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 Open to Public

Department of the Treasury

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

Internal Revenue Service Information about Form 990 and its instructions is at www.krs.gov/form990.

A For the 2015 calendar year, or tax year beginning OCT 1, 2015 and ending SEP 30, and ending SEP 30, 2016 Inspection

Bo	heck if	C Name of organization		D Employer identification number							
·	•										
느	Address change Name	BRAC USA, INC.		20.00	56741						
<u>_</u>	change Initial	Doing business as	D (.1)		30/41						
느	_ireturn	Transportation of our for the party than the transport	Room/suite		000 5615						
	Final return/ termin-	110 WILLIAM STREET - 29TH FLOOR			308-5615						
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 16,952,873.							
느	Amended	NEW YORK, NY 10038		H(a) Is this a group return							
L	Applica- tion pending	F Name and address of principal officer:DONELLA RAPIER		for subordinates? Yes X No H(b) Are all subordinates included? Yes No							
		SAME AS C ABOVE									
I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions)											
		► WWW.BRACUSA.ORG	1. 14	H(c) Group exemption							
		ganization: X Corporation Trust Association Other▶	L Year	of formation: ZUUDIM	State of legal domicile: NY						
Pe		ummary	COTTENT	77 TO O							
ě	1 Br	efly describe the organization's mission or most significant activities: SEE	SCHEDU)TE (
Governance	<u> </u>	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.									
ē				1 1	11						
Š	_	imber of voting members of the governing body (Part VI, line 1a)		1 1	10						
ઍ	_	umber of independent voting members of the governing body (Part VI, line 1b)			20						
Activities &	1 -	tal number of individuals employed in calendar year 2015 (Part V, line 2a)		·····	25						
Ž		tal number of volunteers (estimate if necessary)			0.						
Ac		tal unrelated business revenue from Part VIII, column (C), line 12			0.						
	b Ne	et unrelated business taxable income from Form 990-T, Ine 34		ł	Current Year						
Revenue		10 10 10 10 10 10 10 10 10 10 10 10 10 1		Prior Year 14,920,123.	16,405,669.						
	i .	ontributions and grants (Part VIII, line 1h)	i	849,289.	533,371.						
		ogram service revenue (Part VIII, line 2g)		12,008.	11,148.						
		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		363,000.	2,685.						
		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			16,952,873.						
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,144,420.	16,445,853.						
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		14,372,951. 0.	0.						
	1	enefits paid to or for members (Part IX, column (A), line 4)		1,343,350.	1,702,443.						
es	1	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,343,330.	0.						
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)	17	V.							
X		otal fundraising expenses (Part IX, column (D), line 25) 393, 6		1,186,061.	1,375,728.						
		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		16,902,362.	19,524,024.						
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-757,942 .	-2,571,151						
	19 Re	evenue less expenses. Subtract line 18 from line 12			End of Year						
Net Assets or Fund Balances	_		<u>B</u>	eginning of Current Year 22,464,887.	23,997,293.						
SSe	20 To	otal assets (Part X, line 16)		12,308,954.	16,412,511.						
et A	21 To	otal liabilities (Part X, line 26)	·····	10,155,933.	7,584,782.						
-	22 No	et assets or fund balances. Subtract line 21 from line 20Signature Block		10,100,000	7,304,702.						
		es of perjury, I declare that I have examined this return, including accompanying schedul	es and state	ments, and to the hest of m	v knowledge and belief, it is						
truo	er penani	and complete. Declaration of prepager (other than officer) is based on all information of w	thich prepar	er has anv knowledge.	, , , , , , , , , , , ,						
<u>ti uc</u>	, 0011661,	(1) The last a median on the state of the st	imon propar	(0/8/1	7						
C:a	_	Signature of officer		Date							
Sig Hei	١.	DONELLA RAPIER, PRESIDENT AND CEO									
1 101		Type or print name and title									
		rint/Type preparer's name Preparet's signature \(\sqrt{\chi_0} \)		Date Check	PTIN						
Pai	1	ICHAEL WALLACE	6/8/17 self-employ	P00881958							
		irm's name LUTZ AND CARR, CPAS LLP		Firm's EIN ▶	13-1655065						
		irm's address 551 FIFTH AVENUE									
	· [NEW YORK, NY 10176		Phone no.21	2-697-2299						
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)	,		X Yes No						
					^^^						

Form	1000 (2010)	20-8456741 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>X</u>
1	Briefly describe the organization's mission:	TO THEOLYPE
	BRAC USA SHARES THE SAME MISSION AS BRAC: OUR MISSION IS	TO EMPOWER
	PEOPLE AND COMMUNITIES IN SITUATIONS OF POVERTY, ILLITERATION SOCIAL INJUSTICE. (CONTINUED ON SCHEDULE "O")	ACI, DIBEADE
	AND SOCIAL INJUSTICE. (CONTINUED ON SCHEDULE "O")	
2	Did the organization undertake any significant program services during the year which were not listed on	
2	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes " describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 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 m	neasured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, and
	revenue, if any, for each program service reported.	s 125,419.)
4a	(Code:) (Expenses \$ 16,913,946. including grants of \$ 16,342,403.) (Revenue	\$125,419.)
	GRANTMAKING: TO SUPPORT BRAC'S NEW AND ONGOING INITIATIVES, BRAC USA	MAKEC CATALVTTC
	GRANTS TO BRAC PROGRAMS WITH THE FUNDS IT RAISES. BRAC U	SA DOES NOT
	ACCEPT UNSOLICITED PROPOSALS FROM ORGANIZATIONS THAT ARE	NOT PART OF
	BRAC OR BRAC INTERNATIONAL. IT SUPPORTS A STRATEGIC AGEN	DA BASED ON
	PRIORITIES AGREED UPON BY BRAC AND THE BRAC USA BOARD. I	TS GRANTMAKING
	PROGRAM FACILITATES FLEXIBILITY, INNOVATION, ENTREPRENEU	RSHIP,
	CREATIVITY AND LEARNING.	
		250 105
4b		s <u>278,105.</u>)
	STRATEGIC PROGRAM SERVICES: WE HELP BRAC TO PILOT, GROW AND INNOVATE MICROFINANCE, H	ጉ ልፒ-ምዙ
	EDUCATION, LIVELIHOOD DEVELOPMENT AND OTHER PROGRAMMES B	Y: ENABLING
	ACCESS TO CAPITAL AND OTHER RESOURCES, PROVIDING TECHNI	CAL ASSISTANCE
	AND PROGRAMME DESIGN SUPPORT, SETTING UP INTERNAL SYSTE	
	PROCESSES FOR SUCCESSFUL IMPLEMENTATION AND MONITORING,	
	COMMUNICATING OUTCOMES WITH INVESTORS, DONORS AND STAKEH	OLDERS. INCOME
	EARNED BY THE ORGANIZATION IS DERIVED FROM OUR CONTRACTS	WITH THE
	MASTERCARD FOUNDATION TO PROVIDE PROJECT LIAISON SERVICE	S FOR BRAC
	UGANDA, OUR CONTRACT WITH BRAC BANGLADESH TO PROVIDE PR	
	TO BRAC UNIVERSITY AS WELL AS CONTRACT REVENUE DERIVED F	ROM OUR
	TARGETING THE ULTRA POOR GLOBAL ADVOCACY INITIATIVE. (Code:) (Expenses \$ 368,580 • including grants of \$ 16,000 •) (Revenue	132,532.)
4c	(00dd)	152,552.
	COMMUNICATIONS & OUTREACH: WE TELL THE BRAC STORY IN THE UNITED STATES AND BEYOND T	HROUGH SOCIAL
	AND TRADITIONAL MEDIA, SPEAKING ENGAGEMENTS AND WORD OF	MOUTH. WE
	ENGAGE INTERNS, VOLUNTEERS AND FRIENDS OF BRAC TO ACT AS	AMBASSADORS OF
	OUR WORK, TELLING THE STORY OF BRAC'S SUCCESS IN THEIR C	OWN COMMUNITIES
	TO MOBILIZE SUPPORT. WE JOIN AND LAUNCH EDUCATION CAMPA	AIGNS AND
	ADVOCATE FOR BETTER INTERNATIONAL DEVELOPMENT, HUMAN RIG	HTS AND
	ENVIRONMENT POLICIES.	
4d	Other program services (Describe in Schedule O.)	١
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 18,636,112 •	
<u>4e</u>	Total program service expenses ► 18,636,112.	Form 990 (2015)
53200 12-16	SEE SCHEDULE O FOR CONTINUATION(S	, ,

