# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**Open to Public** 

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

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. ►

	artment of mal Reven	the Treasury ue Service	►	Information	about Form	990 and its	instructions	is at www.ir	s.gov/fc	orm990.		Insp	ectior	h
Α	For the	e 2015 cal	lendar year, o	or tax year b	eginning	7/*	1/2015	, and e	nding	6/	30/2016	3		
В	Check if	applicable:	C Name of orga	anization	THE BRAIN	FOUNDATI	ON, INC.			D Employ	er identif	ication numb	er	
	Address	change	Doing busine					1						
	Name ch	ange			box if mail is not	delivered to str	eet address)	Room/suite		35-22066				
		5	P.O. BOX 23							E Telepho	ne numbe	۶r		
	Initial retu	urn	City or town				State	ZIP code		(703) 825	-7499			
	Final return	n/terminated			Faraian	n novin og (atata (	VA	20120	laada	× /				
	Amendeo	d roturn	Foreign cou	nuy name	Foreign	province/state/	county	Foreign posta	code	G Gross re	acainte \$		25	58,589
	Amenue	lietuili								0 010331				
	Applicatio	on pending	F Name and ad	ddress of princip	pal officer:				H(a) is th	nis a group retu	n for subor	dinates?	Yes	X No
			Trudy Harsh	14735 Jarn	nigan Street,	Centreville,	VA 20120		H(b) Are	e all subordin	ates incluc	led?	Yes	No
1	Tax-exem	npt status:	X 501(c)(3	3) 501(c)	( ) <	(insert no.)	4947(a)(1)	) or 527	lf '	'No," attach a	list. (see i	instructions)		
			w.brain-found		. ,	. ,		·	H(c) Gr	oup exemptio	n number	•		
		rganization:				ation Oth								
		-		ation True	st Associ		ier 🕨	Lite	ar of form	ation: 200	3 M S	State of legal d	omicile.	VA
	Part I		mmary											
ø	1		escribe the o	0		0				oundation'	s missic	on is to		
Governance			affordable ho							,				
rna		such as	schizophreni	a and bi-pol	ar disorders	, and who ar	e homeless	or vulnerabl	e to					
Ne	2	Check th	nis box 🕨	if the orga	anization dis	continued its	operations	or disposed	of more	e than 25%	6 of its n	iet assets.		
ö	3	Number	of voting me	mbers of the	e governing	body (Part V	I, line 1a) .				3			13
න් ග	4	Number	of independe	ent voting m	embers of th	e governing	body (Part	VI, line 1b).			4			13
Activities	5	Total nu	mber of indiv	iduals emplo	oyed in cale	ndar year 20	15 (Part V, I	line 2a)			5			0
ţ	6	Total nu	mber of volur	nteers (estin	nate if neces	sary)					6			
ĕ	7a	Total un	related busin	ess revenue	e from Part ∖	/III, column (	C), line 12 .				7a			0
	b	Net unre	elated busines	ss taxable ir	ncome from	Form 990-T,	line 34				7b			0
										Prior Year		Curre	ent Year	
e	8	Contribu	itions and gra	ants (Part VI	II, line 1h) .						71,952		ĉ	90,905
Revenue	9	Program	n service reve	enue (Part V	'III, line 2g) .					1	42,099		14	17,556
eve eve	10		ent income (F								144			293
R	11	Other re	venue (Part	VIII, column	(A), lines 5,	6d, 8c, 9c, 1	0c, and 11e	e)			15,211		1	2,816
	12	Total rev	enue-add lin	es 8 through	11 (must equ	ual Part VIII, c	olumn (A), lii	ne 12)		2	29,406		25	51,570
	13	Grants a	and similar an	nounts paid	(Part IX, col	umn (A), line	es 1–3)				0			0
	14	Benefits	paid to or for	r members (	Part IX, colu	mn (A), line	4)				0			0
ŝ	15	Salaries,	other comper	nsation, empl	oyee benefits	(Part IX, col	umn (A), lines	s 5–10) .   .			0			0
nse	16a	Professi	onal fundrais	ing fees (Pa	art IX, columi	n (A), line 11	e)				0			0
Expenses	b	Total fur	ndraising exp	enses (Part	IX, column (	D), line 25)	•	7,019						
ŵ	17	Other ex	penses (Parl	t IX, column	(A), lines 11	a–11d, 11f–	24e)			2	26,487		25	58,767
	18	Total ex	penses. Add	lines 13-17	(must equa	Part IX, col	umn (A), line	e 25)		2	26,487		25	58,767
	19	Revenue	e less expens	ses. Subtrac	t line 18 fror	n line 12..					2,919			-7,197
Net Assets or	600								Beginn	ning of Curre	nt Year	End	of Year	
sets	20	Total as	sets (Part X,	line 16)						1,3	76,078		1,59	98,493
tAs	21	Total lial	bilities (Part )	K, line 26) .						1,1	70,628		1,38	39,044
Ne S	22	Net asse	ets or fund ba	alances. Sub	otract line 21	from line 20				2	05,450		20	)9,449
Pa	art II	Sig	nature Blo	ck										
	•		y, I declare that I			• •					•	е		
and	belief, it i	is true, corre	ect, and complete	. Declaration of	preparer (other	than officer) is t	based on all info	ormation of whic	h prepare	r has any kno	wledge.			
Si	an													
He	-		Signature of office	cer						Date	1			
			Trudy Harsh	1				Pres	ident					
			Type or print na						•					
		Print	t/Type preparer's	name		Preparer's sign	nature		Dat	e	Cheel.	PTIN	1	
Ра		\\\/\	LTER L FER	GUSON		WALTER L	FERGUISO	N	Q/'	23/2016	Check self-empl	if loved P00(	080830	)
	eparei	r						1 1	3/2					,
Us	e Only	y			S ACCOUN					Firm's EIN				
		Firm	i's address ► 4	200 MAYPC	JRT LANE, I	-AIRFAX, V	4 22033			Phone no.	703-3	378-0397		
Ма	v the IF	RS discus	s this return v	with the prer	parer shown	above? (see	e instruction	s)				X Y	Yes	No

For Paperwork Reduction Act Notice, see the separate instructions. HTA

Form 9	90 (2015)	THE BRAIN FOUNDATION, INC.	35-2206645	Page <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Priofly d	escribe the organization's mission:		
1	-	in Foundation in the neuroide offendable bouncies for theory outfining form		
		and persistent brain diseases, such as schizophrenia and bi-polar disorders, and		
	who are	homeless or vulnerable to becoming homeless.		
2		organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?		
		describe these new services on Schedule O.	· · · Yes	X No
3		organization cease conducting, or make significant changes in how it conducts, any program		
-		?	Yes	X No
	lf "Yes,"	describe these changes on Schedule O.		
4		e the organization's program service accomplishments for each of its three largest program service	-	
		es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a	locations to others	,
	the total	expenses, and revenue, if any, for each program service reported.		
4a	(Code:	) (Expenses \$ 233,896 including grants of \$ ) (Reven	ue \$	)
		the organization's nine homes accommodates up to four men or four women.	·	·· /
4b	(Code:	) (Expenses \$ including grants of \$ ) (Reven	ue \$	)
	<b>(</b>			
4c	(Code:	) (Expenses \$ including grants of \$ ) (Reven	ue \$	)
4d	Other pr	ogram services. (Describe in Schedule O.)		
	(Expens		0)	
4e	Total pro	ogram service expenses       233,896		

15) THE BRAIN FOUNDATION, INC.

