

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2010**

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning and ending**

|   |  |  |   |                                      |
|---|--|--|---|--------------------------------------|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b>  |  | <b>D Employer identification number</b> |                                      |
|   | BRAIN INJURY ASSOCIATION OF OHIO, INC.                                     |  | 31-1123851                              |                                      |
|   | Doing Business As  |  |   |                                      |
|   | Number and street (or P.O. box if mail is not delivered to street address) |  | Room/suite                              | <b>E Telephone number</b>            |
| 855 GRANDVIEW AVENUE  |  | 225  | 614-481-7100                            |                                      |
| City or town, state or country, and ZIP + 4   |  | <b>G Gross receipts \$</b>   |   |                                      |
| COLUMBUS, OH 43215-1123   |  | 770,916.   |   |                                      |
| <b>F Name and address of principal officer:</b> SUZANNE MINNICH   |  | <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                      |
| SAME AS C ABOVE   |  | <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                      |   |                                      |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  | If "No," attach a list. (see instructions)   |   |                                      |
| <b>J Website:</b> WWW.BIAOH.ORG   |  | <b>H(c) Group exemption number</b> ▶   |   |                                      |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  | <b>L Year of formation:</b> 1982   |   | <b>M State of legal domicile:</b> OH |

**Part I Summary**

|   |  |                           |              |
|---|--|---------------------------|--------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO CREATE A BETTER FUTURE THROUGH BRAIN INJURY PREVENTION, RESEARCH, EDUCATION AND ADVOCACY.</u> |                           |              |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                           |              |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                  | <b>12</b>    |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                  | <b>12</b>    |
|   | <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)  | <b>5</b>                  | <b>15</b>    |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                  | <b>10</b>    |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                 | <b>0.</b>    |
|   | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34  | <b>7b</b>                 | <b>0.</b>    |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year                | Current Year |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | 622,245.                  | 686,618.     |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 86,955.                   | 71,787.      |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 852.                      | 269.         |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 18,256.                   | 9,838.       |
|   |  | 728,308.                  | 768,512.     |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 0.                        | 0.           |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 0.                        | 0.           |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 482,671.                  | 543,518.     |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | 0.                        | 0.           |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,056.  |                           |              |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   | 230,147.                  | 251,589.     |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 712,818.   | 795,107.                  |              |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | 15,490.  | -26,595.                  |              |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year | End of Year  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | 279,120.                  | 252,345.     |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | 113,186.                  | 113,006.     |
|   |  | 165,934.                  | 139,339.     |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|   |                                     |                          |          |   |      |
|---|-------------------------------------|--------------------------|----------|---|------|
| <b>Sign Here</b>  | ▶ Signature of officer              |                          | Date     |   |      |
|   | SUZANNE MINNICH, EXECUTIVE DIRECTOR |                          |          |   |      |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name          | Preparer's signature     | Date     | Check <input type="checkbox"/> if self-employed | PTIN |
|   | JANE E. PFEIFER                     | JANE E. PFEIFER          | 10/03/11 |   |      |
| Firm's name ▶ CLARK, SCHAEFER, HACKETT & CO                           |                                     | Firm's EIN ▶             |          |   |      |
| Firm's address ▶ 150 E CAMPUS VIEW BLVD, SUITE 100 COLUMBUS, OH 43235 |                                     | Phone no. (614) 885-2208 |          |   |      |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: TO CREATE A BETTER FUTURE THROUGH BRAIN INJURY PREVENTION, RESEARCH, EDUCATION AND ADVOCACY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 353,162. including grants of \$ ) (Revenue \$ 49,122.) INFORMATION AND LINKAGE TO AVAILABLE SERVICES AND SUPPORTS: THE ASSOCIATION MAINTAINS A TOLL-FREE STATEWIDE HELPLINE TO PROVIDE INFORMATION AND RESPOND TO REQUESTS FOR ASSISTANCE. IT ALSO MAINTAINS A DATABASE OF OHIO-BASED PROGRAMS AND SERVICES, A RESOURCE LENDING LIBRARY AND A WEBSITE. THE ASSOCIATION PROMOTES THE PREVENTION OF, THE AWARENESS OF, AND THE CAUSES AND CONSEQUENCES OF BRAIN INJURIES. THE BIAOH RESPONDED TO OVER 5,000 REQUESTS THIS YEAR.

