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Department of the Treasury Internal Revenus Service

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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.

Open to Public Inspection

A F	or the	2015 calendar year, or tax year beginning JAN 1, 2016 and ending	MAR 31, 2016)					
Вс	heck if	C Name of organization	D Employer identif	ication number					
a	pplicable		,						
	_Addres _change	BRITDOC, INC.							
]Name _change								
]Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/si	uite E Telephone numbe	er					
]Final return/	C/O LUTZ AND CARR; 300 EAST 42ND ST.	212-	697-2299					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	142,500.					
	Amend		H(a) is this a group i						
	Application	F Name and address of principal officer MAXYNE FRANKLIN	for subordinate						
	pendin		H(b) Are all subordinates						
T	ax-exe	mpt status: X 501(c)(3) 501(c) ()	527 If "No," attach a	a list. (see instructions)					
		e: NOT APPLICABLE	H(c) Group exemption						
				M State of legal domicile: NY					
		Summary							
		Briefly describe the organization's mission or most significant activities: TO ENABL	E GREAT DOCUM	ENTARY					
Activities & Governance	i .	FILMS AND CONNECT THEM TO AUDIENCES GLOBALLY							
ī.		Check this box if the organization discontinued its operations or disposed of n		ssets.					
Š	l	Number of voting members of the governing body (Part VI, line 1a)	3	4					
ŏ	J	Number of independent voting members of the governing body (Part VI, line 1b)	4	1					
φ φ		Fotal number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0					
iţie	1	Fotal number of volunteers (estimate if necessary)	6	0					
흕	_	Total unrelated business revenue from Part VIII, column (C), line 12	7a						
ď		Net unrelated business taxable income from Form 990-T, ine 34	7b						
	-	tot amounted basiness totals in points ment on the second in the second	Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)	962,005.	110,000.					
Ę		Program service revenue (Part VIII, line 2g)	8,296.						
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.						
	I	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	970,301.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	194,655.	81,755.					
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
w)	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	91,211.	62,170.					
Expenses	l .	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
þe	1	Total fundraising expenses (Part IX, column (D), line 25)	<u>_</u>	·					
Ä	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	438,679.	107,950.					
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	724,545.						
	1	Revenue less expenses. Subtract line 18 from line 12	245,756.						
Net Assets or Fund Balances	<u>'</u> -	RECEIVE	Beginning of Current Year	End of Year					
ets	20	Total assets (Part X, line 16)	% 766,142.						
Ass	21	Total liabilities (Part Y line 36)	10000 070						
i Set	22	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	10546,072						
	art II	Signature Block	IK!						
		Ities of perjury, I declare that I have examined this return, including accompanying sphedules and sta	tements, and to the best of n	ny knowledge and belief, it is					
	-	t, and complete. Declaration of prepare) (other than officer) is based on all information of which prep		,,, ,,, ,,, ,,, ,,, ,,, ,,, ,,, ,,, ,,,					
	,		02-/13	12017					
Sig	n I	Signature of officer	Date	1-5					
Her		MAXYNE FRANKLIN, SECY/TREASURER							
		Type or print name and title							
		Print/Type preparer's name Preparet's signature	Date , / Check	PTIN					
Paid	1	LAUREN CRESCI Adurent Vesci	2/1//7 setf-emplo	yed P01268493					
:	parer	Firm's name LUTZ AND CARR, CPAS LLP	Firm's EIN	13-1655065					
_	Only	Firm's address 300 EAST 42ND STREET	7						
) D		NEW YORK, NY 10017	Phone no 21	2-697-2299					
Mar	v the IF	RS discuss this return with the preparer shown above? (see instructions)	11 110110 110.22 2	X Yes No					
ivia	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LUA For Danagard Dadastics Askins and the comment industrial	~~~	Farry 900 (2015)					

	t III Statement of Program Service Accomplishments	ge ≱
r, ai	·	X
1	Briefly describe the organization's mission:	لجها
•	BRITDOC, INC. IS COMMITTED TO ENABLING GREAT DOCUMENTARY FILMS AND	
	CONNECTING THEM TO AUDIENCES GLOBALLY	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported (Code) (Expenses \$	
44	(Code) (Expenses \$/2,341. including grants of \$5,086.) (Revenue \$32,500 GOOD PITCH NORTH AMERICA - CONNECTING THE WORLD'S BEST SOCIAL JUSTICE	, , ,
	FILMS WITH NEW ALLIES AND PARTNERS	
	A LOUIS TO THE STATE OF THE STA	
	21 100	
4b	(Code) (Expenses \$)
	LIMINAL FILM FUND - SUPPORTING FILMMAKERS WHO ENCOUNTER UNEXPECTED COSTS IN THE COURSE OF FILM PRODUCTION.	
	COSIS IN THE COURSE OF FILM PRODUCTION.	
		—
		—
4c	(Code) (Expenses \$ 78,417. including grants of \$ 33,069.) (Revenue \$)
	IMPACT AWARDS - CELEBRATES THE DOCUMENTARY FILMS THAT HAVE HAD THE	
	GREATEST IMPACT ON SOCIETY.	
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 27,395 • including grants of \$ 22,500 •) (Revenue \$)	
4e	Total program service expenses ► 199, 253.	
	Form 990 (2)	(015)
53200	2	,