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I.	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		х
E	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		<u> </u>
5				
	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C,</i>	_		
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			1
	complete Schedule D, Part III	8		Х
9	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			1
	negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			Ê
••	VII, VIII, IX, or X as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
a	Schedule D. Part VI.	11a	х	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a	^	┝──
b		446		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	Х	L
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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			1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			Ê
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		v
47	-	10		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		V	1
40	on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	17	Х	┣──
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	└──
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
	If "Yes," complete Schedule G, Part III.	19		X I

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Form 990 (20
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Form 9	J90 (2015)         THE BRAIN FOUNDATION, INC.         35-220	6645	P	age <b>4</b>
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .	22		х
23	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? <i>If "Yes," complete Schedule J</i>	23		х
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? <i>If "Yes," answer lines</i> 24b through 24d and complete Schedule K. <i>If "No," go to line 25a</i>	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		
	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 Schedule L, Part I	25b		Х
26	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? <i>If "Yes," complete Schedule L, Part II</i> .	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	50		~
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	555		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X 000	001-
		⊦orm	990	(2015)

Form 9	190 (2015) THE BRAIN FOUNDATION, INC.	35-2206645	Pa	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		ſ	
		<u> </u>	•	
4.0	Enter the number reported in Dev 2 of Form 4000. Enter 0, if not emplicable		Yes	No
1a 5	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
С	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		^	
24	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5</b> a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5</b> C		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?			Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			v
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			Х
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require			
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	JO-01. 711		
U	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			~
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .	<b>12a</b>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Form 9		5-2206645	Р	age <b>6</b>				
Par								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule							
	Check if Schedule O contains a response or note to any line in this Part VI			Х				
Sect	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	13						
	If there are material differences in voting rights among members of the governing body, or							
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>	13						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
	any other officer, director, trustee, or key employee?	. 2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct							
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х				
6	Did the organization have members or stockholders?	. 6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint							
	one or more members of the governing body?	. 7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
	stockholders, or persons other than the governing body?	. <b>7b</b>		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following:							
а	The governing body?	. 8a		Х				
b	Each committee with authority to act on behalf of the governing body?	. <b>8b</b>		Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached							
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	. 9	,	Х				
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Coae.	) 	Na				
100	Did the organization have local chapters, branches, or affiliates?	. 10a	Yes	No X				
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	. 10a		~				
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a			X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	. 114						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a		Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic			~				
c C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	.0. 120						
•	describe in Schedule O how this was done	. 12c						
13	Did the organization have a written whistleblower policy?			Х				
14	Did the organization have a written document retention and destruction policy?			X				
15	Did the process for determining compensation of the following persons include a review and approval by			7				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official.	. 15a		х				
b	Other officers or key employees of the organization			Х				
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
	with a taxable entity during the year?	. <b>16a</b>		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard							
	the organization's exempt status with respect to such arrangements?	<b>16b</b>						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501	(c)(3)s only	/)					
	available for public inspection. Indicate how you made these available. Check all that apply.	•						
	Own website Another's website X Upon request Other (explain in Schedul							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes	t policy, an	d					
20	financial statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and record THE BRAIN FOUNDATION 703-830-80							
	THE BRAIN FOUNDATION 703-830-8 6526 BARNESDALE PATH CENTREVILLE VA 20120	JJZ						

Form 990 (2015)	THE BRAIN FOUNDATION, INC.	35-2206645	Page 7							
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated								
	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									
de Complete t	Complete this table for all persons required to be listed. Depart companyation for the colondar year anding with an within the									

**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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

week (list any neited burs for period with below of the below of	<b>(A)</b> Name and Title	(B) Average hours per	box,	unle	neck ss pe d a d	ition more rson irecto	e than o is both or/truste	an ee)	<b>(D)</b> Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
President         20.00         X         X         X           (2) James McCann         2.00         X         X         X           (3) Dotti McKee         4.25         X         X         X           (4) David Hunt         6.00         X         X         X         X           (4) David Hunt         6.00         X         X         X         X         X           (5) Gloria Kozich         6.75         X         X         X         X         X           (6) Steve Markowski         0.00         X         X         X         X         X           (7) Drew Nary         1.00         X         X         X         X         X           Director         1.00         X         X         X         X         X           (6) Steve Markowski         0.00         X         X         X         X         X           (7) Drew Nary         1.00         X         X         X         X         X         X           (8) Helen Appleby         1.00         X         X         X         X         X         X           (10) Norma Anderson         3.00         X         X <t< th=""><th></th><th>related organizations below dotted</th><th>Individual trustee or director</th><th>Institutional trustee</th><th>Officer</th><th>Key employee</th><th>Highest compensated employee</th><th>Former</th><th>organization</th><th></th><th>from the organization and related</th></t<>		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		from the organization and related
(2) James McCann         2.00         X         X           (3) Dotti McKee         4.25         X         X           (4) David Hunt         6.00         X         X           (5) Gloria Kozich         6.75         X         X           Director         6.75         X         X           (6) Steve Markowski         1.00         X         X           Director         1.00         X         X           (7) Drew Nary         1.00         X         X           Director         1.00         X         X           (8) Helen Appleby         1.00         X         X           (9) James Young         3.00         X         X           (10) Norma Anderson         3.00         X         X           Director         5.00         X         X           (11) Kim Wu         5.00         X         X           Director         6.00         X         X         X           (12) Richard Cunningham         6.00         X         X         X	(1) Trudy Harsh	20.00									
Treasurer         2.00         X         X         Image: Constraint of the stress	President	20.00	Х		Х						
(3) Dotti McKee         4.25         X            Director         4.25         X             (4) David Hunt         6.00         X             Director         6.00         X              Director         6.00         X               (5) Gloria Kozich         6.75         X	(2) James McCann	2.00									
Director         4.25         X         Image: Constraint of the second	Treasurer		Х		Х						
(4)         David Hunt         6.00         X           Director         6.00         X             (5)         Gloria Kozich         6.75         X             Director         6.75         X              (6)         Steve Markowski         1.00         X              Director         1.00         X                Objector         1.00         X	(3) Dotti McKee	4.25									
Director         6.00         X         Image: Constraint of the second	Director	4.25	Х								
Director         6.00         X         Image: Constraint of the second	(4) David Hunt	6.00									
Director         6.75         X         Image: Constraint of the state o		6.00	Х								
(6) Steve Markowski         1.00         X         Image: constraint of the state of	(5) Gloria Kozich	6.75									
Director         1.00         X         Image: Constraint of the stress of the	Director	6.75	Х								
(7)         Drew Nary         1.00         X         Image: constraint of the second secon	(6) Steve Markowski	1.00	]								
Director         1.00         X         Image: Constraint of the state o	Director	1.00	Х								
Director       1.00       X </td <td>(7) Drew Nary</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(7) Drew Nary	1.00									
Director         1.00         X         Image: Constraint of the state o		1.00	Х								
Director         1.00         X         Image: Constraint of the state o	(8) Helen Appleby	1.00									
Secretary         3.00         X         X         Image: Constraint of the system           (10)         Norma Anderson         3.00         X         Image: Constraint of the system         Image: Co		1.00	Х								
Secretary         3.00         X         X         Image: Constraint of the system           (10)         Norma Anderson         3.00         X         Image: Constraint of the system         Image: Co	(9) James Young	3.00									
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(11)         Kim Wu         5.00         X         Image: Constraint of the state of the	(10) Norma Anderson	3.00									
Director         5.00         X         Image: Constraint of the second	Director	3.00	Х								
Director         5.00         X         Image: Constraint of the second	(11) Kim Wu	5.00									
Director         6.00         X         Image: Constraint of the second		5.00	Х								
Director         6.00         X         Image: Constraint of the second	(12) Richard Cunningham	6.00									
Director 3.00 X		6.00	Х								
	(13) John Nicholas	3.00									
(14)	Director	3.00	Х								
	(14)										