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

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complete Schedule G, Part III

Part IV Checklist of Required Schedules (continued) Yes Νo Х 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 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 X 2<u>4a</u> 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 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X 26 complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): X 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 34 Part V, line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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Note, All Form 990 filers are required to complete Schedule O

orm	990 (2015) BRAC USA, INC.		20-8456	41	Pa	age 3
Par						
	Check if Schedule O contains a response or note to any line in this Part V					لل
			, F		Yes	No
la	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	20	4461		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		200	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming		1474	
	(gambling) winnings to prize winners?			1c_	17 7 19	100 02.0
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	2a	20	dyl,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			TH.		75.50
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За_	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O	,,	3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					1
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country: ▶				77	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			<u>5b</u>		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c_	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	utions	or gifts			
	were not tax deductible?			6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).			-3.22-23		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices	provided to the payor?	7a_	ļ	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it					
	to file Form 8282?			7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		2020		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file	Form 8	8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi	zation	file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	ed by t	he			
	sponsoring organization have excess business holdings at any time during the year?	••••		8		
9	Sponsoring organizations maintaining donor advised funds.			7.72.77 V.72.77		
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	····		9b		= ,
10	Section 501(c)(7) organizations. Enter:		1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10t)			
11	Section 501(c)(12) organizations. Enter:		ı	100		
а	Gross income from members or shareholders	118	1			
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	111				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For	m _, 104	1?	12a	1	
b	to the state of the second between twenty and an anomaly during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				기하던	địch.
а	to the approximation discussed to leave qualified health plane in more than one state?			13a	1	
	Note. See the instructions for additional information the organization must report on Schedule O.					
b			1			il Es
	organization is licensed to issue qualified health plans	_ 13!)			
С		13	s L	9555		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?		***************************************	148	1	X

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b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2015) BRAC USA, INC. 20-8456741 Page 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 in Schedule O. See instructions.				
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			X
Sect	tion A. Governing Body and Management				
		F		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1		47T	
	If there are material differences in voting rights among members of the governing body, or if the governing	1			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
	Enter the number of voting members included in line 1a, above, who are independent	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		7000		
_	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	- 1			
Ū	of officers, directors, or trustees, or key employees to a management company or other person?		_3_	ļ	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X_
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 appoint one or	1			
,	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- 1			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1		1	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		<u> </u>
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	?	11a	X	
I I a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	27 to the total of the same total and the displace appropriate that apply give rice to conflicte?		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				T
C	in Schedule O how this was done		120	X	
13	Did the organization have a written whistleblower policy?		13	X	
	Did the organization have a written document retention and destruction policy?		14	X	
14	Did the process for determining compensation of the following persons include a review and approval by independent				
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
_	The organization's CEO, Executive Director, or top management official		158	X	
a h	Other officers or key employees of the organization		15h		
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	•		T	
16~	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		THE ST		
iug	taxable entity during the year?	•••	168	1	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
ь	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		161)	
Sec	exempt status with respect to such analyements?				
	List the states with which a copy of this Form 990 is required to be filed ►AL, AZ, AR, CA, CO, DC, FL, GA,	II	, M	D,M	A,MI
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s or	nly)	availa	able	
18	for public inspection. Indicate how you made these available. Check all that apply.	.,			
	X Own website X Another's website X Upon request Other (explain in Schedule O)				
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, an	d fina	ancial	
19		, •			
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:				
20	WHITNEY REICHENBACKER - (212)808-5615				
	110 WILLIAM STREET, 29TH FLOOR, NEW YORK, NY 10038				
	CEE COMPDIES O FOR FILL, LIST OF STATES		Fn	rm 9 9	0 (2015

) 2			_ =
orm 990 (2015)	BRAC USA, INC.	20-8456741	Page /
onn 990 (20 (3)	DIAC ODA, INC.		

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's former officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and Title (1) LINCOLN C CHEN, M.D. BOARD CHAIRPERSON	Average hours per week (list any hours for related organizations below	stee or director	not d unle cer an	ss per	nore son i	than o is both r/trust	n an	Reportable compensation	Reportable compensation	Estimated amount of	
BOARD CHAIRPERSON	week (list any hours for related organizations below	offic	er an	ss per d a di	son i recto	s both r/trus	n an	compensation	compensation i		
BOARD CHAIRPERSON	(list any hours for related organizations below	ustee or director	99;				(CO) }	from	from related	other	
BOARD CHAIRPERSON	hours for related organizations below	ustee or direc	99.					the	organizations	compensation	
BOARD CHAIRPERSON	organizations below	io eatsin.	8			8		organization	(W·2/1099-MISC)	from the	
BOARD CHAIRPERSON	below	==	ड			eusat		(W-2/1099-MISC)		organization	
BOARD CHAIRPERSON	1	블	nal tr		loyee	g ga				and related	
BOARD CHAIRPERSON		뢽	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations	
BOARD CHAIRPERSON	line)	┞Ĕ	Ë	8	- S	宝 5	ය				
	2.00	х		v				0.	0.	0.	
	2 00	Λ		X				<u> </u>	0.		
(2) RONALD GRZYWINSKI	2.00	x		х				0.	0.	0.	
VICE CHAIRPERSON	2.00	A		Δ	-			0.	0.1		
(3) JAMES CARLSON	2.00	x	l	х				0.	0.	0.	
SECRETARY	40.00	^			┢			<u> </u>	J.	<u></u>	
(4) SUSAN M. DAVIS	40.00	X	1	Х				235,230.	0.	12,086.	
PRESIDENT & CEO (RESIGNED 12/15)	40.00			Λ		\vdash		233,230.			
(5) DONELLA RAPIER	=0.00	X		X				0.	0.	0.	
PRESIDENT & CEO	40.00	-	\vdash		\vdash	1					
(6) MANISHA BHINGE VICE PRESIDENT	40.00			x]	56,945.	0.	7,306.	
	2.00			<u> </u>							
(7) RICHARD CASH, M.D. ASST. SECRETARY & ASST. TREASURER	2000	x		x				0.	0.	0.	
(8) CHRISTINA LEIJONHUFVUD	2.00										
TREASURER		x		X				0.	0.	0.	
(9) MUHAMMAD MUSA, M.D.	2.00										
DIRECTOR		X					_	0.	0.	0.	
(10) CATE MUTHER	2.00]								_	
DIRECTOR		X						0.	0.	0.	
(11) RACHEL PAYNE	2.00								_		
DIRECTOR		X	$oldsymbol{ol}}}}}}}}}}}}}}}}}$	<u> </u>	_	_	<u> </u>	0.	0.	0.	
(12) JAMES TORREY	2.00	ł									
DIRECTOR		X	<u> </u>	_	1	-	1_	0.	0.	0.	
(13) DEBRA L. WETHERBY	2.00	_								_	
DIRECTOR		X	_	ļ	_		ļ	0.	0.	0.	
(14) SHARAD AGGARWAL	40.00	-		l			1	46.66	_	2 704	
VICE PRESIDENT	10.00	-	+	X	╄	_	 	46,667.	0.	2,784.	
(15) STACEY CLARK	40.00	-						72 105	0.	8,110	
CFO & PROGRAM MANAGER		+	-	X	\vdash	+	+	73,105.	U .	0,110.	
	-	-									
		-	+	+	+	+	+				
		-						1	1		
500007 40 48 45		1			1					1	