	·		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_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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_	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1	•	
	during the tax year? If "Yes," complete Schedule C, Part II	4_	 	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 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	١.		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		7.7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		Α.
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	ļ		
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	<u>''</u>		21
••	as applicable.	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	\		
_	Part VI	11a	Х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>_x</u> _
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		_	
	Schedule D, Parts XI and XII	12a	X	
b			•	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	446	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		-	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	- [X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_ <u></u> _
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	ĺ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_X_
-		Form	990 (2015)

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X

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

<u> Par</u>	Check, if Schedule O contains a response or note to any line in this Part V			Γ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	1	1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	<u></u>	L
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	į .	}	
	filed for the calendar year ending with or within the year covered by this return	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	ļ	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		-	1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country: ▶	_ }		ì
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	İ		ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b	↓	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c	ــــــ	Ь—
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?	<u>6a</u>	├ ──	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			l
	were not tax deductible?	_6b_	↓	
7	Organizations that may receive deductible contributions under section 170(c).		1	
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		——	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b_	┼	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1 _	}	
	to file Form 8282?	. <u>7c</u>	┼	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	ᅴ_	1	7.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	┼──	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	}	├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	?	 	-
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organization make excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
9	Did the sponsoring organization make any taxable distributions under section 4966?	00		
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. <u>9a</u> 9b	 	
10	Section 501(c)(7) organizations. Enter:	. 30	 	
	Initiation fees and capital contributions included on Part VIII, line 12	l l	[
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	7	ļ	
11	Section 501(c)(12) organizations. Enter:	\dashv		1
	Gross income from members or shareholders	1		
ь	Gross income from other sources (Do not net amounts due or paid to other sources against	\neg		l
	amounts due or received from them.)		}	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	_		
С	Enter the amount of reserves on hand		$oxed{oxed}$	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1 1	X

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

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BRITDOC, INC 46-1094197 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. *Check if Schedule O contains a response or note to any line in this Part VI X Section 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 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 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? X Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c 13 X Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X 15b 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 X taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►NY 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

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records: <u>OLIVER RIVERS - 212-697-2299</u>

C/O LUTZ AND CARR; 300 EAST 42ND ST., NEW YORK,

532006 12-16-15

Form 990 (2015)

Form	990	(2015)	

BRITDOC, INC.

46-1094197

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r	or any related	orga	nıza	tion	cor	npe	nsat	ed any current officer, of	director, or trustee.	
(A)	(B)]		_ ((Ç)			(D)	(E)	(F)
Name and Title	Average	 (do	Position (do not check more than on box, unless person is both a officer and a director/truster			than	one	Reportable	Reportable	Estimated
	hours per							compensation	compensation	amount of
	week	\vdash				1	,,	from	from related	other
	(list any hours for	i di				200		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	5 8	stee		ŀ	sate		(W-2/1099-MISC)	(***271033*141100)	organization
	organizations	frast	al tru		e e	эш		(,		and related
	below	Individual trustee or director	Institutional trustee	 5	Ĕ	esto	 <u> </u>			organizations
	line)	ğ	ınstı	Officer	ě	Highest compensated employee	Former			
(1) JESS SEARCH	0.50							_		
PRESIDENT & BOARD MEMBER	50.00	X		X	<u> </u>	<u></u>		0.	31,226.	0.
(2) EDITH FINZI	0.50					ļ		_		
BOARD MEMBER	50.00	X	_	<u> </u>	<u> </u>			0.	24,989.	0.
(3) MAXYNE FRANKLIN	50.00		1		1	Ì			_	_
SECY/TREASURER & BOARD MEMBER	0.00	X	<u> </u>	X	<u> </u>	-		0.	0.	0.
(4) ALEXANDER GRASHOW	0.05							_		
BOARD MEMBER	0.00	X	<u> </u>		<u> </u>	├	\vdash	0.	0.	<u> </u>
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532008 12-16-15 Form **990** (2015)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2015) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d and Other Similar e Government grants (contributions) f All other contributions, gifts, grants, and 110,000 similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 110,000. h Total. Add lines 1a-1f **Business Code** 32,500 2 a CONSULTING INCOME 32,500 999999 f All other program service revenue 32,500 g Total. Add lines 2a-2f Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds Royalties .. (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) ... d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses

<u>c</u>	Net income of (loss) from sales of inventory	<u> </u>		<u> </u>		l
	Miscellaneous Revenue	Business Code				
11 a						
b	·					
С						
d	All other revenue					
е	Total. Add lines 11a-11d	▶				
42	Total revenue. See instructions	▶	142 500	32 500	0	

c Net income or (loss) from gaming activities .

10 a Gross sales of inventory, less returns

b Less cost of goods sold ...

and allowances

	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	20.000	22 222		
	and domestic governments. See Part IV, line 21	30,000.	30,000.		
2	Grants and other assistance to domestic			i	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	E4 BEE	54 555		
	individuals. See Part IV, lines 15 and 16	51,755.	51,755.		
4	Benefits paid to or for members .				
5	Compensation of current officers, directors,				
	trustees, and key employees	34,088.	20,434.	8,343.	5,311
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	20,229.	12,126.	4,951.	3,152
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,376.	2,024.	826.	526
10	Payroll taxes	4,477.	2,683.	1,096.	698
11	Fees for services (non-employees):				
а	Management	50,249.	26,129.	13,065.	11,055
ь	Legal				
	Accounting				
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	38,679.	38,370.	189.	120
12	Advertising and promotion	7,400.	7,400.		
13	Office expenses	1,607.	413.	1,087.	107
13 14	Information technology	1,007.	==-		201
1 4 15	Royalties				
		3,251.	1,949.	795.	507
16 17	Occupancy	1,949.	1,949.		
17 10		<u> </u>	1,343.		
18	Payments of travel or entertainment expenses	j			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 24	Interest				
21	Payments to affiliates	152.		152.	
22	Depreciation, depletion, and amortization	152.		154.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EVENTS AND HOSPITALITY	3,636.	3,636.		
b	MISCELLANEOUS EXPENSE	955.	385.	570.	
~	PHOTOGRAPHY, PRINTING A	72.		72.	
d					
	All other expenses		-		
	Total functional expenses. Add lines 1 through 24e	251,875.	199,253.	31,146.	21,476
2 <u>5</u>	Joint costs, Complete this line only if the organization	231,013.	199,433.	<u> </u>	<u>41,4/0</u>
26	,				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	Į.	.	1	

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
		,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	568,480.	1	511,665.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	182,647.	3	56,963.
	4	Accounts receivable, net	Ĺ	4	
	5	Loans and other receivables from current and former officers, directors,			
		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 un	nder		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib	uting		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ध		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
∢	8	Inventories for sale or use		8	<u>-</u>
	9	Prepaid expenses and deferred charges	12,333.	9	13,033.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,5	52.		
	b		57. 2,682.	10c	3,095.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	·	12	·
	13	Investments - program-related. See Part IV, line 11	ļ	13	<u> </u>
	14	Intangible assets	· · 	14	
	15	Other assets. See Part IV, line 11	7.66 1.40	15	504 556
	16	Total assets. Add lines 1 through 15 (must equal line 34)	766,142.		584,756.
	17	Accounts payable and accrued expenses	216,170.		108,401.
	18	Grants payable	3,900.		3,900.
	19	Deferred revenue	•	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustee	•	21	
Liabilities	22	key employees, highest compensated employees, and disqualified person			
ij	Ì	Complete Part II of Schedule L	s.	22	
<u>L</u> ia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	•	24	
	25	Other liabilities (including federal income tax, payables to related third		27	
		parties, and other liabilities not included on lines 17-24). Complete Part X of	of		
		Schedule D	0.	25	28,500.
	26	Total liabilities. Add lines 17 through 25	220,070.		140,801.
-		\ [=]	and		
Ş		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	249,787.	27	221,148.
ala	28	Temporarily restricted net assets	296,285.	28	222,807.
ē	29	Permanently restricted net assets		29	
돌		Organizations that do not follow SFAS 117 (ASC 958), check here ▶		1 1	
p	ļ	and complete lines 30 through 34.	<u>-</u>		
ets	30	Capital stock or trust principal, or current funds		30	
455	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	546,072		443,955.
	34	Total liabilities and net assets/fund balances		34	<u> </u>