Part VII       Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (confinued)         (A)       (B)       (C)		90 (2015)	THE BRAIN FOUNDATIO	1									20664		Page <b>8</b>
Answer et alle       Bigs of the second	Pa	rt VII	Section A. Officers, Directors	s, Trustees, Key Em	ploye I	es,			ghes	t Co	ompensated Em	ployees (con	inued,	)	
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(23)       (24)       (24)         (25)       (25)       (26)         (25)       (27)       (28)         (26)       (27)       (28)         (25)       (27)       (28)         (26)       (27)       (28)         (27)       (28)       (29)         (26)       (20)       (20)         (27)       (28)       (20)         (28)       (29)       (20)         (29)       (20)       (20)         (20)       (20)       (20)         (20)       (20)       (20)         (20)       (20)       (20)         (20)       (20)       (20)         (21)       (21)       (21)         (22)       (21)       (21)         (23)       (21)       (21)         (24)       (21)       (21)         (25)       (21)       (21)         (24)       (21)       (21)         (25)       (21)       (21)         (25)       (21)       (21)       (21)         (25)       (21)       (21)       (21)         (3)       (21)       (21)       (21)													_		
(24)       (25)       0       0       0         (25)       0       0       0       0         (25)       0       0       0       0         (25)       0       0       0       0         (25)       0       0       0       0         (26)       0       0       0       0       0         (27)       Cotal from continuation sheets to Part VII, Section A.       >       0       0       0         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person.       5       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       0	(22)				-										
(24)       (25)       0       0       0         (25)       0       0       0       0         (25)       0       0       0       0         (25)       0       0       0       0         (25)       0       0       0       0         (26)       0       0       0       0       0         (27)       Cotal from continuation sheets to Part VII, Section A.       >       0       0       0         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person.       5       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       0	(23)												-		
(25)       0       0       0         1b       Sub-total       0       0       0         c       Total from continuation sheets to Part VII, Section A.       0       0       0       0         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0       0       0       0         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.       5       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.       5       X         5       Did any person listed on line 1a receive or accrue compensation from the organization's tax year.       6       (C)       Compensation's tax year.         1       Compl	<u> </u>														
1b       Sub-total       0       0       0         c       Total from continuation sheets to Part VII, Section A.       0       0       0       0         2       Total (add lines 1b and 1c).       0       0       0       0       0         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0       0       0       0       0         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization. Report compensation for the calendar year ending with or within the organization's tax yea	(24)														
1b       Sub-total       0       0       0         c       Total from continuation sheets to Part VII, Section A.       0       0       0       0         2       Total (add lines 1b and 1c).       0       0       0       0       0         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0       0       0       0       0         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization. Report compensation for the calendar year ending with or within the organization's tax yea	(0.2)				-								_		
c       Total from continuation sheets to Part VII, Section A. <ul> <li>in total (add lines 1b and 1c).</li> <li>in total (add lines 1b and 1c).</li> <li>in total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.               3             Did the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.</li></ul>	(25)														
c       Total from continuation sheets to Part VII, Section A. <ul> <li>in total (add lines 1b and 1c).</li> <li>in total (add lines 1b and 1c).</li> <li>in total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.               3             Did the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.</li></ul>	1b	Sub-total		<b>I</b>				I		►	0		0		0
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       Ves       No         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.       Yes       No         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation's tax year.       0         (A)       (B)       (C)       Compensation       0         Name and business address       0       0       0         0       0       0       0       0         2       Total number of independent contractors (including but not limited to those listed above) who received       0											0		0		
reportable compensation from the organization       0         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Mame and business address       Description of services       0       0         0       0       0       0       0         1       Total number of independent contractors (including but not limited to those listed above) who received       0       0	d										Ţ		0		0
3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.       5       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       0         (A)       (B)       (C)         No       0       0         0       0       0         1       Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       0         2       (A)       (B)       (C)         0       0       0       0         1       Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       0         2       1       0       0       0	2				sted a	abov		who	recei	ved	1 more than \$100	,000 of			
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employee on line 1a? If "Yes," complete Schedule J for such individual.       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.       5       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       6       (C)         (A)       (B)       (C)       Compensation       0         0       0       0       0       0         1       Name and business address       0       0       0         2       Total number of independent contractors (including but not limited to those listed above) who received       0       0	3	Did the or	panization list any <b>former</b> officer	director. or trustee.	kev e	emp	love	e. c	or hial	hes	t compensated			Tes	
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	•				-		-		-		•		3		x
individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         (A)       (B)       (C)       Complete Schedule J for such person       0         0       0       0       0       0         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation's tax year.       (B)       (C)         (A)       (B)       (C)       Compensation         0       0       0       0         1       0       0       0         1       0       0       0         1       0       0       0         1       0       0       0         1       0       0       0         1       0       0       0         1       0	4	For any in	dividual listed on line 1a, is the s	sum of reportable cor	npen	satio	on a	nd o	other	con	npensation from				
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		•	Ū.	greater than \$150,0	00? li	f "Ye	es,"	con	nplete	e Sc	chedule J for suc	h			
for services rendered to the organization? If "Yes," complete Schedule J for such person.       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         (A)       (B)       (C)       Compensation         Name and business address       Description of services       Compensation         0       0       0       0         2       Total number of independent contractors (including but not limited to those listed above) who received       Vertex       0		individual								•			4		X
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         0       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0	5														
1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         0       0       0         1       0       0 <td>Sect</td> <td></td> <td></td> <td>If "Yes," complete S</td> <td>chedi</td> <td>ile J</td> <td>t for</td> <td>suc</td> <td>h per</td> <td>rsor</td> <td>1</td> <td></td> <td>5</td> <td></td> <td>Х</td>	Sect			If "Yes," complete S	chedi	ile J	t for	suc	h per	rsor	1		5		Х
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         0       0       0         0       0       0         0       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0			•	ompensated indepen	dent	cont	ract	tors	that r	ece	eived more than	\$100,000 of			
Name and business address       Description of services       Compensation         O       0       0         O       0       0         O       0       0         O       0       0         O       0       0         O       0       0         O       0       0         O       0       0         O       0       0         Total number of independent contractors (including but not limited to those listed above) who received       0		compensa											s tax		
Image: Constraint of independent contractors (including but not limited to those listed above) who received     0															
0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0			Name and busines	ss address							Description of ser	vices	Comp	ensation	
0       0         0       0         0       0         0       0         0       0         0       0										-					
Contractors (including but not limited to those listed above) who received										-					
2         Total number of independent contractors (including but not limited to those listed above) who received         0															
															0
	2			-	ted to	tho	se l	iste		ove)	who received				

