the organization
THE BRAIN RECOVERY PROJECT

Employer identification number 45-2571898

COUNCIL RESEARCH BENCHMARKS WORKGROUP. IN ADDITION, SHE CO-AUTHORED

EPILEPSY COMMUNITY AT AN INFLECTION POINT: TRANSLATING RESEARCH TOWARD

CURING THE EPILEPSIES AND IMPROVING PATIENT OUTCOMES.

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

LINE 11B EXPLANATION - THE FULL BOARD REVIEWS THE FORM 990 PRIOR TO FILING.

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

EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT. AFTER DISCLOSURE OF A CONFLICT OF INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE CORPORATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

Schedule O (Form 990) 2021 Page **2**

Schedule O (Form 990) 2021	Page 2
Name of the organization THE BRAIN RECOVERY PROJECT	Employer identification number 45-2571898
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD REVIEWS REASONABLE COMPENSATION FOR THE GEOGRAPH	ICAL AREA AND
ORGANIZATION SIZE.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	35,548.
MANAGEMENT AND GENERAL EXPENSES	1,225.
FUNDRAISING EXPENSES	825.
TOTAL EXPENSES	37,598.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	37,598.

TAXABLE YEAR **2021**

California Exempt Organization Annual Information Return

128941 12-29-21 FORM

199

Calendar Vea	2021 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/vvv	v)				
Corporation/Org	1 2 2		fornia corpo	oration nu	umber		
THE BR	AIN RECOVERY PROJECT		3383	332			
	nation. See instructions.		FEIN				
			45-2	5718	898		
Street address (suite or room)		PMB no.				
969 CO	LORADO BOULEVARD, NO. 101						
City		State	ZIP code				
LOS AN	GELES	CA	9004	1			
Foreign country	name Foreign province/state/county		Foreign p	ostal cod	le		
A First retu	······						
						No	
	· / / · · · · · · · · · · · · · · · · ·					No	
	rmation return? engaged in political activ Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exem				······ = =		
	(mm/dd/yyyy) • If "Yes," enter the gross i				• — —	NO	
	counting method: (1) Cash (2) X Accrual (3) Other L Is the organization a limit					No.	
	eturn filed? (1) \bullet 990T (2) \bullet 990PF (3) \bullet Sch H (990) M Did the organization file						
	Other 990 series report taxable income?				• Yes X	No	
G Is this a	group filing? See instructions • Yes X No N Is the organization under						
H Is this or	ganization in a group exemption Yes X No IRS audited in a prior ye	ar?			● Yes X	No	
If "Yes," \	vhat is the parent's name? 0 Is federal Form 1023/103	24 pending	?		Yes X	No	
	Date filed with IRS						
D. II.							
Part I	Complete Part I unless not required to file this form. See General Information B and C.				522	Τ	
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8			1	322	+	
	Gross dues and assessments from members and affiliates Gross contributions, gifts, grants, and similar amounts received	~		3	239,432	00	
	Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3.	D.I.II.	. •	3	235,432	100	
Receipts	This line must be completed. If the result is less than \$50,000, see General Information B		•	4	239,954	00	
and	5 Cost of goods sold • 5		00			100	
Revenues	6 Cost or other basis, and sales expenses of assets sold 6		00				
	7 Total costs. Add line 5 and line 6			7		00	
	8 Total gross income. Subtract line 7 from line 4		•	8	239,954		
Fynanaa	9 Total expenses and disbursements. From Side 2, Part II, line 18		•	9	204,686		
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			10	35,268	00	
	11 Total payments			11		00	
	12 Use tax. See General Information K		•	12		00	
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		······ •	13		00	
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			14		00	
	15 Penalties and interest. See General Information J			15		00	
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep	nts, and to the	e best of m	y knowle	dge and belief,	00	
Sign			knowledge.				
Here	Signature of officer ■ BOARD CHAIR	Date			Telephone		
	Date	Check	if	-	● PTIN		
	Preparer's signature 11/13/22		nployed		P01029568		
Paid	Firm's name				• Firm's FEIN		
Preparer's	(or yours, STRIEGEL KNOBLOCH & COMPANY LLC				37-1122831		
Use Only	employed) 115 W JEFFERSON ST SUITE 200				Telephone		
	and address BLOOMINGTON, IL 61701				309-829-4303		
	May the FTB discuss this return with the preparer shown above? See instructions	· · · · · · · · · · · · · · · · · · ·	• X	Yes	No		