4b (Code: ) (Expenses \$ 331,247. including grants of \$ ) (Revenue \$ 9,000.) COMMUNITY SUPPORT NETWORK SERVICES: THE ASSOCIATION MAINTAINS REGIONAL FIELD OFFICES WITH TRAINED STAFF TO PROVIDE INFORMATION, SERVICE LINKAGE, OUTREACH AND TRAINING. SUPPORT GROUPS ARE DEVELOPED AND MAINTAINED. ADVOCACY TRAINING IS PROVIDED AND PARTICIPATION IN PUBLIC POLICY DEVELOPMENT IS ENCOURAGED. HELP IS PROVIDED WITH THE TRANSITIONING OF INDIVIDUALS FROM NURSING HOMES TO PRIVATE RESIDENCES. THE BIAOH FACILITATED SUPPORT GROUPS FOR MORE THAN 2,000 PEOPLE THIS YEAR.

4c (Code: ) (Expenses \$ 21,198. including grants of \$ ) (Revenue \$ 13,665.) TRAINING AND SYSTEMS DEVELOPMENT: THE ASSOCIATION COORDINATES AN ANNUAL 2-DAY CONFERENCE OFFERING APPROXIMATELY 40 WORKSHOPS AND CONTINUING EDUCATION CREDITS FOR MULTIPLE DISCIPLINES. STAFF PARTICIPATED IN NUMEROUS TRAINING EVENTS AROUND THE STATE. BIAOH IS PROMOTING THE USE OF ESTABLISHED SCREENING TOOLS AND METHODOLOGY TO IDENTIFY THOSE WITH BRAIN INJURIES AND TO HELP AGENCIES ADAPT THEIR SERVICES TO ACCOMMODATE THE UNIQUE NEEDS OF THIS POPULATION. APPROXIMATELY 2,500 PEOPLE PARTICIPATED IN THE CONFERENCE.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 705,607.

**Part IV Checklist of Required Schedules**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | 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? <i>If "Yes," complete Schedule C, Part III</i>                         | N/A |    |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                      |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  |     | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | X   |    |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   |     | X  |
| c   | 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? <i>If "Yes," complete Schedule D, Part VIII</i>   |     | 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? <i>If "Yes," complete Schedule D, Part IX</i>  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | 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)? <i>If "Yes," complete Schedule D, Part X</i>      | X   |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>   | X   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>              |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>                     |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>                               |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                   |     | 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? <i>If "Yes," complete Schedule G, Part I</i>  |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>  |     | X  |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                        |     |    |
| 20b |  |     |    |

**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  |     | X  |
| <b>23</b> 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> .....                           |     | X  |
| <b>24a</b> 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 24b through 24d and complete Schedule K. If "No," go to line 25</i> ..... |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....             |     | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....                 |     | X  |
| <b>28</b> 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):   |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>c</b> 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> .....  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> 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> .....   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....  |     | X  |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....   | X   |    |

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with columns for Yes/No and numerical input fields.

**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 to any question in this Part VI

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year   |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent  |     |    |
| <b>2</b>  | 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?   |     | X  |
| <b>3</b>  | 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  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | X  |
| <b>6</b>  | Does the organization have members or stockholders?   | X   |    |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   | X   |    |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   | X   |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>8a</b> | The governing body?   | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?   | X   |    |
| <b>9</b>  | 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 |
|------------|--|-----|----|
| <b>10a</b> | Does the organization have local chapters, branches, or affiliates?  |     | X  |
| <b>10b</b> | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?   |     |    |
| <b>11a</b> | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   | X   |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13   | X   |    |
| <b>12b</b> | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12c</b> | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | X   |    |
| <b>13</b>  | Does the organization have a written whistleblower policy?   | X   |    |
| <b>14</b>  | Does the organization have a written document retention and destruction policy?  |     | X  |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15b</b> | Other officers or key employees of the organization  |     | X  |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>16b</b> | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JUDY BEACH - 614-481-7100**  
**855 GRANDVIEW AVENUE STE 225, COLUMBUS, OH 43215**