net.	VIII	15) THE BRAIN FOUNDATION, INC. Statement of Revenue				35-2206	645 Pag
art	VIII	Check if Schedule O contains a response or r	note to any line in	this Part VIII.			Г
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fro tax under secti 512-514
s	1a	Federated campaigns					
and Other Similar Amounts	b	Membership dues					
Ă	С	Fundraising events					
ar	d	Related organizations					
iu.	е	Government grants (contributions) 1e	5,950				
er (	f	All other contributions, gifts, grants, and					
f		similar amounts not included above 1f	84,955				
pug	g	Noncash contributions included in lines 1a-1f: \$	0				
~	h	Total. Add lines 1a–1f		90,905			
23			Business Code				
	2a	RENTAL ASSISTANCE	532000	33,434	33,434		
2	b	RENTAL INCOME	532000	114,122	114,122		
	С			0			
	d			0			
	е			0			
5	f	All other program service revenue		0			
	g	Total. Add lines 2a–2f.	•	147,556			
	3	Investment income (including dividends, interest,	, and				
		other similar amounts).	►	293	293		
	4	Income from investment of tax-exempt bond proc	ceeds 🕨	0			
	5	Royalties	🕨	0			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	с	Rental income or (loss) 0	0				
	d	Net rental income or (loss)	►	0			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 0	0				
	b	Less: cost or other basis					
		and sales expenses 0	0				
	с	Gain or (loss)	0				
	d	Net gain or (loss)		0			
		<b>0</b> ( )					
	8a	Gross income from fundraising					
		events (not including \$0					
		of contributions reported on line 1c).					
		See Part IV, line 18	19,835				
	b	Less: direct expenses b	7,019				
		Net income or (loss) from fundraising events .	►	12,816			
		Gross income from gaming activities.					
		See Part IV, line 19	0				
	b	Less: direct expenses b	0				
		Net income or (loss) from gaming activities .		0			
1		Gross sales of inventory, less					
		returns and allowances	0				
	b	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory .		0			
Γ		Miscellaneous Revenue	Business Code				
1	11a			0			
	b			0			
	c			0			
	d	All other revenue		0			
	e	<b>Total.</b> Add lines 11a–11d.	<b>.</b>	0			
	12	Total revenue. See instructions.		251,570	147,849		2

	501(c)(3) and 501(c)(4) organizations must complete all c				
	Check if Schedule O contains a response or note to			(C)	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations				
	omestic governments. See Part IV, line 21	0			
<b>2</b> G	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22	0			
	Grants and other assistance to foreign				
0	rganizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16.......	0			
	enefits paid to or for members	0			
5 C	Compensation of current officers, directors,				
tr	rustees, and key employees	0		0	
6 C	compensation not included above, to disqualified				
р	ersons (as defined under section 4958(f)(1)) and				
-	ersons described in section 4958(c)(3)(B)	0			
	Other salaries and wages	0			
	Pension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions).	0			
	Other employee benefits	0			
	Payroll taxes	0			
	ees for services (non-employees):				
	lanagement	0			
	egal	0			
		0			
	obbying	0			
	Professional fundraising services. See Part IV, line 17.	0			
	vestment management fees	0			
	other. (If line 11g amount exceeds 10% of line 25, column	0			
	A) amount, list line 11g expenses on Schedule O.)	0			
<b>2</b> A	dvertising and promotion	0			
	Office expenses	0			
<b>4</b> Ir	nformation technology	0			
5 R	Royalties	0			
6 C	Occupancy	0			
<b>7</b> T	ravel	0			
<b>8</b> P	ayments of travel or entertainment expenses				
fc	or any federal, state, or local public officials .	0			
9 C	Conferences, conventions, and meetings	0			
	nterest	65,436	65,436		
	Payments to affiliates	0	,		
	Depreciation, depletion, and amortization	50,750	50,750	0	
		11,037	8,182	2,855	
	Other expenses. Itemize expenses not covered			_,000	
	bove (List miscellaneous expenses in line 24e. If				
	ne 24e amount exceeds 10% of line 25, column				
	A) amount, list line 24e expenses on Schedule O.)				
•		28,704	28,704		
		45,212	45,212		
	AV DEAL ESTATE	25,497	25,497		
		14,260	20,407	14,260	
	Il other expenses	17,871	10,115	737	7,0
	otal functional expenses. Add lines 1 through 24e	258,767	233,896	17,852	7,0
	oint costs. Complete this line only if the	200,707	233,090	17,002	7,0
	rganization reported in column (B) joint costs				
	rom a combined educational campaign and				
ιt	undraising solicitation. Check here ► if if ollowing SOP 98-2 (ASC 958-720)				

Form 990 (20	)15)
Part X	

		Check if Schedule O contains a response or note to any line in t	his Part X .			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		145,240	2	145,574
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, direc	tors,			
		trustees, key employees, and highest compensated employees.				
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under se				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employed	ers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary				
ets		organizations (see instructions). Complete Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net		0	7	0
٩	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	5,158
	10a	Land, buildings, and equipment: cost or				
			1,801,551			
	b	Less: accumulated depreciation 10b		1,158,751		1,372,595
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		72,087	15	75,166
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,376,078	16	1,598,493
	17	Accounts payable and accrued expenses		4,325	17	5,454
	18	Grants payable			18	
	19				19	
	20	Tax-exempt bond liabilities			20	
<i>(</i> 0	21	Escrow or custodial account liability. Complete Part IV of Schedule	D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,				
oili		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
-ial	22	Secured mortgages and notes payable to unrelated third parties .		1,166,303	22	1,383,590
-	23 24	Unsecured notes and loans payable to unrelated third parties .		1,100,303	23	1,363,590
	24 25	Other liabilities (including federal income tax, payables to related th		0	24	0
	23	parties, and other liabilities not included on lines 17-24). Complete	inu			
		Part X of Schedule D.		0	25	0
	26	Total liabilities. Add lines 17 through 25.		1,170,628	26	1,389,044
				1,110,020		1,000,011
es		Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.				
nc	27	Unrestricted net assets		205,450	27	200.440
ala	28	Temporarily restricted net assets		200,400	28	209,449
Б	29	Permanently restricted net assets			29	
n	23		—		23	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34.	and			
ets	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund .			31	
ĭ A	32	Retained earnings, endowment, accumulated income, or other func			32	
N.	33	Total net assets or fund balances		205,450	33	209,449
	34	Total liabilities and net assets/fund balances		1,376,078	34	1,598,493

Form 990 (2015)

	990 (2015) THE BRAIN FOUNDATION, INC.	35	5-2206645	Paç	ge <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			•	Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		251	1,570
2	Total expenses (must equal Part IX, column (A), line 25)	2		258	3,767
3	Revenue less expenses. Subtract line 2 from line 1	3		-7	7,197
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		205	5,450
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7		7			
8	Prior period adjustments	8			1,177
9	Other changes in net assets or fund balances (explain in Schedule O)	9		7	7,019
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		209	9,449
Part					
	Check if Schedule O contains a response or note to any line in this Part XII	• •		•	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 🗆	Yes	No
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. <b>2b</b>	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1
	the Single Audit Act and OMB Circular A-133?		. <b>3a</b>		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .		<b>3b</b>		Х
			Form	990	(2015)

Form <b>4797</b>	Sales of Business Property
Form <b>4/3/</b>	(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))
Department of the Treasury	Attach to your tax return. Information about Form 4797 and its separate instructions is at your irs gov/form4797