(A) Name and title	(B) Average hours per week	(do	l not cl unles	(C) Position t check more than one less person is both an and a director/trustee)				(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
								411 045		20.296
1b Sub-total c Total from continuation sheets to Part \ d Total (add lines 1b and 1c) 2 Total number of individuals (including but	/II, Section A						▶	411,947. 0. 411,947. eceived more than \$10		0. 30,286. 0. 0. 0. 30,286.
compensation from the organization 3 Did the organization list any former office										Yes No
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the sand related organizations greater than \$1:	such individua sum of reportal 50,000? If "Yes	/ ole c s,* co	omp	oens lete	satio	 on an nedu	d of le J	ther compensation from	the organization	4 X
Did any person listed on line 1a receive or rendered to the organization? If "Yes," co. Section B. Independent Contractors	mplete Schedu	ile J	for s	such	n pe	rson				5 X
Complete this table for your five highest of the organization. Report compensation for (A)	r the calendar	ndep year	ena enc	ent ling	con with	or y	ors <u>vithi</u>	n the organization's tax (B) Description of	(year.	(C) Compensation
Name and busines ENCLUDE B.V., 2 DRIEBERO UTRECHT , NETHERLANDS		ZE	IS	Т,				EVALUATION (UGANDA MICR	OF BRAC	110,000
Total number of independent contractors \$100,000 of compensation from the organ		not	limit	ed t	to th	nose 1	liste	d above) who received	more than	Form 990 (2016

		Check if Schedule O contai	ns a response o	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) evenue excluded from tax under sections 512 - 514
छछ।	1 a	Federated campaigns	1a					
듣듯		Membership dues	1.1					
٦٤			1 1					
# #		The state of the s	1 1					
اڇ." اڇ."		Companies de la companies de l						
8.2		All other contributions, gifts, grants	, 					
털힐	٠	similar amounts not included above	1 1	16,405,669.				1 man
Contributions, Gifts, Grants and Other Similar Amounts	~	Noncash contributions included in lines 1		·				
돌	y	Total. Add lines 1a-1f			16 405 669			
"	11,	Total. Add lifes 14 ft		Business Code				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
.	0 -	COMMUNICATION CERTIFICATION		541900	533,371.	533,371.		
<u>ğ</u>		CONTRACT SERVICES		341500				
Program Service Revenue	b							
	C							
	α							
	e	All other program conting rough						
_		All other program service rever Total, Add lines 2a-2f			533 371.			
		Investment income (including of			333,371,			
	3				11,148,			11,148.
		other similar amounts)			11,140,			
	4							
	5	Royalties	(i) Real	(ii) Personal				
			(i) Heai	(ii) Fersonai				
	ı	Gross rents						
	ı	Less: rental expenses				The second secon		
	l .	: Rental income or (loss)				10 10 10 10 10 10 10 10 10 10 10 10 10 1		.s., % <u>=</u> , %=1 * * 11.2 11 = 1%
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other			A STATE OF THE PARTY OF THE PAR	
		assets other than inventory						
	h	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)		<u> </u>				The state of the s
		Net gain or (loss)		<u></u>				
ē	8 8	 Gross income from fundraising 	g events (not					
en		including \$	of					
Other Revenue		contributions reported on line	1c). See					
프		Part IV, line 18						
Ě		Less: direct expenses		· <u> </u>			The second secon	
0		Net income or (loss) from fund		>	TO 1992 1992 1993 1993 1993 1993 1993 1993			
	9 8	a Gross income from gaming ac	tivities. See					
		Part IV, line 19		l l				
		Less: direct expenses						
	(Net income or (loss) from gam	ning activities .	. <u></u>			TERROR PER SENSE VAL	
	10 a	a Gross sales of inventory, less	returns					
		and allowances	a	a				
		b Less: cost of goods sold)				grad SACTON RO
	_ (c Net income or (loss) from sale	s of inventory .	<u></u>				
		Miscellaneous Revenu		Business Cod				医髓中毒 裝門管
	11 :	a MISCELLANEOUS		900099	2,685	2,685		
	1	b						
	1	C						
		d All other revenue						
		e Total. Add lines 11a-11d			2,685			
	12				16 952 873	536,056	0.	11,148

Form 990 (2015) BRAC USA, INC.
Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	se or note to any line in	this Part IX		(D)
	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	150 010	450 010		
	and domestic governments. See Part IV, line 21	158,019.	158,019.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			1	
	organizations, foreign governments, and foreign	16 207 024	16 207 02/		
	individuals. See Part IV, lines 15 and 16	10,287,834.	16,287,834.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	479,486.	297,937.	80,890.	100,659.
	trustees, and key employees	4/3,400.	431,331•	00,000.	200,000
ô	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	995,751.	734,483.	100,841.	160,427
7	Other salaries and wages	990,101.	104,400.	700,047.	
3	Pension plan accruals and contributions (include	10,854.	7,703.	1,248.	1,903
^	section 401(k) and 403(b) employer contributions)	115,759.	82,782.		20,138
9	Other employee benefits	100,593.	70,516.	12,297.	17,780
0	Payroll taxes Fees for services (non-employees):	100,000	,0,010.		
1	Management				
	-	4,750.	3,130.	1,535.	85
	Legal Accounting	48,535.	11,045.	37,189.	301
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	496,951.	348,407.	139,062.	9,482
12	Advertising and promotion	12,402.			10,079
3	Office expenses	46,435.			4,561
4	Information technology				
5	Royalties				
16	Occupancy	135,832.	102,115.	15,532.	<u>18,185</u>
17	Travel	256,504.		61,306.	9,373
18	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	22,944.	18,871.	2,763.	1,310
0	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	9,636.			1,703
23	Insurance	11,869.	8,320	1,451.	2,098
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT FEES	257,773.			25 522
b	MISCELLANEOUS	72,097	26,907	9,657.	35,533
C					
c					
e				484 555	000 645
25_	Total functional expenses. Add lines 1 through 24e	19,524,024	18,636,112	494,295.	393,617
26	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 (201

Par	t X	Balance Sheet					
	'	Check if Schedule O contains a response or note	to any line in this Part X			<u></u>	
		,		Be	(A) eginning of year		(B) End of year
	1	Cash - non-interest-bearing			8,963,96	4. 1	
	2	Savings and temporary cash investments		I	6,650,20	9. 2	
	3	Pledges and grants receivable, net		l l	6,596,82	0. з	
i	4	Accounts receivable, net		1	163,16	4. 4	255,564.
	5	Loans and other receivables from current and fo					
Į	Ŭ	trustees, key employees, and highest compensa					
		Part II of Schedule L		I		5	
	6	Loans and other receivables from other disqualif					
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing					The second secon
		employers and sponsoring organizations of sect		1 7			
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net	1		7		
AS	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			43,10	6. 9	16,371.
	10a	Land, buildings, and equipment: cost or other		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
		hasis, Complete Part VI of Schedule D	10a 135,0	33.			
	b	Less: accumulated depreciation	10b 98,4	37.	13,70	3. 100	36,596.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line	11			13	3
	14	Intangible assets	***************************************			14	
	15	Other assets. See Part IV, line 11		33,92			
	16	Total assets. Add lines 1 through 15 (must equ	2	2,464,88			
	17	Accounts payable and accrued expenses		205,64			
;	18	Grants payable	1	1,866,63			
	19	Deferred revenue		137,45			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				2.	
S	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
dai		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	4
	25	Other liabilities (including federal income tax, pa	yables to related third	_			
		parties, and other liabilities not included on lines			99,22	26 0	102,338.
		Schedule D			2,308,95		
	26	Total liabilities. Add lines 17 through 25	.		.4,300,9	<u> </u>	5 10,414,311.
	ŀ	Organizations that follow SFAS 117 (ASC 956	s), check here ► LAL	and			
SeS		complete lines 27 through 29, and lines 33 ar			4,925,73	14. 2	5,614,781.
au	27	Unrestricted net assets			5,230,23		4 0 1 0 0 0 6
Ba	28	Temporarily restricted net assets			3,230,2.	2	
шđ	29		SC 050) sheek here				
Ę.		Organizations that do not follow SFAS 117 (A	GC 956), Check here				
S	00	and complete lines 30 through 34.			inili. Para en 1912 (SPE)	3	0
set	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or e			3		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			3	· · · · · · · · · · · · · · · · · · ·	
Red	32	Total net assets or fund balances		_	10,155,9		
	34	Total liabilities and net assets/fund balances			22,464,8		
	<u>, 0-1</u>	TOTAL HADRINGO GERA FIOT GEOGRAPHIC SCIENCES					Form 990 (2015)