THE BRAIN RECOVERY PROJECT

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128	951	0.1	1_1	a_	2

	1	Gross sales or receipts from a	II busines	s activities. See instr	uctions		•	1	00
	2	Interest					•	2	00
	3	Dividends						3	00
Receipts	4						_	4	00
from	5	Gross royalties					•	5	00
Other	6	Gross amount received from s	ale of ass	sets (See instructions	3)		•	6	00
Sources	7	Other income				SEE STA	ATEMENT 2 •	7	522 00
	8	Total gross sales or receipts for	rom othe	r sources. Add line 1	through	line 7. Enter here and o	on Side 1, Part I, line 1	8	522 00
	9	Contributions, gifts, grants, an						9	12,991 00
	10	Disbursements to or for memb	oers			GDD GD7	•	10	42.250
	11	Compensation of officers, dire						11	43,350 00
F	12	Other salaries and wages						12	39,617 00
Expenses		Interest						13 14	6,895 00
and	14	Taxes						15	0,893 00
Disburse- ments	15	Rents Depreciation and depletion (Se						16	00
IIICIIIS	17	Other expenses and disbursen	nante			SEE STA	 ТЕМЕНТ 5 •	17	101,833 00
	1	Total expenses and disbursem						18	204,686 00
Sched		Balance Sheet	ionto. Au	Beginning (able year
Assets				(a)		(b)	(c)		(d)
1 Cash				, ,		138,561	, i		• 160,516
2 Net a		receivable				1,884			• 500
		ceivable							•
4 Inver	tories .								•
		state government obligations							•
		in other bonds							•
7 Inves	tments	in stock							•
	gage loa								•
	investr								•
10 a De	preciab	le assets			\		1		
		mulated depreciation	(1		(
11 Land		STMT 6							• 5,000
		JIMI 0				140,445			166,016
Liabilities						110,113			100,010
14 Acco						6,990			• 11,390
		s, gifts, or grants payable				- 7723			•
		otes payable							•
		ayable				14,097			•
18 Othe	liabiliti	es							
19 Capit	al stock	or principal fund							•
20 Paid-i	n or capit	al surplus. Attach reconciliation							•
		nings or income fund				119,358			• 154,626
		es and net worth				140,445			166,016
Sched	uie M	Reconciliation of incom Do not complete this sch				e 13. column (d), is les	s than \$50.000.		
1 Net i	ncome r	per books			, 268		. ,		
		ne tax		•		1	nis return. Attach schedul	е	•
		pital losses over capital gains		•		8 Deductions in thi			
		ecorded on books this year.				against book inc			
		lule		•			-		•
5 Expe	nses rec	corded on books this year not				9 Total. Add line 7			
dedu	cted in t	this return. Attach schedule		•		10 Net income per r	eturn.		
6 Total	. Add lir	ne 1 through line 5		35	,268	Subtract line 9 fr	om line 6		35,268

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT AMOUNT
LAUREL MARX AND JARED ABEL	5330 WISCONSIN AVE #930 CHEVY CHASE, MD 20815	15,299
SCHWAB CHARITABLE FUND	211 MAIN STREET, FLOOR 10 SAN FRANCISCO, CA 94105	102,000
FACEBOOK PAYMENTS, INC.	1601 WILLOW RD MENLO PARK, CA 94025	50,094
NEURELIS, INC.	3430 CARMEL MOUNTAIN ROAD, SUITE 300 SAN DIEGO, CA 92121-1071	7,500
SMALL BUSINESS ADMINISTRATION	409 THIRD ST SW WASHINGTON, DC 20416	14,097
TOTAL INCLUDED ON LINE 3		188,990
CA 199	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
MISCELLANEOUS		522
TOTAL TO FORM 199, PART I	I, LINE 7	522

CA 199	CASH CONTRIBUTIONS, GIFTS, AND SIMILAR AMOUNTS PA		STATEMENT 3
ACTIVITY CLASSIFICAT	ION: FINANCIAL ASSISTANCE GRAN	TS	
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VARIOUS INDIVIDUALS	969 COLORADO BLVD SUITE 101 - LOS ANGELES, CA 90041	NONE	12,991.
	TOTAL FOR THIS ACTIVITY		12,991.
TOTAL INCLUDED ON FOR	RM 199, PART II, LINE 9		12,991