• 1					
	990 (2015) BRITDOC, INC.	<u>46-1094</u>	<u> 1197</u>	' Pa	ge 12
Pai	T XI Reconciliation of Net Assets				
	Check of Schedule O contains a response or note to any line in this Part XI				X
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			00.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>75.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	-10		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>54</u>	<u>6,0</u>	<u>72.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		7,2	58.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	44	3,9	55.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule ()			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,		ļ	
	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 Sched	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Employer identification number

OMB No 1545-0047

BRITDOC 46-1094197 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. ____ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations ... g Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 BRITDOC, INC. Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not]					
	ınclude any "unusual grants.")		6,980.	418,331.	962,005.	110,000.	1497316.
2	Tax revenues levied for the organ-			-			
	ization's benefit and either paid to						
	or expended on its behalf			_		_	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		<u> </u>				
4	Total. Add lines 1 through 3		6,980.	418,331.	962,005.	110,000.	1497316.
5	The portion of total contributions						
	by each person (other than a		ļ				
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			•			
	amount shown on line 11,	}					
	column (f)						640,426.
6	Public support. Subtract line 5 from line 4						856,890.
_	ction B. Total Support	<u> </u>		<u> </u>	·		03070301
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	19/	6,980.	418,331.	962,005.	110,000.	1497316.
8	Gross income from interest,		<u></u>		30=7000		
Ŭ	dividends, payments received on		ļ		ļ		
	securities loans, rents, royalties						
	and income from similar sources	}	:				
9	Net income from unrelated business						
9	activities, whether or not the						
	·						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)		1,600.				1,600.
	, ,	·	1,000.				1498916.
11	Total support. Add lines 7 through 10	ata (asa inatrustu		<u> </u>	L	40	40,796.
12	Gross receipts from related activities,	•		d faruth au fifth to		12	40,790.
13	First five years. If the Form 990 is fo	=	s iirst, second, tiii	d, fourth, or fifth ta	ax year as a section	11 50 1(0)(3)	 X
Sec	organization, check this box and storection C. Computation of Publ		rcentage		· · · · · · · · · · · · · · · · · · · 	<u>· </u>	
	Public support percentage for 2015 (Solumn (fl)		14	
	Public support percentage from 2014				•• • • •	15	%
15	33 1/3% support test - 2015. If the						%
108	stop here. The organization qualifies	•		_			x ano ⊾□
	33 1/3% support test - 2014. If the and stop here. The organization qual	=					IIS DOX
47.							OT
1/2	10% -facts-and-circumstances tes	-					· ·
	and if the organization meets the "facts-and-circumstances"			-	•	it viriow the organ	
		•	•		•	17a and line 15 in 1	
ľ	10% -facts-and-circumstances tes	-					
	more, and if the organization meets to				•		·
40	organization meets the "facts-and-circ			•	- · · · -	-	
18	Private foundation. If the organization	лі оіо поселеска	DUX OIT IIITE 13, 16	a, 100, 178, 01 17			
					Sche	edule A (Form 990	UI 33U-EL) 2U15

532022 09-23-15

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

(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.)