2015 Attachment

/	
Sequence No.	27

	rtment of the Treasury al Revenue Service	Information about Form	4797 and its separat	te instructions is at	www.irs.gov/form479	7.	S	equence No. 27
Nam	e(s) shown on return					Identifying	numbe	r
THE	BRAIN FOUNDATION, INC						35-22	206645
1	Enter the gross proceeds from							
_	substitute statement) that you						1	
Pa	rt I Sales or Exchang							ns From
	Other Than Casua	alty or Theft—M	ost Property H	leld More Th				
2	(a) Description	(h) Data acquired	(a) Data cold		(e) Depreciation	(f) Cost or		(g) Gain or (loss)
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	allowed or allowable since	basis, pl improvemen		Subtract (f) from the
		(, uuj, j)	(, day, y)		acquisition	expense of		sum of (d) and (e)
								0
								0
								0
3	Gain, if any, from Form 4684,	line 39 .					3	
4	Section 1231 gain from install						4	
5	Section 1231 gain or (loss) fro						5	
6	Gain, if any, from line 32, fron	-					6	
7	Combine lines 2 through 6. El						7	0
•							<u> </u>	
	Partnerships (except electing instructions for Form 1065, Sche					2047		
				•				
	Individuals, partners, S cor							
	amount from line 7 on line 11							
	section 1231 losses, or they v gain on the Schedule D filed v				e / as a long-term (	capital		
	•	•	•				-	
8	Nonrecaptured net section 12	31 losses from prior	years (see instructi	ions)			8	
9	Subtract line 8 from line 7. If z	ero or less, enter -0-	. If line 9 is zero, e	nter the gain from	n line 7 on line 12 b	elow.		
	If line 9 is more than zero, ent							
	long-term capital gain on the	Schedule D filed with	your return (see in	structions)			9	0
Ра	rt II Ordinary Gains a	n <b>d Losses</b> (see i	instructions)					
10	Ordinary gains and losses no	t included on lines 11	through 16 (includ	le property held 1	year or less):			
			,		,	1		0
								0
								0
11	Loss, if any, from line 7.						11	( )
12	Gain, if any, from line 7 or am						12	/
13	Gain, if any, from line 31.		•				13	
14	Net gain or (loss) from Form 4						14	
15	Ordinary gain from installmen						15	
16	Ordinary gain or (loss) from lil						16	
17	Combine lines 10 through 16	-					17	0
18	For all except individual return						- 17	0
.0	lines a and b below. For individual					nh		
а	If the loss on line 11 includes a loss	<i>i</i> 1			here. Enter the part			
-	of the loss from income-producing			•	•			
	used as an employee on Schedule						18a	
b	Redetermine the gain or (loss) on I						18b	0

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2015)

HTA

4500		Deprec	iation and A	mortiza	tion		OMB	No. 1545-0172	
Form <b>4562</b>	(Including Information on Listed Property)						୬ <b>ଲ</b> 4		
Department of the Treasury								hment	
Internal Revenue Service (99)	Information a		and its separate ins		t www.irs.gov/	form4562.		ence No. <b>179</b>	
Name(s) shown on return			activity to which this for			Identifying num			
THE BRAIN FOUNDATIO	,	990				35-2206645			
	•		Under Section 17						
		• •	V before you complet					·	
1 Maximum amount (see	,						1		
<ul><li>2 Total cost of section 1</li><li>3 Threshold cost of sect</li></ul>							23		
<ul><li>3 Threshold cost of sect</li><li>4 Reduction in limitation</li></ul>			•	,			3 4	0	
5 Dollar limitation for tax								0	
separately, see instruc			· · · · · · · · · · ·		linig		5	0	
<i>i</i>	Description of property			ost (business use	only)	(c) Elected cos			
					.,				
7 Listed property. Enter	the amount from lin	e 29			7				
8 Total elected cost of s	ection 179 property	. Add amounts i	n column (c), lines 6	and 7	<del></del>		8	0	
9 Tentative deduction. E	inter the smaller of	line 5 or line 8					9	0	
10 Carryover of disallowe							10		
11 Business income limita							11		
12 Section 179 expense of							12	0	
13 Carryover of disallowe					🕨 13		0		
Note: Do not use Part II o					alizata liata du				
			ther Depreciation			property.) (See	Instru	JCtions.)	
14 Special depreciation a							4.4		
during the tax year (se 15 Property subject to see	,						14 15		
<b>16</b> Other depreciation (inc							16		
			ted property.) (Se			<u></u>	10		
			Section A		10.7				
17 MACRS deductions fo	r assets placed in s			2015			17	40,967	
18 If you are electing to g								-,	
asset accounts, check									
			ouring 2015 Tax Yea						
			Basis for depreciation						
(a) Classification of pro			siness/investment use	(d) Recovery	(e) Convention	(f) Method	(a) De	epreciation deduction	
			nly—see instructions)	period	(1)	()	(3) 5 (		
19 a 3-year property									
b 5-year property									
c 7-year property									
d 10-year property									
e 15-year property									
f 20-year property									
g 25-year property				25 yrs.		S/L			
h Residential rental	10/2	23/2015	379,778	27.5 yrs.	MM	S/L		9,783	
property				27.5 yrs.	MM	S/L			
i Nonresidential real				39 yrs.	MM	S/L			
property					MM	S/L			
	1 C - Assets Place	a in Service Du	ring 2015 Tax Year	Using the A	ternative Dep		n T		
20 a Class life				12 1/10		S/L			
<b>b</b> 12-year <b>c</b> 40-year				12 yrs. 40 yrs.	MM	S/L S/L			
	(See instructions			<u>–</u> yið.			I		
21 Listed property. Enter							21		
22 Total. Add amounts fro			es 19 and 20 in colu	mn (a). and lir	ne 21. Enter		<u> </u>		
here and on the appro							22	50,750	
23 For assets shown abo									
portion of the basis att					23				

For Paperwork Reduction Act Notice, see separate instructions.

<b>F - - - - - - - - - -</b>	1500		V	/irginia St	ate De	epreciatio	n and A	mortizati	ion	OMB	No. 1545-0172
Form	4562	4562 (Including Information on Listed Property)									2015
Departn	partment of the Treasury Attach to your tax return.									Attac	hment
	Revenue Service	(99)	Inform			d its separate ins		t www.irs.gov/	-		ence No. <b>179</b>
	e(s) shown on ret			Busir 990	ness or acti	vity to which this fo	orm relates		Identifying num 35-2206645	ber	
Part	BRAIN FOUND				erty Un	der Section 17	<b>'</b> 9		35-2200045		
T GIT			-	-	-	efore you complete					
1 M	laximum amou	-								1	
					e (see insti	ructions)				2	
						nitation (see instr				3	
						ess, enter -0				4	0
		-				o or less, enter -		-			
	eparately, see	instructio	ns			<u></u>				5	0
6		<b>(a)</b> De	scription of p	property		(b) Co	st (business use	only)	(c) Elected cos	st	
						olumn (c), lines 6				8	0
										9 10	0
	•			•		Form 4562				11	
						ome (not less that not enter more that				12	C
						10, less line 12				0	0
				ow for listed prop			<u> </u>	10		0	
Part						r Depreciation	(Do not in	clude listed i	property) (See	instr	uctions)
						han listed proper					4010110.)
	• •				•					14	
										15	
										16	
Part						l property.) (Se					
					Sect	tion A					
						beginning before				17	40,967
						ng the tax year in			<b></b>		
а	sset accounts,	check he	ere								
		Section	B - Asset	s Placed in Sei	vice Duri	ng 2015 Tax Yea	ar Using the (	General Depr	eciation System		
				(b) Month and	(c) Basi	s for depreciation	( ) 5				
	(a) Classification	on of proper	ty	year placed	(busines	ss/investment use	(d) Recovery period	(e) Convention	(f) Method	(g) D	epreciation deduction
				in service	only—	see instructions)	P				
19 a	<i>,</i> , , ,			-							
b	5-year prop	erty		-							
	7 1 1			-							
	10-year prop			-							
	15-year prop			4							
	20-year prop			-					0.1		
	25-year prop			40/00/0045	-	070 770	25 yrs.		S/L		0.700
n	Residential r	ental		10/23/2015		379,778	27.5 yrs.	MM	S/L		9,783
	property Nonresidenti	almaal					27.5 yrs.	MM	S/L		
1		arrear					39 yrs.	MM MM	S/L S/L		
	property	Soction C	Accote	Placed in Serv	ico Durina	g 2015 Tax Year	Lising the A				
20 -	Class life		- 432612				Using the A		S/L		
	12-year			+			12 yrs.		S/L		
	40-year				<u> </u>		40 yrs.	MM	S/L S/L	1	
Part		marv (Se	ee instru	ctions.)	<u> </u>		10 910.			-I	
	isted property.									21	
					17, lines 1	9 and 20 in colur	nn (g), and lir	ne 21. Enter		<u> </u>	
						s and S corporati				22	50,750
						rrent year, enter t					.,
			-	section 263A co	-	• ·		23			