≕ Form	990 (2015) BRAC USA, INC.	20-84	<u>456741</u>	Pag	e 12			
	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>16,952</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,524					
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,571,151					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
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 in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	7,58	4,7	<u>82.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>			
			Filtrate, Si	Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 11.000					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	- 1-10					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1 24 253	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	77.1.1.1.					
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis) igadiki			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	ENVENT			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,	7.77	***				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	redule O.	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			77			
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit						
	the contract of the contract o		25	1	1			

Form **990** (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

Internal Revenue Service Employer identification number Name of the organization 20-8456741 BRAC USA, INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, 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 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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.) 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.) 8 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). 10 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (vi) Amount of (iv) Is the organization (v) Amount of monetary (iii) Type of organization (i) Name of supported (described on lines 1-9 listed in your other support (see support (see organization governing document? above (see instructions)) instructions) instructions) Nο

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 BRAC USA, INC. 20-8456 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	tion A. Public Support						<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12484878.	130 <u>57047.</u>	<u>11866439.</u>	14920123.	<u> 16405669.</u>	68734156.
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	12484878.	13057047.	11866439.	14920123.	16405669.	68734156.
	The portion of total contributions	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						1 1 1 1
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	column (f)						29397562.
6	Public support Subtract line 5 from line 4.						39336594.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	12484878.	13057047.	11866439	14920123.	16405669	68734156.
	Gross income from interest,			-			
_	dividends, payments received on			1			
	securities loans, rents, royalties						
	and income from similar sources	15,653.	17,816	11,931	12,008	11,148	<u>. 68,556.</u>
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	869.	1,004	3,183	363,000	2,685	. 370,741.
11	Total support. Add lines 7 through 10						69173453.
12		s, etc. (see instruct	ions)			12	4,264,029.
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	
							>
Se	organization, check this box and stoction C. Computation of Pub	lic Support Pe	ercentage				
14	Public support percentage for 2015	(line 6, column (f)	divided by line 11,	column (f))		14	56.87 %
15	Public support percentage from 201	4 Schedule A, Par	t II, line 14			15	<u>56.99 %</u>
16a	33 1/3% support test - 2015. If the	organization did n	ot check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this	box and
	stop here. The organization qualifies	s as a publicly sup	ported organization	on			
k	33 1/3% support test - 2014. If the	organization did n	ot check a box or	iline 13 or 16a, ar	nd line 15 is 33 1/3	% or more, check	this box
	and stop here. The organization qua	alifies as a publicly	supported organi	zation			▶□
178	10% -facts-and-circumstances te	st - 2015. If the or	ganization did not	check a box on li	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
	and if the organization meets the "fa	cts-and-circumsta	nces" test, check	this box and stop	here. Explain in P	art VI how the org	anization
	meets the "facts-and-circumstances	" test. The organiz	ation qualifies as	a publicly support	ed organization		▶∟
ŀ	10% -facts-and-circumstances te	st - 2014. If the or	ganization did not	check a box on li	ne 13, 16a, 16b, o	r 17a, and line 15	is 10% or
•	more, and if the organization meets	the "facts-and-circ	umstances" test,	check this box an	d stop here. Expla	in in Part VI how t	the
	organization meets the "facts-and-ci	rcumstances" test	t. The organization	i qualifies as a pub	olicly supported or	ganization	▶∐
18		ion did <u>not check</u> :	a box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see instruction	ons ▶
_					Scl	nedule A (Form 9	90 or 990-EZ) 2015

Par	till Support Schedule for O					4 14 44 A2	Ham fall- 1-
	(Complete only if you checked			ganization failed t	o qualify under Pa	rt II. If the organiza	tion fails to
	qualify under the tests listed be	low, please comp	lete Part II.)				
	ion A. Public Support					1,0045	(0 T-1-1
Calend	lar year (or fiscal year beginning in) 🖊	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 (Gifts, grants, contributions, and						
	nembership fees received. (Do not	ļ					
i	nclude any "unusual grants.")						
	Bross receipts from admissions,						
	nerchandise sold or services per- ormed, or facilities furnished in						
	any activity that is related to the						
C	organization's tax-exempt purpose						
3 (Gross receipts from activities that				1	E	
á	are not an unrelated trade or bus-						
'i	ness under section 513						
4	Tax revenues levied for the organ-					·	
i	zation's benefit and either paid to						
(or expended on its behalf						
5	The value of services or facilities						
1	furnished by a governmental unit to						
f	the organization without charge						
6	Fotal. Add lines 1 through 5						<u> </u>
7a	Amounts included on lines 1, 2, and						
:	3 received from disqualified persons						
	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						
C.	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		7. 10 mm,	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		··
	Public support (Subtract line 7c from line 6.) tion B. Total Support						·
Sec		(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Sec Calen 9	tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 6	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Sec Calen 9	tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest,	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Sec Calen 9 10a	tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Sec Calen 9 10a	tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest,	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Sec Calen 9 10a	tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Sec Galen 9 10a b	tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Sec Galen 9 10a b	tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Sec Calen 9 10a b	tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Sec Calen 9 10a b	tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Sec Calen 9 10a b	tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b,	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Sec Galen 9 10a b	tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Sec Calen 9 10a b	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Sec Galen 9 10a b	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Sec Calen 9 10a b	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support, (Add lines 9, 10c, 11, and 12.)						
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Schedule A (Form 990 or 990-EZ) 2015

532023 09-23-15

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizatio	Organizations
---------------------------------------	---------------

- 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.
- 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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
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9		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	e C		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1) Da		
)b		

3 Parent of Supported Organizations. Answer (a) and (b) below.

activities but for the organization's involvement.

that these activities constituted substantially all of its activities.

a 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? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

how the organization was responsive to those supported organizations, and how the organization determined

b Did the activities described in (a) 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

Schedule A (Form 990 or 990-EZ) 2015

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За

20-8456741 Page 6_

Schedule A (Form 990 or 990-FZ) 2015 BRAC USA, INC.

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			tions. All
	other Type III non-functionally integrated supporting organizations must cor	mplete S	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		<u> </u>
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		
	ion 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):	Piete H		
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	The state of the s			
	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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8_		
Seci	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1_		
	Enter 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			
Ŭ	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly-integ	rated Type III supporting orga	anization (see
•	instructions)	, •		

Schedule A (Form 990 or 990-EZ) 2015

20-8456741 Page 7 Schedule A (Form 990 or 990 EZ) 2015 BRAC USA, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (ii) (iii) (i) Underdistributions Distributable **Excess Distributions** Pre-2015 Amount for 2015 Section E - Distribution Allocations (see instructions) Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2015 from Section D, a Applied to underdistributions of prior years b Applied to 2015 distributable amount

Schedule A (Form 990 or 990-EZ) 2015

c Remainder. Subtract lines 4a and 4b from 4.

greater than zero, see instructions).

instructions).