Se	ction A. Public Support	<u></u>						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	1	e) 2015	(f) Total
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants")		L			ļ		
2	Gross receipts from admissions,							
	merchandise sold or services per-	ļ		İ		1		
	formed, or facilities furnished in any activity that is related to the			•		1		
	organization's tax-exempt purpose	}		}		1		
3	Gross receipts from activities that							
	are not an unrelated trade or bus-	1.]	}		:	
	iness under section 513							
4	Tax revenues levied for the organ-			 	 	 		
	ization's benefit and either paid to					I		
	or expended on its behalf	1		1		1		!
5	The value of services or facilities					┼─		
5	furnished by a governmental unit to	1	}			1		
	the organization without charge							
_	•		 		 	+		
	Total. Add lines 1 through 5		 		 	 		
/ 3	Amounts included on lines 1, 2, and		1			İ		
	3 received from disqualified persons		 		 	┼		
•	Amounts included on lines 2 and 3 received from other than disqualified persons that					1		
	exceed the greater of \$5,000 or 1% of the					İ		
	amount on line 13 for the year	<u> </u>	 	 	 	\		
	Add lines 7a and 7b	<u> </u>		 	 	+		
	Public support (Subtract line 7c from line 6)	<u> </u>		<u> </u>		<u> </u>		
	ction B. Total Support			T	T	 -		
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	 _ (2015	(f) Total
_	Amounts from line 6	<u> </u>	 	 -		∔		
10	a Gross income from interest, dividends, payments received on	}		}		1		
	securities loans, rents, royalties					ľ		
	and income from similar sources				<u> </u>	 		
ı	Unrelated business taxable income	[
	(less section 511 taxes) from businesses					1		
	acquired after June 30, 1975					ļ		
•	Add lines 10a and 10b					<u> </u>		
11	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is							
	regularly carried on				<u> </u>	<u>.</u>		
12	Other income. Do not include gain					ľ		
	or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is fo	r the organization'	s first, second, the	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organız	ation,
	check this box and stop here	·	<u></u>	<u>.</u>				▶□
Se	ction C. Computation of Pub	ic Support Pe	rcentage					
15	Public support percentage for 2015	(line 8, column (f) d	livided by line 13,	column (f))		15		%
16	Public support percentage from 2014	4 Schedule A, Part	: III, line 15			16		%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage					
17	Investment income percentage for 2	015 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17		%
	Investment income percentage from		· · · · · ·			18		%
19	a 33 1/3% support tests - 2015. If the	organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/39	6, and line 1	
	more than 33 1/3%, check this box a	-						▶□
1	b 33 1/3% support tests - 2014. If the						n 33 1/3%. a	and
	line 18 is not more than 33 1/3%, chi	•			•		•	
20	Private foundation. If the organization						-	· · · · ▶ □
	122 00 22 15							or 990 E7) 2015

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 Supportii	ng Organizations
--------------------------	------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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)
- 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 I only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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
			-10
	1		<u> </u>
	2_		ļ
	3a		
			ļ .
	3b		
	3c		
	4 <u>a</u>		
].		
	4b		
			;
	4c		
			'
	_		
	_5a		
	_5b		
	5c		
	6		
	7		
	_8		
	0.	1	
	_9a		
	9b		
	9c		
	10a		
	10b		
n 9	90 or 99	0-EZ)	2015

532025 09-23-15

chedule A (Form 990 or 990-EZ) 2015 BRITDOC, INC.			16-1094197 Pa
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	Nov 20, 1970. See instr	uctions. All
other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E	
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		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	\top		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		1
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	}		
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1 1		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	<u> </u>	
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	_2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y-integrate	d Type III supporting org	anization (see

Part	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Section	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
		zations, in excess of income from activity			
3_	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	S	
		ints paid to acquire exempt-use assets			
5	Qualif	ned set-aside amounts (prior IRS approval required)			
		distributions (describe in Part VI). See instructions.			
		annual distributions. Add lines 1 through 6			
		outions to attentive supported organizations to which th	ne organization is responsive		
	_	de details in Part VI). See instructions.			
		outable amount for 2015 from Section C, line 6			
10	Line 8	3 amount divided by Line 9 amount	,	, , , , , , , , , , , , , , , , , , ,	J
	_	D	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
Secti	on E -	Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Dıstrı	butable amount for 2015 from Section C, line 6			
		rdistributions, if any, for years prior to 2015			
	(reas	onable cause required-see instructions)			
3	Exces	ss distributions carryover, if any, to 2015			
a					
b					
С				FIRST CO.	
		2013			
		2014	<u> </u>		
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2015 distributable amount			
<u> i </u>		vover from 2010 not applied (see instructions)			
i_		ainder. Subtract lines 3g, 3h, and 3i from 3f.			
4		butions for 2015 from Section D,			
	line 7				
		ed to underdistributions of prior years			
		ed to 2015 distributable amount	· · · -		
	_	ainder, Subtract lines 4a and 4b from 4.			
5		aining underdistributions for years prior to 2015, if Subtract lines 3g and 4a from line 2 (if amount			
		ter than zero, see instructions).	,		
		aining underdistributions for 2015. Subtract lines 3h			
6		4b from line 1 (if amount greater than zero, see			
		uctions).			
7		ess distributions carryover to 2016. Add lines 3j			
-	and a				
8		kdown of line 7:			
a					
b					
c	Exce	ess from 2013			
		ess from 2014			
-		ess from 2015			