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SCHEDULE A (Form 990 or 990-EZ) Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section						ort 📙	OMB No. 1545-0047
							2015
		4947(a)	(1) nonexempt charitat	ole trust.			
Department of the Treasury Internal Revenue Service	Information		n to Form 990 or Form 9 m 990 or 990-EZ) and its ins		at www.irs.o		Open to Public Inspection
Name of the organization	· Information				at mmmillorg	Employer identificatio	
THE BRAIN FOUNDATI		ity Status (All or	ganizations must co	malata ti	via part )		06645
The organization is not a							
		•	of churches described i	-		/	
2 A school descr	ibed in section 1	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990 or 99	90-EZ).)		
	-		zation described in <b>sec</b>	-		-	
	arch organizatio e, city, and state		nction with a hospital c	lescribed	in section	170(b)(1)(A)(iii). En	ter the
	n operated for th (1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6 A federal, state	e, or local govern	iment or governmer	ntal unit described in <b>se</b>	ection 170	)(b)(1)(A)(	(v).	
		eceives a substantia <b>(A)(vi).</b> (Complete F	al part of its support fro Part II.)	om a gove	rnmental ı	unit or from the gene	ral public
			A)(vi). (Complete Part				
receipts from a support from g	ctivities related t ross investment	to its exempt function income and unrelated	nan 33 1/3% of its supp ons—subject to certain ed business taxable in See <b>section 509(a)(2).</b>	exception come (les	s, and (2) s section {	no more than 33 1/3 511 tax) from busine	3% of its
10 An organization	n organized and	operated exclusive	ly to test for public safe	ety. See <b>s</b> e	ection 509	9(a)(4).	
of one or more	publicly support	ed organizations de	ly for the benefit of, to escribed in <b>section 509</b> bes the type of suppor	9(a)(1) or s	section 5	09(a)(2). See section	n 509(a)(3).
the supporte	ed organization(s		pervised, or controlled t larly appoint or elect a <b>tions A and B.</b>				
b Type II. A si control or m	upporting organiz anagement of th	zation supervised o le supporting organi	r controlled in connecti ization vested in the sa				
c 🗌 Type III fun	ctionally integra		organization operated i You must complete F				rated with,
d Type III nor that is not fu	n-functionally in inctionally integr	<b>tegrated.</b> A suppor ated. The organizat	ting organization operation generally must sati	ated in cor isfy a distr	nnection w	vith its supported org quirement and an att	
e Check this t	ox if the organiz	ation received a wr	blete Part IV, Sections itten determination fror ally integrated supportin	m the IRS	that it is a		e III
•	er of supported	•	· · · · · · · · · · ·				0
g Provide the follo		n about the support (ii) EIN	ed organization(s). (iii) Type of organization	(iv) to the	organization	(v) Amount of monetary	(vi) Amount of
	Jiganization		(described on lines 1–9 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total						0	0
For Paperwork Poductio	n Act Notice .co	the Instructions fo				Cohodulo A /C	orm 000 or 000 EZ) 2015

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Sche	dule A (Form 990 or 990-EZ) 2015 THE BRAI	N FOUNDATION	, INC.			35-220664	5 Page <b>2</b>
Ра	rt II Support Schedule for Orga						
	(Complete only if you checke						der
	Part III. If the organization fai	ils to qualify un	der the tests lis	sted below, plea	ase complete P	art III.)	
	tion A. Public Support	( ) 00 ( )	(1) 00 (0	( ) 00 ( 0	( 1) 00 ( (	( ) 00 ( 5	(0 <b>T</b> / )
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	(e) 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on						
•	its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each						
	person (other than a governmental unit						
	or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						0
	tion B. Total Support						<b></b>
-	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						0
9	Net income from unrelated business activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						0
11	<b>Total support.</b> Add lines 7 through 10						0
	Gross receipts from related activities, etc. (se	e instructions)				12	0
	First five years. If the Form 990 is for the or						
	organization, check this box and stop here .						
Sec	tion C. Computation of Public Sur	port Percenta	ige				· · · ·
14	Public support percentage for 2015 (line 6, co	olumn (f) divided b	y line 11, column (	f))		14	0.00%
15	Public support percentage from 2014 Schedu	ule A, Part II, line 1	4			15	0.00%
16a	<b>33 1/3% support test—2015.</b> If the organization dealine and <b>stop here.</b> The organization qualifies as						
b	<b>33 1/3% support test—2014.</b> If the organization and <b>stop here.</b> The organization qualifier						
17a	<b>10%-facts-and-circumstances test—2015</b> is 10% or more, and if the organization meets Part VI how the organization meets the "facts organization.	s the "facts-and-cir s-and-circumstance	cumstances" test, es" test. The organ	check this box and ization qualifies as	stop here. Explai	n in ed	
b	<b>10%-facts-and-circumstances test—2014</b> 15 is 10% or more, and if the organization me Part VI how the organization meets the "facts supported organization .	eets the "facts-and s-and-circumstance	-circumstances" te es" test. The organ	st, check this box a ization qualifies as	and <b>stop here.</b> Ex a publicly	plain in	
18	Private foundation. If the organization did n instructions						▶□
							-

Schedule A (Form 990 or 990-EZ) 2015

Part III

35-2206645

Page 3

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support				, ,		
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
-	received. (Do not include any "unusual grants.")	188,436	200,362	212,988	229,262	258,296	1,089,344
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose .						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	188,436	200,362	212,988	229,262	258,296	1,089,344
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	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		-	-	-	-	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
<u> </u>							1,089,344
	ction B. Total Support	(a) 2011	(h) 2012	(a) 2012	(4) 2014	(a) 2015	(f) Total
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	188,436	200,362	212,988	229,262	258,296	1,089,344
10a	Gross income from interest, dividends,						
	payments received on securities loans,		00	E A	1 4 4	202	E01
h	rents, royalties and income from similar sources .		90	54	144	293	581
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						0
~	acquired after June 30, 1975	0	90	54	144	293	581
11	Net income from unrelated business		30	54	144	293	501
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						0
	loss from the sale of capital assets						
	(Explain in Part VI.).						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.).	188,436	200,452	213,042	229,406	258,589	1,089,925
14	First five years. If the Form 990 is for the org						,,
	organization, check this box and stop here .						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8, col		•	))		15	99.95%
16	Public support percentage from 2014 Schedul	•	•			16	99.97%
	tion D. Computation of Investment					•	
17	Investment income percentage for 2015 (line			olumn (f))		17	0.05%
18	Investment income percentage from 2014 Sch		-			18	0.03%
	33 1/3% support tests—2015. If the organiza				-		
	not more than 33 1/3%, check this box and sto						<b>Þ</b> 🗙
b	33 1/3% support tests-2014. If the organization	ation did not check	a box on line 14 o	or line 19a, and line	e 16 is more than 3	33 1/3%, and	
	line 18 is not more than 33 1/3%, check this be	ox and <b>stop here</b> .	The organization	qualifies as a publi	cly supported orga	nization	🕨 📃
20	Private foundation. If the organization did no	t check a box on I	ine 14, 19a, or 19t	o, check this box ar	nd see instructions		

### 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 Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If* "*No*," *describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).*
- 8 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
1		
2		
3a		
3b		
0.5		
3c		
4a		
+a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
40-		
10a		
10b		
990 or 9	990-EZ	) 2015

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		0010	F	aye 🕻
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	·		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supporting organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Soci	tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		-
Seci	tion D. All Type III Supporting Organizations		Vee	Na
			Yes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	circuificant value in the experimetical investment reliaise and in direction the value of the experimetical			

supported organizations played in this regard.

### Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's

- 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 activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **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.*

Schedule A (Form 990 or 990-EZ) 2015

3

2a

2b

3a

3b

Yes No

Schedule A (Form 990 or 990-EZ) 2015 THE BRAIN FOUNDATION, INC.			206645 Page <b>6</b>
Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting C           1         Check here if the organization satisfied the Integral Part Test as a qualifying the set of			tructions All
other Type III non-functionally integrated supporting organizations must co	•		liuctions. All
Section 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	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ly-integra	ated Type III supporting of	organization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

	A (Form 990 or 990-EZ) 2015 THE BRAIN FOUNDATION, IN			5-2206645 Page
Part		) Supporting Organi	zations (continued)	1
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			0.00
_		(i)	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013 0			
е	From 2014 0			
f	Total of lines 3a through e	0		
q	Applied to underdistributions of prior years		0	
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2015 from Section			
	D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
b	Applied to 2015 distributable amount		•	
c	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2015, if			
Ū	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).		0	
6	Remaining underdistributions for 2015. Subtract lines 3h		0	
0	and 4b from line 1 (if amount greater than zero, see			
7	instructions). Excess distributions carryover to 2016. Add lines 3j			
7				
0	and 4c.	0		
8	Breakdown of line 7:			
a h				
b				
<u> </u>	Excess from 2013			
d	Excess from 2014 0			
е	Excess from 2015 0			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Fo Part VI	THE BRAIN FOUNDATION, INC. <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines	, Section	Page <b>8</b>
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V,	Section E,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
		<b>_</b>	<b></b>

Schedu	ıle	В
(Form 990	990	)-F7

## or 990-PF) Department of the Treasury

Internal Revenue Service

# Schedule of Contributors

OMB No. 1545-0047

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

Name of the organization	
THE BRAIN FOUNDATION, IN	IC

Employer identification number 35-2206645

Organization	type	(check	one	)
organization	Uppo 1		Unic,	,

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

Х 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**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % 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, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

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

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

Employer identification number

Name of organization THE BRAIN FOUNDATION, INC.

35-2206645

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				
1	National Housing & Health Care Trust         9605 Clarks Crossing Road         Vienna       VA       22132         Foreign State or Province:         Foreign Country:	\$25,000	Person X Payroll I Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	Fidelity Chariable Gift Fund         P. O. Box 770001         Cincinnati       OH         45277         Foreign State or Province:         Foreign Country:	\$5,000	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				
3	National Association of Realtors         430 North Michigan Ave.         Chicago       IL       60611         Foreign State or Province:	\$5,000	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				
4	Long & Fostor Realtors         14501 George Carter Way         Chantilly       VA         20151         Foreign State or Province:         Foreign Country:	\$11,500	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				
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

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

Employer identification number
35-2206645

Name of organization THE BRAIN FOUNDATION, INC.

 THE BRAIN FOUNDATION, INC.
 35-2206645

 Part II
 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate	e copies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$\$	

Name of or	ganization N FOUNDATION, INC.				Employer identification number 35-2206645	
Part III	<b>Exclusively religious, charitable, etc., cor</b> (10) that total more than \$1,000 for the year the following line entry. For organizations co contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional s	<b>ar from any o</b> mpleting Part (Enter this inf	one contributor. Complete III, enter the total of excorrection once. See inst	ete colu <i>clusivel</i>	section 501(c)(7), (8), or umns (a) through (e) and y religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c	) Use of gift	(c	I) Description of how gift is held	
	Transferee's name, address, and ZI		ransfer of gift Relations	hip of	transferor to transferee	
	For. Prov. Country					
(a) No. from Part I	(b) Purpose of gift	(c	) Use of gift	(c 	I) Description of how gift is held	
	Transferee's name, address, and ZI		ransfer of gift Relations	hip of	transferor to transferee	
	For. Prov. Country					
(a) No. from Part I	(b) Purpose of gift	(c	) Use of gift	(0	I) Description of how gift is held	
			ransfer of gift			
	Transferee's name, address, and ZI	P + 4	Relations	hip of	transferor to transferee	
	For. Prov. Country					
(a) No. from Part I	(b) Purpose of gift	(c	) Use of gift	(0	l) Description of how gift is held	
	(e) Transfer of gift					
	Transferee's name, address, and ZI	P + 4	Relations	hip of	transferor to transferee	
	For. Prov. Country					

SCHEDULE D OMB No 1545-0047 **Supplemental Financial Statements** (Form 990) 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. **Open to Public** ► Attach to Form 990. Department of the Treasury Inspection Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. nternal Revenue Service Name of the organization Employer identification number THE BRAIN FOUNDATION, INC. 35-2206645 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . 2 Aggregate value of contributions to (during year). 3 Aggregate value of grants from (during year). 4 Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes No 6 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 Yes No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 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 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. а 2a 2b b Number of conservation easements on a certified historic structure included in (a) . . . . 2c С d Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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) 8 Yes No 9 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet 1a 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. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet b 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: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: а \$ h Assets included in Form 990, Part X . \$ 90.

For Paperwork Reduction Act Notice	e, see the Instructions for Form 9
HTA	

Sched	le D (Form 990) 2015 THE BRAIN FOUNDA	ATION, INC.					35-220	06645		Page <b>2</b>
Part	III Organizations Maintaining C	ollections of A	Art, Hist	orical Tr	easures, o	r Oth	er Similar Ass	sets (con	tinue	d)
3	Using the organization's acquisition, acce									
	collection items (check all that apply):		,							
а	Public exhibition		d	Loan	or exchange	nroara	ms			
	=			1		-				
b	Scholarly research		е	Other						
С	Preservation for future generations	;								
4	Provide a description of the organization's	s collections and	explain h	ow they fu	irther the orga	anizati	on's exempt pur	oose in Pa	irt	
	XIII.									
5	During the year, did the organization solid	cit or receive don	ations of a	art, histori	cal treasures.	or oth	er similar			
•	assets to be sold to raise funds rather tha							Y	s	No
Dout					Jaa.too o					
Part										
	Complete if the organization ar	nswered "Yes"	on Form	1 990, Pa	irt IV, line 9,	or re	ported an amo	unt on F	orm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, cust	todian or other in	termediar	y for contr	ributions or of	ther as	sets not			1
	included on Form 990, Part X?							Ye	es	No
b	If "Yes," explain the arrangement in Part 2	XIII and complete	e the follow	wing table	:					
								Amount		
С	Beginning balance					1	с			0
d	Additions during the year					1	d			
е	Distributions during the year					1	e			
f	Ending balance					1	f			0
2a	Did the organization include an amount of	n Form 990 Part	X line 2	1 for escr	ow or custodi	ial acco	ount liability?		s X	No
b	If "Yes," explain the arrangement in Part >		ii the exp	analion na	as been provi	ueu oi				
Part			_							
	Complete if the organization ar	nswered "Yes"	on Form	n 990, Pa	rt IV, line 10	0.				
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two years	back	(d) Three years ba	ck (e) Fo	ur years	back
1a	Beginning of year balance	0		0		0				
b	Contributions									
С	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	0		0		0		0		0
2	Provide the estimated percentage of the o	current vear end	balance (	line 1a. co	lumn (a)) hel	d as:				
а	Board designated or quasi-endowment	► Í	%	0,						
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
•	The percentages on lines 2a, 2b, and 2c s		)%							
3a	Are there endowment funds not in the pos			on that are	held and ad	ministe	red for the			
••	organization by:		gamzado	in that are		minoto			Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related orga							3b		
4	Describe in Part XIII the intended uses of		•					50		l
-			3 CHUUWI		J.					
Part					rt IV/ line 1	10 01		ort V lim	0.10	
	Complete if the organization ar									
	Description of property	(a) Cost or oth (investm		• •	st or other s (other)	•	) Accumulated depreciation	( <b>d</b> ) B	ook valu	е
1-	Lond									0.240
1a ⊾			0		410,312		600 550			0,312
b	Buildings		0		1,391,239		693,550		96	<u>2,283</u>
C	Leasehold improvements		0		0		0			0
d	Equipment		0		0		0			0
<u>e</u>	Other		0		0		0		4	0
Total	Add lines 1a through 1e. (Column (d) mus	st equal Form 99	<u>u, Part X,</u>	<u>column (l</u>	<u>3), Iine 10</u> c.) .	<u></u>	<u> • • </u>		<u>1,37</u>	2,595