Breakdown of line 7:

c Excess from 2013d Excess from 2014e Excess from 2015

and 4c.

5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount

Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see

Excess distributions carryover to 2016. Add lines 3j

Schedule A	(Form 990 or 990-EZ) 20	15 BRAC USA,	INC.		20-845674	T Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1: Part IV, Section F	prmation. Provide the 1, 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3: Part IV.	e explanations required , 6, 9a, 9b, 9c, 11a, 11b Section E. lines 1c. 2a	by Part II, line 10; Part II, b, and 11c; Part IV, Section , 2b, 3a and 3b; Part V, line so complete this part for a	ine 17a or 17b; Part III, line 12 B, lines 1 and 2; Part IV, Sec e 1; Part V, Section B, line 1e; ny additional information.	tion C, Part V,
	(200 mondonoma)					
		· ·				
4						

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

2015

20-8456741 BRAC USA. Organization type (check one): Section: Filers of: 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 501(c)(3) exempt private foundation Form 990-PF 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 or 990-EZ), 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, Ine 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, II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

BRAC	USA,	INC.

20-8456741

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition		(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LEGO FOUNDATION REG. NO 12 45 83 39 KOLDINGVEJ 2 DK-7190 BILLUND, DENMARK	\$ <u>4,742,684.</u>	Person X Payroll
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2	OMIDYAR NETWORK 1991 BROADWAY ST., SUITE 200 REDWOOD CITY, CA 94063	\$ <u>4,536,632</u> .	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CHEVRON 6001 BOLLINGER CANYON ROAD SAN RAMON, CA 94583	\$\frac{1,799,744.}{}	Person X. Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
No4	ROCKEFELLER FOUNDATION 420 FIFTH AVENUE NEW YORK, NY 10018	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ANONYMOUS	\$ 752,117.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WHOLE PLANET FOUNDATION 550 BOWEIE STREET AUSTIN, TX 78703	\$ 500,000.	Person X Payroll

Name of organization

Employer identification number

BRAC USA,	INC.
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7	BILL AND MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98102	\$ 400,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8	REGENTS OF THE UNIVERSITY OF CALIFORNIA 2111 BANCROFT WAY, 317-20 BERKLEY, CA 94720	\$ <u>354,400.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9	TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129-0903	\$ 350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)				

Employer identification number

BRAC USA, INC.

rt II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	STOCK TRANSFER		
2 -			00100115
-		\$\$.	09/30/16
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ _ _		\$	
(a) No.	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
art I		(see instructions)	
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ - - -		\$	<u>, </u>
(a) No. rom art l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Employer identification number

RAC USA art III E	volueively religious charitable etc. contr	ibutions to organizations described in se	20-8456741 oction 501(c)(7), (8), or (10) that total more than \$1,000 for				
th co	ne year from any one contributor. Complete complete completing Part III, enter the total of exclusively religious	Olumns (a) Inrough (e) and Ine Iollowing I i, charitable, etc., contributions of \$1,000 or less fo					
U	lse duplicate copies of Part III if additiona	al space is needed.					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
			Schedule R /Form 990, 990-F7, or 990-PF				

SCHEDULE D

(Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990.

2015
Open to Public

Department of the Treasury Internal Revenue Service

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 20-8456741 BRAC USA, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register **2**d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ______ ▶ \$ ___ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2015

532051 11-02-15

Sched	dule D (Form 990) 2015 BRAC US	A, INC.							67 <u>41</u>	
Par		ollections of A	rt, Histo	rical Tre	easures, or	Other	Simila	r Asset	S (continue	d)
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the t	following that a	are a sigi	nificant u	se of its c	ollection ite	ems
	(check all that apply):									
а	Public exhibition	d	ı	oan or excl	hange program	าร				
b	Scholarly research	e	, 🔲 o	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	ne organization	ı's exem	pt purpos	se in Part	XIII.	
	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of	the organi	ization's co	llection?			,, <u>,,,</u>	Yes	No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the o	organizatio	n answered "Y	'es" on F	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for c	ontribution	s or other asse	ets not ir	ncluded			
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year	.,	.,				1e			
f	Ending balance									
	Did the organization include an amount on F								Yes	∐_ No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanatio	n has been	provided on F	art XIII				
Par	t V Endowment Funds. Complete	f the organization a	nswered "	'Yes" on Fo						
		(a) Current year	(b) Pr	ior year	(c) Two years	back (d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance				ļ					
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1ç	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment >	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	ession of the organi	zation tha	t are held a	and administer	ed for th	ne organiz	ation		
	by:									es No
	(i) unrelated organizations							•••••	. 3a(i)	
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organization				?				3b	
4	Describe in Part XIII the intended uses of the		lowment f	funds,						
Pai	tVI Land, Buildings, and Equipn					-	r 40			
	Complete if the organization answere							<u> </u>		
	Description of property	(a) Cost or	- 1		t or other		ccumulate		(d) Book	value
		basis (invest	iment)	pasis	(other)	aer	preclation	- 1818 (S.)		
	Land				<u>:</u>	n Parria de de				
	Buildings									
C	Leasehold improvements				10 052		04 2	E1	2.4	202
	Equipment	li .			18,953.		24,7			,202.
	Other				<u>36,080.</u>		73,6	00.		
Total	I. Add lines 1a through 1e. (Column (d) must	egual Form 990, Pai	rt X, colun	nn (B), line	10c.)				36	<u>,596.</u>

Schedule D (Form 990) 2015

Complete if the organization answered "Yes"		(a) Method of vol	uation: Cost or end.	of-year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) iviethed of val	uation. Cost of end-	or year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G) ,				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				The second secon
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		e 11c. See Form 990, F	art X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of va	luation: Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		V. S. C.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.		The same Transfer and the same	Contraction of the second of t	
Complete if the organization answered "Yes"	on Form 990 Part IV lir	ne 11d. See Form 990. I	Part X. line 15.	
	Description	10 1141 000 1 0111 000,1		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes	" on Form 990, Part IV, lir	ne 11e or 11f. See Form	n 990, Part X, line 25	Van H. Erendelen gelieben Der breitiger
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		100 000		
(2) DEFERRED RENT		102,338.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		102,338.		
Total (Column (b) must equal Form 990, Part X, col. (B) II	na 25 1	107.118.	 PAR TOUGHAST RESERVED 	sanggang manimum a langganggang na langgan b

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.is.gov/form990.

Inspection

Name of the org	anization					Employer identific	ation number
BRAC USA	TNC -					20-8456741	
Part I Ge	eneral Info	rmation on A	ctivities Out	side the United States. Complete	e if the organ		
	m 990, Part N						
1 For grante	makers. Does es' eligibility fo	the organization or the grants or a	n maintain record assistance, and	ds to substantiate the amount of its grar the selection criteria used to award the g	its and other grants or assi	assistance, stance? \	es X No
				the state of the same of the		uh - u annintaman outai	do tho
United Sta	ates.			procedures for monitoring the use of its		iner assistance outsi	ue trie
		1	•	an be duplicated if additional space is no		11 11 4 a al (m)	(O Total
(a) Re	gion	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prodescribe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
				The state of the s			
SOUTH ASIA			0	GRANTS TO RECIPIENTS LOCATED IN THE REGION			8,709,925.
300III ADIN		1					
				GRANTS TO RECIPIENTS			n caa 000
SUB-SAHARAN	AFRICA	C	0	LOCATED IN THE REGION			7,577,909.
		1					
		**************************************				-	
]
3 a Sub-total			00				16,287,834
	n continuation						0
	Part I		0				
c Totals (a and 3b)	uu III les Ja		0	- [2] - 스탠스 프로마스 - 인터넷 프로마스 (14) - 프로마스 (14) - 프로마스 - (14) - 프로마스 (14)			16,287,834

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

Schedule F (Form 990) 2015

20-8456741

Page 2 -

BRAC USA, INC.