CA 199 COM	MPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND ADDRESS	5	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
MONIKA A. JONES, 969 COLORADO BOU LOS ANGELES, CA	JLEVARD, 101	EXECUTIVE DIRECTOR/CEO 35.00	43,350.
LUKE SHEPARD 969 COLORADO BOU LOS ANGELES, CA		CHAIRMAN 1.00	0.
KEVIN O'CONNOR 969 COLORADO BOU LOS ANGELES, CA		TREASURER 1.00	0.
MATTHEW FLESCH 969 COLORADO BOU LOS ANGELES, CA		SECRETARY 1.00	0.
SANDI LAM, MD 969 COLORADO BOU LOS ANGELES, CA		DIRECTOR 1.00	0.
NICOLE MURRAY 969 COLORADO BOU LOS ANGELES, CA		DIRECTOR 1.00	0.
CECILE DAME, PHI 969 COLORADO BOU LOS ANGELES, CA	JLEVARD, 101	DIRECTOR 1.00	0.
TOTAL TO FORM 19	99, PART II, LINE 11		43,350.

CA 199	OTHER EXPENSES		STATEMENT 5
DESCRIPTION			AMOUNT
OTHER EXPENSES			5,465.
BOOKS AND SUBSCRIPTIONS			4,386.
TRAINING AND DEVELOPMEN			1,853.
BANK AND MERCHANT FEES			1,419.
ACCOUNTING FEES			17,887.
PROFESSIONAL FUNDRAISING FEB	ES		5,480.
OTHER PROFESSIONAL FEES			37,598.
ADVERTISING AND PROMOTION			2,665.
OFFICE EXPENSES			1,725.
INFORMATION TECHNOLOGY			12,848.
TRAVEL			2,035.
CONFERENCES AND CONVENTIONS			4,119.
INSURANCE			4,045.
ALL OTHER EXPENSES			308.
TOTAL TO FORM 199, PART II,	LINE 17		101,833.
CA 199	OTHER ASSETS		STATEMENT 6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRE	ED CHARGES	0.	5,000.
TOTAL TO FORM 199, SCHEDULE	I. LINE 12	0.	5,000.
	_,		
CA 199	FUND BALANCES	 	STATEMENT 7
		BEG. OF YEAR	END OF YEAR
DESCRIPTION			
	STRICTIONS	83 595.	125 155.
DESCRIPTION MET ASSETS WITHOUT DONOR RESERVED ASSETS WITH DONOR RESTRICT.		83,595. 35,763.	125,155. 29,471.

Date Accepted

TAXABLE YEAR	
2021	

California e-file Return Authorization for

FORM 8453-EO

Exempt Organizations	
Exempt Organization name	Identifying number
THE BRAIN RECOVERY PROJECT	45-2571898
Part I Electronic Return Information (whole dollars only)	
1 Total gross receipts (Form 199, line 4)	
2 Total gross income (Form 199, line 8)	2 239,954
3 Total expenses and disbursements (Form 199, line 9)	3 204,686
Part II Settle Your Account Electronically for Taxable Year 2021	
4 Electronic funds withdrawal 4a Amount 4b Withdra	wal date (mm/dd/yyyy)
Part III Banking Information (Have you verified the exempt organization's banking information?)	
5 Routing number	
6 Account number 7 Type of accour	nt: Checking Savings
Part IV Declaration of Officer	
I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authon line 4a.	orize an electronic funds withdrawal for the amount listed
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corre California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, corre a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt o statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delayed.	sponding lines of the exempt organization's 2021 ect, and complete. If the exempt organization is filing of the exempt organization's fee liability, the exempt rganization return and accompanying schedules and of the exempt organization's return or refund is
Sign Here Signature of officer Date BOARD CHAI	IR

Declaration of Electronic Return Originator (ERO) and Paid Preparer. Part V

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Date

Check if

ERO	ERO's signature		Date	Check if also paid preparer		Check if self- employe	ed	P01029568
Must	Firm's name (or yours	OMPANY LLC					Firm's FEIN 37-1122831	
Sign	if self-employed) and address	115 W JEFFERSON ST SUIT	E 200					
		BLOOMINGTON, IL					ZIP co	de 61701
		e that I have examined the above organization's return Id complete. I make this declaration based on all inforn				ments,	and to	the best of my knowledge
Paid Prepa	Paid preparer's signature		Date		Check if self- employed	ı 🗆		Paid preparer's PTIN
Must	Firm's name (or yours					Firm's FEIN		
Sign	if self-employed) and address							
							ZIP co	de