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

Check if Schedule O contains a response to any question 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 nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                        | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| JON FISHPAW<br>PRESIDENT                     | 1.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| STEPHANIE RAMSEY<br>FIRST VICE PRESIDENT     | 1.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ANTHON BROOKS<br>SECRETARY                   | 1.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| BRIAN DUNLAP<br>BOARD MEMBER                 | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MARCIA EGBERT<br>BOARD MEMBER                | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JACKIE STANTON<br>BOARD MEMBER               | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| T. SHAWN SULLIVAN<br>BOARD MEMBER            | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JERRY FRIEDMAN<br>NOMINATING/LEADERSHIP CHAI | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MARVIN GUTTER<br>AUDIT COMMITTEE CHAIR       | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JOANIE BAUMAN<br>TREASURER                   | 1.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| SHARI ALDRIDGE<br>BOARD MEMBER               | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| SUSAN DAVIES GFROERER<br>BOARD MEMBER        | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| SUZANNE MINNICH<br>EXECUTIVE DIRECTOR        | 43.00  |  |                       | X       |              |                              |        | 62,305.  | 0.  | 15,115.   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |



**Part VIII Statement of Revenue**

|  |   |  | (A)<br>Total revenue           | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |        |
|--|---|--|--------------------------------|---|---|--|--------|
| Contributions, gifts, grants and other similar amounts | 1 a   | Federated campaigns  |                                |   |   |  |        |
|  | b   | Membership dues  |                                |   |   |  |        |
|  | c   | Fundraising events   |                                |   |   |  |        |
|  | d   | Related organizations  |                                |   |   |  |        |
|  | e   | Government grants (contributions)  | 656,068.                       |   |   |  |        |
|  | f   | All other contributions, gifts, grants, and similar amounts not included above   | 30,550.                        |   |   |  |        |
|  | g   | Noncash contributions included in lines 1a-1f: \$  |                                |   |   |  |        |
|  | h   | <b>Total.</b> Add lines 1a-1f  |                                | 686,618.  |   |  |        |
|  | Program Service Revenue                               | 2 a  | <b>FEEES FOR SERVICE CONTR</b> | 900099  | 58,122.                                 | 58,122.  |        |
| b  |   | <b>CONFERENCEES</b>  | 900099                         | 13,665.   | 13,665.                                 |  |        |
| c  |   |  |                                |   |   |  |        |
| d  |   |  |                                |   |   |  |        |
| e  |   |  |                                |   |   |  |        |
| f  |   | All other program service revenue  |                                |   |   |  |        |
| g  |   | <b>Total.</b> Add lines 2a-2f  |                                | 71,787.   |   |  |        |
| Other Revenue  | 3   | Investment income (including dividends, interest, and other similar amounts)   |                                | 269.  |   | 269.   |        |
|  | 4   | Income from investment of tax-exempt bond proceeds   |                                |   |   |  |        |
|  | 5   | Royalties  |                                |   |   |  |        |
|  | 6 a   | Gross Rents  | (i) Real                       |   |   |  |        |
|  |   | Less: rental expenses  | (ii) Personal                  |   |   |  |        |
|  |   | Rental income or (loss)  |                                |   |   |  |        |
|  |   | Net rental income or (loss)  |                                |   |   |  |        |
|  | 7 a   | Gross amount from sales of assets other than inventory   | (i) Securities                 |   |   |  |        |
|  |   | Less: cost or other basis and sales expenses   | (ii) Other                     |   |   |  |        |
|  |   | Gain or (loss)   |                                |   |   |  |        |
|  |   | Net gain or (loss)   |                                |   |   |  |        |
|  | 8 a   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a                              | 12,242.   |   |  |        |
|  |   | Less: direct expenses  | b                              | 2,404.  |   |  |        |
|  |   | Net income or (loss) from fundraising events   |                                |   | 9,838.                                  |  | 9,838. |
|  | 9 a   | Gross income from gaming activities. See Part IV, line 19  | a                              |   |   |  |        |
| Less: direct expenses                                  |   | b  |                                |   |   |  |        |
| Net income or (loss) from gaming activities            |   |  |                                |   |   |  |        |
| 10 a   | Gross sales of inventory, less returns and allowances | a  |                                |   |   |  |        |
|  | Less: cost of goods sold                              | b  |                                |   |   |  |        |
|  | Net income or (loss) from sales of inventory          |  |                                |   |   |  |        |
| Miscellaneous Revenue                                  |   | Business Code  |                                |   |   |  |        |
| 11 a   |   |  |                                |   |   |  |        |
|  | b   |  |                                |   |   |  |        |