Schedule F (Form 990) 2015

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH EDUCATION	92,874,	WIRE TRANSFER	•0		FYV
		SOUTH ASIA	INTEGRATED DEVELOPMENT PROGRAM	1670599	1670599.WIRE TRANSFER	0	o de la companya de l	VMT
		ALSA HTIOS	ULTRA POOR URBAN SLUMS	231,250,	WIRE TRANSFER	0	Account of the second of the s	FMV
		ата непо	MPACIF ATTAS PTLOT	.000	WIRE TRANSFER	.0		PMV
		SOUTH ASTA	CYCOLE ROANU RELIEF	381,000.		0		FMV
			FOSTERING FINANCIAL INCLUSION FOR THE POOR AND INFORMALLY EMPLOYED IN LIBERIA	3500000	WIRE TRANSFER	0.	and the second s	PMV
		SOUTH ASIA		1	WIRE TRANSFER	0.		VMG
		SUB-SAHARAN A FRICA	POST EBOLA RESILIENCE - FOSTERING FINANCIAL TNCLUSION	417,500.	417,500 WIRE TRANSFER	0	A A A A A A A A A A A A A A A A A A A	FPAV
2 Enter total number othe IRS, or for which3 Enter total number o	Enter total number of recipient organizations listed at the IRS, or for which the grantee or counsel has pro Enter total number of other organizations or entities	or entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities.	foreign country,	recognized as tax-e>	empt by	Schec	10 Schedule F (Form 990) 2015

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Page 2		(i) Method of valuation (book, FMV, appraisal, other)	FMV	ΔЙ	ν	FMV	FMV	Viii	FMV	ΛŸLJ	N.W.
		(h) Description of non-cash assistance	<u>P4</u>		M						
56741	90), Part II, line 1)	(g) Amount of non-cash assistance	0	0	0	0	0	Ö	0	.0	c
20-8456741	Schedule F (Form 9	(f) Manner of cash disbursement	WIRE TRANSFER	WIRE TRANSFER	417,500, MIRE TRANSFER	500,000, MIRE TRANSFER	526,995, WIRE TRANSFER	336, WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	
	United States. (§	(e) Amount of cash grant	57 <u>1,235.</u> M	509,638,	417,500,M	500,000,	526,995.8	338,336,8	150,114.	25,000.	
	ations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	(d) Purpose of grant	EMPOWERMENT AND LIVELIHOODS OF ADOLESCENTS SCALE UP	MICROFINANCE	POST EBOLA RESILIENCE - FOSTERING FINANCIAL INCLUSION	MICROFINANCE	MICROFINANCE	BEHAVIORAL INNOVATIONS RESEARCH		RESEARCH ON TRANSPORT COST AND FERTILIZER ADOPTION	
USA, INC.	Continuation of Grants and Other Assistance to Organizations	(c) Region	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN
BRAC [Grants and Other	(b) IRS code section and EIN (if applicable)									
Schedule F (Form 990)	Part II Continuation of	1 (a) Name of organization									

Schedule F (Form 990) Part II. Continuation of	BRAC USA,	F (Form 990) BRAC USA, INC. Continuation of Grants and Other Assistance to Organizations	10	United States.	20-8456741 Schedule F (Form 990), Part	90), Part II, line 1)		rade r
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN	INDEPENDENT EVALUATION AND					
		AFRICA	RESARCH CELL	846,470.	WIRE TRANSFER	0.		FMV
		SUB-SAHARAN AFRICA	BRAC PLAY LAB PROJECT	1139411.	WIRE TRANSPER	Ö		Λ . W.E
		SUB-SAHARAN AFRICA	MENTAL HEALTH RESEARCH	655,291,	WIRE TRANSFER	0.	and delivery	EMV
		SOUTH ASIA	BRAC PLAY LAB PROJECT	7509.	WIRE TRANSFER	0	Andrew Transition of the Control of	AWA.
		SOUTH ASIA	ARSHI	-	WIRE TRANSFER	0	orgen and the state of the stat	DMQ
		COITMH ACTA	EMERGENCY RELIEF FOR GARMENT INDUSTRY	250 000	REFERENCE ARIM	0		FMV
		SOUTH ASTA	ALLIED AND MEDICAL CARE FOR RANA FLAZA VICTIMS		492, WIRE TRANSFER	0		PMV
			RESEARCH COLLABORATION	23,313,	23,313,WIRE TRANSFER	o		EMV
		SUB-SAHARAN AFRICA	PROGRAMS	15.057.	15.057.WIRE TRANSFER	0		FMV

Page 2		d of ok, FMV, ' other)				- Indiana de la company		The state of the s		
		(i) Method of valuation (book, FMV, appraisal, other)	FWV	FMV	FMV	FMV	FKV	FMV		
	((h) Description of non-cash assistance	and the state of t			in contract to	Anapology			
56741	90), Part II, line 1	(g) Amount of non-cash assistance	0	0	0	0	O	0	100	
20-8456741	schedule F (Form 9	(f) Manner of cash disbursement	WIRE TRANSFER	450, WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	IRE TRANSFER	WIRE TRANSFER		
	United States. (S	(e) Amount of cash grant c	235,865,W	55,450,10	115,001.W	83,024,8	124,000.WIRE	38 470.1		
	ations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)		TOMS SAFE BIRTHS	TUP ADVOCACY	TZ ELA	UGANDA ELA	SANITATION	SIERRA LEONE BEOLA		
JSA, INC.	Continuation of Grants and Other Assistance to Organizations	(c) Region	SOUTH ASIA	SOUTH ASIA	SOUTH ASIA	2	SUB-SAHARAN AFRICA	SUB-SAHARAN	71-71-045	
BRAC USA,	Grants and Other	(b) IRS code section and EIN (if applicable)								
Schedule F (Form 990)	Continuation of	1 (a) Name of organization								
Schedule	Part II	1 (a) Name								

20-8456741

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2015

Part III can be duplicated if additional space is needed.

BRAC USA, INC.

(h) Method of valuation (book, FMV, appraisal, other)	The state of the s	and the second s	e annu	1	- Contingent	Schedule F (Form 990) 2015
(g) Description of non-cash assistance						In Park of
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
(c) Number of recipients						
(b) Region						
(a) Type of grant or assistance (b) Region						

Chedi	ule F (Form 990) 2015 BRAC USA, INC.	20-8456741	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Farm E712; do not file with Form 000)	Vec	X No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 BRAC USA, INC.	20-8456/41 Page 5
Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting	ig method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method	i); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional informa-	ation.
PART I, LINE 2:	
BRAC USA'S GRANT MAKING SUPPORTS A STRATEGIC AGENDA BASED (ON PRIORITIES
BRAC USA S GRANT MARING DUTTONTO A DIMITED TO MODIFIC SIDES	
AGREED UPON BY BRAC AND THE BRAC USA BOARD. BRAC USA DOES I	NOT ACCEPT
UNSOLICITED PROPOSALS FROM ORGANIZATIONS THAT ARE NOT PART	OF BRAC.
BRAC USA REQUIRED NARRATIVE AND FINANCIAL REPORTS TO BE SU	BMTTTED FOR ALL
BRAC OSA REQUIRED MARKATIVE AND FINANCIAL RELOKIO TO DE DO	<u> </u>
GRANTS. ADDITIONALLY, BRAC USA STAFF CONDUCT DUE DILIGENCE	TRIPS TO SEE
ALL OF THE PROGRAMS THAT RECEIVE FUNDING FROM BRAC USA.	
PART II, COLUMN (D):	
PART II, COLOMA (D):	
REGION: SUB-SAHARAN AFRICA	
(D) PURPOSE OF GRANT: FOSTERING FINANCIAL INCLUSION FOR TH	(E POOR AND
THE PARTY BADIOWED IN ITEMPTA AND CIEDDA FROME	
INFORMALLY EMPLOYED IN LIBERIA AND SIERRA LEONE	