Part VII	Complete if the organization ar		90, Part IV, line 11b. See Fo	rm 990, Part X, line 12.	
(a)	Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-of-year market value		
(1) Financial	derivatives	(			
• •	eld equity interests	(	)		
(3) Other					
(A)					
(B)					
(C)					
(D)					
<u>(E)</u>					
(F)					
(G)					
(H)					
	must equal Form 990, Part X, col. (B) line 12.)	(	)		
Part VIII	Investments—Program Relate Complete if the organization are		90 Part IV line 11c See Fo	rm 990 Part X line 13	
			(c) Method of v		
	(a) Description of investment	(b) Book value	Cost or end-of-year		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	must equal Form 990, Part X, col. (B) line 13.)	(			
Part IX	Other Assets.				
	Complete if the organization ar	nswered "Yes" on Form 9	90, Part IV, line 11d. See Fo	rm 990, Part X, line 15.	
		(a) Description		(b) Book value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u> (8)					
(9)					
	nn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	•	0	
Part X	Other Liabilities.			°	
	Complete if the organization ar	nswered "Yes" on Form 9	90. Part IV. line 11e or 11f. S	See Form 990, Part X.	
	line 25.				
1.	(a) Description of liability	(b) Book value			
	income taxes	(	0		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nust equal Form 990, Part X, col. (B) line 25.)	(			
•	uncertain tax positions. In Part XIII, provi		•	· · · · · · · · · · · · · · · · · · ·	
organization's	liability for uncertain tax positions under	FIN 18 (ASC 710) Check here	if the text of the footnote has been	provided in Part XIII	

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

Sched	ule D (Form 990) 2015 THE BRAIN FOUNDATION, INC.	35-2206645	Page <b>4</b>
Par		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	251,570
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments   2a	-	
b	Donated services and use of facilities	-	
с С	Recoveries of prior year grants         2c           Other (Describe in Part XIII.)         2d	-	
d e	Other (Describe in Part XIII.)         2d           Add lines 2a through 2d	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	251,570
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		201,070
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.).		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> ).	5	251,570
Par		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	258,767
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	258,767
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		0
с 5	Add lines <b>4a</b> and <b>4b</b>	4c 5	050.707
-	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         Supplemental Information.	5	258,767
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

INC		

Schedule D (For	m 990) 2015
	•

Schedule D (Form 990) 201	15 THE BRAIN FOUNDATION, INC.	35-2206645 Page 5
Part XIII Sup	plemental Information (continued)	

SCHEDULE G	Supplementa	I Information	Regardi	ng Fundra	aising or Gaming	g Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	-			Part IV, lines 17, 18, or 1 orm 990-EZ, line 6a.	I9, or if the	2015
Department of the Treasury Internal Revenue Service	Information abo	Atta	ch to Form 99	90 or Form 99	0-EZ.	gov/form000	Open to Public Inspection
Name of the organization	Information abo	ut Schedule G (Forn	n 990 or 990-1	zz) and its ins	structions is at www.irs.	Employer identificati	
THE BRAIN FOUNDA						35-220	
	<b>sing Activities.</b> C D-EZ filers are no				ered "Yes" on For	m 990, Part IV, li	ne 17.
					g activities. Check	all that apply.	
a 📃 Mail solicita	tions		=		of non-government g		
	l email solicitations				of government grants	S	
	c Phone solicitations g X Special fundraising events						
d In-person so 2a Did the organiz		or oral agreeme	nt with any	individual	(including officers, c	lirectors trustees o	r
-		-	-		ofessional fundraisi		Yes X No
	ten highest paid inc ated at least \$5,000			sers) pursu	ant to agreements u	under which the fun	draiser is
<b>(i)</b> Name and addr or entity (fu		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No			
1							
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
				🕨	0	0	0
3 List all states in registration or li		tion is registered	l or license	d to solicit o	contributions or has	been notified it is e	xempt from

Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. HTA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		<u> </u>	(a) Event #1 Fundraising dinner (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))	
Revenue	1	Gross receipts	19,835		0	19,835	
œ	2	Less: Contributions			0	0	
	3	Gross income (line 1 minus line 2)	19,835		0	19,835	
Direct Expenses	4	Cash prizes			0	0	
	5	Noncash prizes			0	0	
	6	Rent/facility costs			0	0	
st Exp	7	Food and beverages	7,019		0	7,019	
Direc	8	Entertainment			0	0	
	9	Other direct expenses			0	0	
Pa	<ul> <li>Direct expense summary. Add lines 4 through 9 in column (d).</li> <li>Net income summary. Subtract line 10 from line 3, column (d).</li> <li>Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, of than \$15,000 on Form 990-EZ, line 6a.</li> </ul>					( 7,019) 12,816 reported more	
le		than \$15,000 off Form	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	
Revenue	1	Gross revenue	(a) Dirigo	bingo/progressive bingo		col. (a) through col. (c))	
s	2	Cash prizes				<u></u>	
oense	2					0	
Direct Expenses		Noncash prizes				0	
Dire	4					0	
	5	Other direct expenses	Yes %	Yes %	Yes <u>%</u>	0	
	6	Volunteer labor	No Yes <u>%</u>	No Yes%_	Yes% No		
	7	Direct expense summary. Add	l lines 2 through 5 in colu	mn (d)		(0)	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)							
9	a l		nduct gaming activities in	each of these states? .		. Yes No	
		Were any of the organization's ga f "Yes," explain:	aming licenses revoked, s	uspended or terminated		. Yes No	

Schedule G (Form 990 or 990-EZ) 2015

Sched	ule G (Form 990 or 990-EZ) 2015 THE BRAIN FOUNDATION, INC.	35-	2206645	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	[	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	[	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а		13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	٦	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>S</b> 0 and the	· · L		
с	amount of gaming revenue retained by the third party <b>&gt;</b> \$ <u>0</u> . If "Yes," enter name and address of the third party:			
•				
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation   \$0			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	ſ	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	•••		
	or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$			0
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona (see instructions).			nd

Schedule G (Form 990 or 990-EZ) 2015

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs	OMB No. 1545-0047	
Name of the organization		Employer identi	fication number
THE BRAIN FOUNDA	ATION, INC.	35-2206645	
Form 990, Part VI, Se	ction C, Line 18: The organization makes Form 990 available for public		
inspection upon reque	est.		
Form 990, Part XI, Lir	ne 9: The organization had \$7,019 fund raising expense that was deducted		
from total revenue.			

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
THE BRAIN FOUNDATION, INC.	35-2206645