|  | c   |  |                                |   |   |  |        |
|  | d   | All other revenue  |                                |   |   |  |        |
|  | e   | <b>Total.</b> Add lines 11a-11d  |                                |   |   |  |        |
| 12   | <b>Total revenue.</b> See instructions.               |  | 768,512.                       | 71,787.   | 0.                                      | 10,107.  |        |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....  |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....  |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| 4 Benefits paid to or for members .....  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....   | 77,420.               | 77,420.                         |  |                             |
| 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 .....   | 329,632.              | 268,514.                        | 59,344.                                | 1,774.                      |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....  | 15,010.               | 12,012.                         | 2,948.                                 | 50.                         |
| 9 Other employee benefits .....  | 85,474.               | 75,171.                         | 10,130.                                | 173.                        |
| 10 Payroll taxes .....   | 35,982.               | 32,851.                         | 2,959.                                 | 172.                        |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management .....   |                       |                                 |  |                             |
| b Legal .....  |                       |                                 |  |                             |
| c Accounting .....   | 11,010.               | 10,747.                         | 263.                                   |                             |
| d Lobbying .....   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 .....  |                       |                                 |  |                             |
| f Investment management fees .....   |                       |                                 |  |                             |
| g Other .....  | 8,733.                | 8,528.                          | 205.                                   |                             |
| 12 Advertising and promotion .....   |                       |                                 |  |                             |
| 13 Office expenses .....   |                       |                                 |  |                             |
| 14 Information technology .....  | 4,151.                | 4,124.                          | 27.                                    |                             |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 24,869.               | 24,490.                         | 379.                                   |                             |
| 17 Travel .....  | 14,318.               | 13,394.                         | 900.                                   | 24.                         |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  | 19,471.               | 16,850.                         | 2,594.                                 | 27.                         |
| 20 Interest .....  | 90.                   |                                 | 90.                                    |                             |
| 21 Payments to affiliates .....  | 15,000.               | 14,739.                         | 261.                                   |                             |
| 22 Depreciation, depletion, and amortization .....   | 1,528.                |                                 | 1,528.                                 |                             |
| 23 Insurance .....   | 3,511.                | 3,466.                          | 45.                                    |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....  |                       |                                 |  |                             |
| a <b>SUBCONTRACTOR</b> .....   | 95,551.               | 95,551.                         |  |                             |
| b <b>EQUIPMENT LEASE AND MAINTENANCE</b> .....   | 12,164.               | 11,992.                         | 172.                                   |                             |
| c <b>TELEPHONE</b> .....   | 11,790.               | 11,513.                         | 277.                                   |                             |
| d <b>SUPPLIES</b> .....  | 8,493.                | 8,275.                          | 218.                                   |                             |
| e <b>POSTAGE AND DELIVERY</b> .....  | 6,875.                | 6,213.                          | 513.                                   | 149.                        |
| f All other expenses .....   | 14,035.               | 9,757.                          | 2,591.                                 | 1,687.                      |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f .....   | 795,107.              | 705,607.                        | 85,444.                                | 4,056.                      |
| 26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ..... |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |  | (A)<br>Beginning of year |          | (B)<br>End of year |  |
|---|--|--------------------------|----------|--------------------|--|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 194,475.                 | 1        | 128,550.           |  |
|   | <b>2</b> Savings and temporary cash investments .....  |                          | 2        |                    |  |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | 3        |                    |  |
|   | <b>4</b> Accounts receivable, net .....  | 65,150.                  | 4        | 106,160.           |  |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | 5        |                    |  |