SCHEDULE (Form 990)

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

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

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OMB No. 1545-0047 2015

Employer identification number 20-8456741 Open to Public Inspection X Yes 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 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. criteria used to award the grants or assistance? General Information on Grants and Assistance INC. BRAC USA, Name of the organization Department of the Treasury Internal Revenue Service Part

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

2

ž

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Com	Domestic Organi	zations and Domestic	s Governments. Co	omplete if the orga	Inization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any at any additional space is needed	IV, IING ZI, TOT 2813
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	Market Company	The state of the s					
STRONGMINDS	46-2090059	501(C)3	64,125,	0	FMV		RESEARCH
CENTER FOR EFFECTIVE GLOBAL ACTION (CEGA) - UNIVERSITY OF CALIFORNIA, BERKE	94-6002123	501(C)3	,000,06	0	FMV		RESEARCH
							- T- AND ADDRESS OF THE STATE O
				and department of the second			
		t+ ci betal ancitoriano	icted in the line 1 table	- Lander Company of the Company of t			7.
2 Enter total number of section 50 I(c)(s) and government organizations in the line 1 table	ind government o	galizations iisted iit ti 1 table					A
3 Enter rotal number of ortifier organizations listed in the lister for Form 990	coe the Instruction	ions for Form 990.					Schedule I (Form 990) (2015)

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

Schedule I (Form 990) (2015) Page 2 (f) Description of non-cash assistance 20-8456741 (book, FMV, appraisal, other) SUBMITTED FOR ALL Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance BE 욘 (c) Amount of cash grant BRAC USA REQUIRES NARRATIVE AND FINANCIAL REPORTS (b) Number of recipients BRAC USA, INC. (a) Type of grant or assistance PART I, LINE 2: Schedule I (Form 990) (2015) 532102 10-28-15 GRANTS Part III

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BRAC USA, INC.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number 20-8456741

Pa	rt I Questions Regarding Compensation		<u> </u>	
	On the land of the second state and the fallowing to be far a second listed on Earm 900	14.0	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			STAN.
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	7.27		
		1704		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		7,714,72	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	, 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	7:100 1745 1:4.1111	NE SEE	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		53541
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract	7000 A		
	Independent compensation consultant X Compensation survey or study	\$3.00mm		
	Form 990 of other organizations X Approval by the board or compensation committee	-200		
1	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:	100000	(40.000)	
_	Receive a severance payment or change-of-control payment?	4a	X	
a	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
b	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	2015		
	If Yes to any or mes 4arc, ast the persons and provide the applicable amounts for each term in the car.			
	TO ALL MORE TO ALL MAN AND FORM (ALMON) assessment and more to appropriate lines 5.0	55404		
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	5а		Х
а	The organization?	5b	-	X
b	Any related organization?	30	3 554	
	If "Yes" to line 5a or 5b, describe in Part III.	1111111111111		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	10000		
	contingent on the net earnings of:			~
	The organization?	6a	<u> </u>	X
b	Any related organization?	6b	A 0.70 N/2	+^-
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		Marine.	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			NAME.
	Regulations section 53.4958-6(c)?			

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

Schedule J (Form 990) 2015

20-8456741

Page 2

BRAC USA, INC.

Schedule J (Form 990) 2015 BRZ

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation		(a)-(i)(a)	in counnii (b) reported as deferred on prior Form 990
(1) SHEAN M DAVIS	9	235,230.	0	0	0	12,086.	247,31	0
SIDENT & CEO (RESIGNED 12/15)	€	0	0	0	0	.0	0.	0
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	€ €							
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	1						Sched	Schedule J (Form 990) 2015

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

20-8456741

	BRAC USA, IN	C			20-8	<u>456741 </u>			
Par									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		:		
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	2	1,036,632.	FAIR MARKET	VALUE			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17									
18									
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()				<u> </u>				
29	Number of Forms 8283 received by the organ								
	for which the organization completed Form 8	283, Part IV,	, Donee Acknowled	igement29]			T		
						Yes	No		
30a	During the year, did the organization receive	by contribut	ion any property re	eported in Part I, lines 1 throu	igh 28, that it				
	must hold for at least three years from the da						77		
	exempt purposes for the entire holding period				*************************	30a	X		
b	If "Yes," describe the arrangement in Part II.						₹7		
31	Does the organization have a gift acceptance	policy that	requires the reviev	v of any non-standard contrib	outions?	31	X		
32a	Does the organization hire or use third parties	s or related	organizations to so	olicit, process, or sell noncas	h		177		
	contributions?					32a	X		
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount i	n column (c)	for a type of prop	erty for which column (a) is o	hecked,				
	describe in Part II.						100:-		
LHA	For Paperwork Reduction Act Notice, se	e the Instru	ctions for Form 9	990.	Schedule N	/I (Form 990)	(2015)		

Schedule M	(Form 990) (2015) BRAC US	A, INC.		20-8456741	Page 2
Part II	Supplemental Information is reporting in Part I, column (b), this part for any additional inform	 Provide the information range in the number of contributions ation. 	equired by Part I, lines 30b, 3 , the number of items received	2b, and 33, and whether the orga d, or a combination of both. Also o	nization complete
		<u></u>			
			•		
1.111					
A.V.E.					
				Schedule M (F	orm 600) (204)
532142 08-21	I-15			Scheding M (F	01 151 000) (£ 0 10

532142 08-21-15

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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 990-EZ.

OMB No. 1545-0047 Open to Public

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Internal Revenue Service Name of the organization

BRAC USA, INC.

Employer identification number 20-8456741

53210 00117 2110.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BRAC USA SHARES THE SAME MISSION AS BRAC: OUR MISSION IS TO EMPOWER
PEOPLE AND COMMUNITIES IN SITUATIONS OF POVERTY, ILLITERACY, DISEASE
AND SOCIAL INJUSTICE. OUR INTERVENTIONS AIM TO ACHIEVE LARGE SCALE,
POSITIVE CHANGES THROUGH ECONOMIC AND SOCIAL PROGRAMS THAT ENABLE MEN
AND WOMEN TO REALIZE THEIR POTENTIAL.
OUR VISION OF SUCCESS IS TO FOSTER A BETTER WORLD BY INCREASING BRAC'S
VISIBILITY AS A DEVELOPMENT SUCCESS STORY, HARNESSING THE POWER OF ITS
FRIENDS AND ENSURING SUPPORT FOR A GROWING NUMBER OF BRAC ORGANIZATIONS
AROUND THE WORLD TO UNLEASH THE POTENTIAL OF MILLIONS OF POOR
HOUSEHOLDS TO CREATE BETTER FUTURES FOR THEMSELVES AND THEIR
COMMUNITIES. WE DO THIS THROUGH THREE MAIN PROGRAM AREAS: GRANTMAKING,
STRATEGIC PROGRAM SERVICES, AND COMMUNICATIONS AND OUTREACH.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OUR INTERVENTIONS AIM TO ACHIEVE LARGE SCALE, POSITIVE CHANGES THROUGH
ECONOMIC AND SOCIAL PROGRAMS THAT ENABLE MEN AND WOMEN TO REALIZE THEIR
POTENTIAL.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
BRAC USA PERFORMS THESE ACTIVITIES WITH THE SUPPORT OF ITS STAFF
MEMBERS, INTERNS, EXTERNAL CONSULTANTS AND A DEDICATED GROUP OF
TALENTED VOLUNTEERS.