FTB 8453-EO 2021

Check

ERO's PTIN

STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

			Check III.			
			L Ch	ange of address		
THE BRAIN RECOVERY PRO	JECT		Am	nended report		
Name of Organization				·		
List all DBAs and names the organization uses or has used						
-		101		0100000		
969 COLORADO BOULEVARD	, NO.	101	State Cha	arity Registration Number $\mathtt{CT}\underline{0182238}$		
Address (Number and Street)						
LOS ANGELES, CA 90041			Corporati	ion or Organization No. 3383332		
City or Town, State, and ZIP Code MJONE	S@BRA	INRECOVERYPRO	•			
833-675-3335 JECT.			Carlanal C	Employer ID No. 45-2571898		
Telephone Number E-mail Addre			rederal E	mployer ID No. 43-23/1090		
ANNUAL REGISTRATION		L FEE SCHEDULE (11 Cal. (Check Payable to Departm	_	s. sections 301-307, 311, and 312) tice		
Total Revenue Fee	Total Re	evenue	Fee	Total Revenue	Fe	<u> </u>
		n \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million		00
. ,						
Between \$50,000 and \$100,000 \$50	1	n \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million		,000
Between \$100,001 and \$250,000 \$75	Between	n \$5,000,001 and \$20 millior	n \$400	Greater than \$500 million	\$1	,200
PART A - ACTIVITIES						
For your most recent full accounting	g period (b	eginning $01/01/202$	21 enc	ling <u>12/31/2021</u>) list:		
Total Revenue						
(including noncash contributions) \$ 239,	<u>954</u> Non	cash Contributions \$		0 Total Assets \$16	5,0	<u>16</u>
(including noncash contributions) \$ 239, Program Expenses \$	15'	7,915	Total Exp	enses \$ 204,686		
PART B - STATEMENTS REGARDING OR						
TAIT B STATEMENTS TEGATIBING ST	OANIEA III			0111		
Note: All questions must be answered. I	f you answ	er "yes" to any of the quest	ions belov	w, you must attach a separate page		
providing an explanation and deta	ils for each	n "yes" response. Please rev	view RRF-	1 instructions for information required.	Yes	No
1 During this reporting period were there		acta lacas lacasa ar athar fin	anaial tran	essetions between the evacuization		
During this reporting period, were there and any officer director or tructor there	•			S .		
and any officer, director or trustee there	eoi, eitrier c	inectly or with an entity in wh	ich any su	cri officer, director or trustee riad		
any financial interest?						X
2. During this reporting period, was there	any theft, e	embezzlement, diversion or m	isuse of th	e organization's charitable property		
or funds?						X
3. During this reporting period, were any of	organizatior	n funds used to pay any pena	ilty, fine or	judgment'?		x
4 Desire the constitution of the constitution				was all favorable sittle black as well as a		
4. During this reporting period, were the s	ervices of a	a commerciai fundraiser, fund	raising col	unsel for charitable purposes, or		
commercial coventurer used?						X
E Duving this reporting period did the ev	vanization r	and the annual sections and all from	dinan			
5. During this reporting period, did the org	yai iizali0i1 r	eceive any governmental fund	unig :			X
During this reporting period, did the org	ganization h	nold a raffle for charitable purp	poses?			x
						122
7. Does the organization conduct a vehicl	e donation	program?				l
						X
8. Did the organization conduct an indepe	endent audi	t and prepare audited financi	al stateme	nts in accordance with		
generally accepted accounting principle	es for this r	eporting period?				X
		-				
9. At the end of this reporting period, did	the organiz	ation hold restricted net asse	ts, while re	eporting negative unrestricted net assets?		x
I declare under penalty of perjury that I ha				ng documents, and to the best of my know	/ledg	e
and belief, the content is true, correct and	i complete	, and I am authorized to sig	n.			
MA	TTHEW	FLESCH	E	BOARD CHAIR		
	inted Name			itle Date		