		n 990 or 9	90-EZ) 201	BRIT	DOC,	INC.					46-109419	7 Page 8
Part V	Par line Sec	t IV, Sectio 1, Part IV, ition D, line	n A, lines 1 Section D, is 5, 6, and	, 2, 3b, 3c, lines 2 and	4b, 4c, 5 I 3; Part I\	a, 6, 9a, 9t /, Section	o, 9c, 11a, 11 E, lines 1c, 2a	b, and 11c, Pa	art IV, Section b, Part V, III	, line 17a or 1 on B, lines 1 a ne 1; Part V, S	7b; Part III, line 12 nd 2; Part IV, Sec section B, line 1e,	2; tion C,
	(Se	e instructio	ns.)									
PART	II,	SHORT	YEAR	EXPL	ANATI	ON:						
BRTTT) () () ()	MODIFI	ייד מאו	S YEAI	R END	FROM	A DECE	MBER 31	ST YEA	AR ENTO	TO A MARC	'H
						-						.11
31ST	YEA	R END	, RESU	<u>LTING</u>	IN A	3 MOI	NTH TAX	RETURN	FROM	JANUAR'	Y 1ST TO	
MARCE	31	ST.										
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SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BRITDOC, INC.

Employer identification number 46-1094197

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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	Ĺ	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed 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 a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		. 2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc-	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	eleased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	<u> </u>	
	violations, and enforcement of the conservation easements		LJYes LJNo
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	nservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserve	ation easements during the year
_			04.)(4)(7)(2)
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		Yes L No
9	include, if applicable, the text of the footnote to the organization	•	•
	conservation easements.	ation s inialicial statements that describes	s the organization's accounting for
Pai	t III Organizations Maintaining Collections	of Art. Historical Treasures, or C	Other Similar Assets.
<u> </u>	Complete if the organization answered "Yes" on Form		7.000.0.
	If the organization elected, as permitted under SFAS 116 (A)		ement and balance sheet works of art
	historical treasures, or other similar assets held for public ex	•	•
	the text of the footnote to its financial statements that descri	· · · · · · · · · · · · · · · · · · ·	and of public corvice, provide, in rate Alli,
b	If the organization elected, as permitted under SFAS 116 (A)		nt and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	addution, or recognor in retirioration of pr	abile convice, previde the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
			• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of art, historical tre		al gain, provide
_	the following amounts required to be reported under SFAS		3 b. +
а	Revenue included on Form 990, Part VIII, line 1	·	▶ \$
	Assets included in Form 990, Part X		\$
1 11/	For Denominary Reduction Act Nation and the Instruction		Sahadula D (Farm 200) 2045

532051 11-02-15

Sched	dulè D (Form 990) 2015 BRITDOC								9419		age 2
Par	t III Organizations Maintaining C	collections of A	<u>rt, Hist</u>	orical Tr	easures, c	or Other	r Simila	ar Asse	ts(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a sig	ınıfıcant ı	use of its	collection	n item	IS
	(check all that apply):										
а	Public exhibition	d	· '	Loan or exc	hange progra	ıms					
þ	Scholarly research	е	, [Other		-					
С	Preservation for future generations										
4	Provide a description of the organization's co	oliections and explai	n how th	ey further tl	he organizati	on's exem	npt purpo	se in Pai	t XIII		
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	sures, or oth	er sımılar	assets		_		_
	to be sold to raise funds rather than to be m								_ Yes		No_
Par	t IV Escrow and Custodial Arran	•	ete if the	organizatio	n answered '	'Yes" on I	Form 990), Part IV,	line 9, or	•	
	reported an amount on Form 990, Pa	-,,									
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not ı	ncluded	_	_		_
	on Form 990, Part X?							∟	_ Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	:able:							
									Amount	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						_1e				
f	Ending balance .			•			1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or co	ustodial acco	unt liabilit	:y?	. L	_ Yes		No
b	If "Yes," explain the arrangement in Part XIII						<u>.</u>		· -		<u>] </u>
Par	t V Endowment Funds. Complete	f the organization ar									
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three y	ears back	(e) Four	years	<u>back</u>
1a	Beginning of year balance										
b	Contributions					<u> </u>			<u> </u>		
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								<u> </u>		
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	red for th	e organız	ation	-		
	by:									Yes	No
	(i) unrelated organizations							-	. 3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	ired on S	Schedule R?	• •				3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pai	rt VI _ Land, Buildings, and Equipn										
	Complete if the organization answere	ed "Yes" on Form 99	0, Part I								
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Bool	k valu	Э
		basis (invest	ment)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
С	Leasehold improvements					_					
d	Equipment				3,552.		4.	57.		<u>3,0</u>	<u>95.</u>
<u>e</u>	Other							_		2 0	
								_ (

Schedule D (Form 990) 2015

532053 09-21-15

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2015

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Employer identification number