Schedule O (Form 990 or 990-EZ) (2015)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

E EE a

Name of the organization BRAC USA, INC.	Employer identification number 20-8456741
DIME ODA, THE	
FORM 990, PART VI, SECTION B, LINE 11:	
A DRAFT OF THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTE	EE AND MANAGEMENT,
THEN MADE AVAILABLE TO MEMBERS OF THE BOARD FOR REVIEW PR	RIOR TO BEING
SUBMITTED TO THE IRS BY THE ORGANIZATION'S AUDITORS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN THE CON	VFLICT OF INTEREST
POLICY. BOARD MEMBERS ARE ASKED TO RECUSE THEMSELVES IF	THEY HAVE A
CONFLICT OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BRAC USA BOARD OF DIRECTORS REVIEWS MARKET DATA FOR O	COMPARABLE
POSITIONS ON AN ANNUAL BASIS (TYPICALLY IN SEPTEMBER OR O	OCTOBER).
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	Y OF FORM 990:
AL, AZ, AR, CA, CO, DC, FL, GA, IL, MD, MA, MI, MN, MS, MT, NH, NJ, NM, NY	NC,OH,OK,OR,PA,RI
SC, SD, TN, UT, VA, WA, WV, VT	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE	AVAILABLE UPON
REQUEST. FINANCIAL STATEMENTS ARE INCLUDED IN BRAC USA'S	ANNUAL REPORT AND
ARE AVAILABLE ON THEIR WEBSITE AND BY REQUEST.	

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

1.7

Sequence No. 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Identifying number

990

BKA	C USA, INC.		F	ORM 990 P	AGE 10		20-8456741
Par		rty Under Section 179	Note: If you have a	y listed property, o	complete Part \	/ before y	ou complete Part I.
1 M	aximum amount (see instructions)					1	<u>500,000.</u>
2 To	otal cost of section 179 property plac	ed in service (see ir	nstructions)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4.	. 2	
	reshold cost of section 179 property					1 - 1	2,000,000.
_	eduction in limitation. Subtract line 3					1 5	
	ollar limitation for tax year. Subtract line 4 from line						
6	(a) Description of pr			business use only)	(c) Elected		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
							The state of the s
							And the second s
7 Li	sted property. Enter the amount from	ı line 29	•	7			
	otal elected cost of section 179 prope					8	
	entative deduction. Enter the smaller						
	arryover of disallowed deduction from						
	usiness income limitation. Enter the s						
	ection 179 expense deduction. Add I						
	arryover of disallowed deduction to 2						
Note:	Do not use Part II or Part III below for	or listed property. In	nstead, use Part V.				
Par				nclude listed prope	erty.)		
14 S	pecial depreciation allowance for qua						
	e tax year					14	
	roperty subject to section 168(f)(1) el						
	ther depreciation (including ACRS)					16	<u>9,636.</u>
Par		ot include listed pro	perty.) (See instruct	ions.)			
			Section A				
47 A							
	ACRS deductions for assets placed	in service in tax ye:	ars beginning before	2015		17	
	IACRS deductions for assets placed				. —	17	
	you are electing to group any assets placed in ser	vice during the tax year is		et accounts, check here	>]	em
	you are electing to group any assets placed in ser	vice during the tax year is	nto one or more general as:	ear Using the Ger	>]	em (g) Depreciation deduction
	you are electing to group any assets placed in ser Section B - Assets	Price during the tax year in selection Service (b) Month and year placed	nto one or more general asset During 2015 Tax \((c) Basis for depreciation (business/investment)	ear Using the Ger		ition Syst	
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	n 4562 (2015)		C USA,					<i></i>	1.1		1			/41 F	
Pa	Listed Proper recreation, or a		itomobiles, ce	rtain oth	ier venick	es, cen	ain aircra	ап, се	rtain comp	outers, ar	na prop	erty usec) for ear	tertainne	т,
	Note: For any	vehicle for w	hich you are u	sing the	standard	l mileag	ge rate or	dedu	cting leas	e expens	e, comp	olete onl y	y 24a, 2	24b, colun	nns
	(a) through (c)	of Section A	, all of Section	B, and S	Section C	if appl	icable.								
			on and Other											1 [٦
24a	Do you have evidence to		i	nt use cla	timed?	<u> </u>	es L	No		Yes," is the evidence written?				Yes	
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta	l otl	(d) Cost or her basis		(e) is for depre- siness/inves use only)	tment	(f) Recovery period	Metl Conve	nod/	(h Depred dedu	ciation	Elector section cos	ted n 179
25	Special depreciation all	owance for c	ualified listed	property	placed in	n servic	ce during	the t	ax year an	d					
	used more than 50% in	a qualified b	usiness use						· · · · · · · · · · · · · · · · · · ·		25				=======================================
26	Property used more tha	an 50% in a c	ualified busin	ess use:											
	· · · · · · · · · · · · · · · · · · ·	·	1	6						<u>.</u>					
		: :	g	6											
		1 : :	9	6											
27	Property used 50% or I		ified business	use:											
	,			6						S/L-					
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	Add amounts in column				a and on	lina 21	nage 1			•	28				
												l	29		.77.77.77.7
<u> 29</u>	Add amounts in column	n (i), ime ∠o. i								······	<u></u>		23		
	nplete this section for v				B - Infor							14			
	our employees, first ans														
(a) (b)									(c)	(4	J)	(6	e)	(f))
30	Total business/investment	t miles driven o	luring the	Vel	hicle	Ve	hicle		Vehicle	Veh	icle	Veh	icle	Veh	icle
year (do not include commuting miles)															
31	Total commuting miles	driven during	the year												
	Total other personal (no														
	driven														
	Total miles driven durin	_													
	Add lines 30 through 3	- ,													
	Was the vehicle availab			Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
34	during off-duty hours?	-		103	110	100	110	'		1.55	1.0				
25	Was the vehicle used p				1										
	than 5% owner or relat														
				****				_		1		 			
	Is another vehicle avail	•	·												
	use?			<u> </u>			1	<u> </u>			l			I	L
	wer these questions to ners or related persons.	determine if	- Questions you meet an e										re not i	nore thar	ı 5%
	Do you maintain a writt		tement that n	rohibits :	all nersor	nal use	of vehicl	es. in	cludina co	mmuting	. by you	ır		Yes	No
	employees?													-	
20	Do you maintain a writt	ton noticy eta	tament that n	rohihits I	nersonal	use of	vehicles	exce	nt commu	tina by v	/OHF			"	
	employees? See the in													1	
	Do you treat all use of													1	T
	Do you provide more th										•••••			"	
	the use of the vehicles. Do you meet the requir														†
41												• • • • • • • • • • • • • • • • • • • •	•••••		
n.	Note: If your answer to	37, 38, 39,	40, or 41 6 Y	es, do i	ior comb	iete Se	CHOILD	OF LITE	covered	veriicies.				<u> </u>	
P	art VI Amortization			(h)		(c)			(d)		(e)			(f)	
	(a) Description			(b) e amortization begins		Amortiza amour	able at		Code section		Amertiz period or pe	ation		Amortization for this year	
42	Amortization of costs t	hat begins d	uring your 201	5 tax <u>ye</u>	ar:							T			
				: :	 										
				ii	1					·					
	Amortization of costs t											43			
<u>44</u>	Total. Add amounts in	column (f). S	See the instruc	tions for	where to	o report	t,,.,,					44			
	252 12-28-15													Form 456	2 (201