BRI	TDOC, INC.				46-109	4197
Par	t I General Infor	mation on A	ctivities Out	tside the United States. Comple	te if the organization answe	red "Yes" on
	Form 990, Part IV	/, line 14b.				
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other assistance,	
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	X Yes No
_						
2	-	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistanc	e outside the
_	United States.					
3				an be duplicated if additional space is n		
	(a) Region	(b) Number of offices	employees,	(d) Activities conducted in region (by type) (e.g., fundraising, program	(e) If activity listed in (d is a program service,) (f) Total expenditures
		in the region	lagents, and	services, investments, grants to	describe specific type	for and
			independent contractors	recipients located in the region)	of service(s) in region	investments
			in region		·	in region
		}				
EURO	PE (INCLUDING					
	AND & GREENLAND)		0	Grants		43,686.
	SAHARAN AFRICA -					33,000.
	LA, BENIN,	ļ	ļ			į
	WANA, BURKINA					
FASC	·) 0		GRANTS		8,069.
						
)			
			(
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		1				
		1	1			
_						
			l			
		L				
3 a	Sub-total	c	0			51,755,
b	Total from continuation					
	sheets to Part I	c	0			
С	Totals (add lines 3a					
	and 3b)	c	<u> </u>	<u> </u>		51,755
LHA	For Paperwork Reduct	tion Act Notice,	see the instruc	tions for Form 990.	Schedu	le F (Form 990) 2015

532071 10-01-15 46-1094197

Page 2.

BRITDOC,

Schedule F (Form 990) 2015

Part II

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

valuation (book, FMV, appraisal, other) (i) Method of (h) Description of non-cash assistance (g) Amount of non-cash assistance o Ö 0 o o, Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of WIRE 3,069,WIRE 10,000 WIRE 27,500, WIRE 1,100,WIRE of cash grant 5,086 5,000, (e) Amount WORKSHOP EXPENSES IN (d) Purpose of OCUMENTARY FILM DOCUMENTARY FILM OCUMENTARY FILM DOCUMENTARY FILM DOCUMENTARY FILM grant PRODUCTION RODUCTION RODUCTION WARD AWARD KENYA SUROPE (INCLUDING UROPE (INCLUDING SUROPE (INCLUDING SUROPE (INCLUDING ALBANIA ANDORRA LBANIA, ANDORRA BENIN, BOTSWANA, AFRICA - ANGOLA, (c) Region SURKINA FASO CCELAND AND SUB-SAHARAN SUB-SAHARAN SREENLAND) SREENLAND) GREENLAND) SREENLAND) CELAND & CELAND & CELAND & AFRICA (b) IRS code section and EIN (if applicable) (a) Name of organization N

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

3

Schedule F (Form 990) 2015

46-1094197

Page 3

BRITDOC, INC.

Schedule F (Form 990) 2015

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

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2015

Sched ₁	ulè F (Form 990) 2015 BRITDOC, INC.	<u>46-10941</u> 97'	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes [X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
2	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes [X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes 🖸	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	. Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see	[.
	Instructions for Form 5713; do not file with Form 990)	. L Yes L	X_I No

532074 10-01-15

Schedule F (Form 990) 2015

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

General Information on Grants and Assistance BRITDOC,

Part

Employer identification number 46-1094197

들 있	stance (ocedures for mon	Itoring the use of grant	funds in the United	States			A Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organi \$5.000, Part II car	izations and Domesti	c Governments. C	omplete if the orga ted.	ınızatıon answered "\	/es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLUMINE GROUP 152-08 85TH DR JAMAICA, NY 11432	26-3009518		5,000	0			FILM AWARD
CHASING ICE LLC 1415 ARAPAHOE AVENUE BOULDER CO 80302	46-0729596	4/2	. v	0			FILM AWARD
PRAXIS FILMS INC 205 HUDSON ST, SUITE 1004 NEW YORK, NY 10013	20-0779795	4/N		O			FILM AWARD
MISCHA RICHTER PRODUCTION 227 BERGEN ST BROOKLYN, NY 11217	81-3124636	N/A		0			PRODUCTION GRANT
NOUJAIM FILMS INC 21720 STATE HIGHWAY 28 DELHI, NY 13753	13-4139988	N/A	10 000	0			PRODUCTION GRANT
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	nd government or s listed in the line	rganizations listed in the 1 table	ne line 1 table				
_	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2015

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. FOR ALL PRODUCTION GRANTS, WE REQUEST A BUDGET AND SCHEDULE UPFRONT AND (d) Amount of non-cash assistance THE FILM AWARDS GO THROUGH AN INDUSTRY SELECTION PROCESS. (c) Amount of cash grant DETAILED COST REPORT AT THE END OF THE EVENT (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2:

Schedule I (Form 990) (2015)

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Page 2

46-1094197

BRITDOC,

Schedule I (Form 990) (2015)

Part III

SCHEDULE O

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Inspection

Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number 46-1094197 BRITDOC, INC. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: GOOD PITCH KENYA AND DOCUMENTARY FILM SUPPORT EXPENSES \$ 27,395. INCLUDING GRANTS OF \$ 22,500. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE MEMBERS OF THE BOARD BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD REGULARLY MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY. DIRECTORS, OFFICERS AND KEY PERSONNEL ARE REQUIRED TO DISCLOSE ALL POSSIBLE CONFLICTS IMMEDIATELY IN WRITING TO THE BOARD. THE BOARD REVIEWS SUCH MATTERS AND ACTS IN ACCORDANCE WITH THE POLICY. FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: IMPACT AWARD CONSULTS: 37,908. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 37,908. PAYROLL SERVICES: PROGRAM SERVICE EXPENSES 462. MANAGEMENT AND GENERAL EXPENSES 189.

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

532211 09-02-15

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

Name of the organization BRITDOC, INC.	Employer identification number 46-1094197
FUNDRAISING EXPENSES	120.
TOTAL EXPENSES	771.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FOREIGN EXCHANGE GAIN	7,258.

SCHEDULE R (Form 990)

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.rs.gov/form990.

Open to Public ' Inspection 2015

OMB No 1545-0047

(g) Section 512(b)(13) controlled 9 N Employer identification number entity? Direct controlling Yes 46-1094197 Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. $\boldsymbol{\varepsilon}$ Direct controlling entity End-of-year assets status (if section **e** Public charity 501(c)(3)) Total income Exempt Code ਉ section Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) ENABLING DOCUMENTARY FILMS Primary activity Primary activity BRITDOC, INC. Name, address, and EIN (if applicable) Name, address, and EIN of related organization BRITDOC FOUNDATION - 98-1030160 of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service

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

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Schedule R (Form 990) 2015

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LINE 7

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INC.

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General or Percentage managing ownership partner? Schedule R (Form 990) 2015 Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Percentage ownership Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. 3 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets \equiv <u>6</u> Olsproportionate Yes No allocations? ϵ Share of total income Share of end-of-year assets 9 Type of entity (C corp, S corp, or trust) Share of total income (d)
Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicite (state or foreign country) છ (d)
(Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 532162 09-08-15 Part IV Part III

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				-3	Yes	2 N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	slated organizations listed	In Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	•	×
b Gift, grant, or capital contribution to related organization(s)				1 b		×
c Gift, grant, or capital contribution from related organization(s)				10		×
				Ţ		×
				2 4		: >
e Loans of loan guarantees by related organization(s)				D	\dagger	4
4 Dundande from related organization(c)				*		×
	:			Ę		×ا¢
				2 4	+	ş∤≻
	-				+	()
i Exchange of assets with related organization(s)	-			;		⋈ >
j Lease of facilities, equipment, or other assets to related organization(s)				-		4
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
	lanization(s)	•		=		×
m Derformance of sequices or membership or fundraising solicitations by related organization(s)	anization(e)			£	\vdash	×
III I GIOTINIALIGA OL SCIVICAS OL MANIMO DI CUITALARISMI SOMOTARISMI SI SCINICA ANTICA DI CARROLLO DI	ומו זובמווטו זו(ט) ליביה(ט)			1	\dagger	\$ ⊳
n snaring of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			=	+	4
o Sharing of paid employees with related organization(s)	:	-		9		×
n Bambursament haid to related organization(s) for exnenses				ŧ		×
The state of the s				2		: :
q Reimbursement paid by related organization(s) for expenses	:			5	7	×
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				†		×
	who must complete tl	is line, including covered	relationships and transaction thresholds		!	
ŀ		6				
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	paoloor		
(1)						
(2)						
(6)						}
(4)						
(5)						
(9)						
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Schedule R (Form 990) 2015 BRITDOC, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income pariers sec (related, unrelated, cortes (solicity) excluded from tax under sections 512-514)	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate an allocations? O	(i) Code V-UBI mount in box 2(if Schedule K-1 (Form 1065)	(j) General or managing partner?	(h) (i) (k) (k) Dispropor- Dispr
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							Schedule	B (For	Schedule R (Form 990) 2015

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Part VII	Supplemental Infor	mation				
1, 41.1	Supplemental into	-t	to mucchions on Cohodule D./	(and instructions)		
	Provide additional inform	ation for responses	to questions on Schedule R (see instructions).	•	
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