|   | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) ..... |                          | 6        |                    |  |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | 7        |                    |  |
|   | <b>8</b> Inventories for sale or use .....   |                          | 8        |                    |  |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 15,330.                  | 9        | 13,903.            |  |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 10a 76,060.              |          |                    |  |
|   | <b>b</b> Less: accumulated depreciation .....  | 10b 74,328.              | 2,165.   | 10c 1,732.         |  |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | 11       |                    |  |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | 12       |                    |  |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | 13       |                    |  |
|   | <b>14</b> Intangible assets .....  |                          | 14       |                    |  |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 2,000.                   | 15       | 2,000.             |  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 279,120.   | 16                       | 252,345. |                    |  |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 65,186.                  | 17       | 59,006.            |  |
|   | <b>18</b> Grants payable .....   |                          | 18       |                    |  |
|   | <b>19</b> Deferred revenue .....   | 48,000.                  | 19       | 54,000.            |  |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | 20       |                    |  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | 21       |                    |  |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | 22       |                    |  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | 23       |                    |  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | 24       |                    |  |
|   | <b>25</b> Other liabilities. Complete Part X of Schedule D .....   | 0.                       | 25       | 0.                 |  |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 113,186.                 | 26       | 113,006.           |  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |          |                    |  |
|   | <b>27</b> Unrestricted net assets .....  | 153,348.                 | 27       | 120,483.           |  |
|   | <b>28</b> Temporarily restricted net assets .....  | 12,586.                  | 28       | 18,856.            |  |
|   | <b>29</b> Permanently restricted net assets .....  |                          | 29       |                    |  |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |          |                    |  |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | 30       |                    |  |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | 31       |                    |  |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | 32       |                    |  |
|   | <b>33</b> Total net assets or fund balances .....  | 165,934.                 | 33       | 139,339.           |  |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 279,120.   | 34                       | 252,345. |                    |  |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|   |  |   |          |
|---|--|---|----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 768,512. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 795,107. |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | -26,595. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 165,934. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | 0.       |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 139,339. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?  | X   |    |
| 2c | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | X   |    |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   | X   |    |

Form 990 (2010)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization **BRAIN INJURY ASSOCIATION OF OHIO, INC.** Employer identification number **31-1123851**

**Part I 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.)

- 1  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.)
- 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: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes             | No |
|--|-----------------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... | <b>11g(i)</b>   |    |
| (ii) A family member of a person described in (i) above? .....   | <b>11g(ii)</b>  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  | <b>11g(iii)</b> |    |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 536,095. | 670,895. | 670,825. | 622,245. | 686,618. | 3186678.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 536,095. | 670,895. | 670,825. | 622,245. | 686,618. | 3186678.  |
| <b>5</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 3186678.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 536,095. | 670,895. | 670,825. | 622,245. | 686,618. | 3186678.                 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 4,328.   | 3,962.   | 1,764.   | 852.     | 269.     | 11,175.                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  | 458.     | 660.     | 237.     | 842.     |          | 2,197.                   |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 3200050.                 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       | 226,567.                 |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |       |   |
|---|-------------------------------------|-------|---|
| <b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                           | 99.58 | % |
| <b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....  | <b>15</b>                           | 99.45 | % |
| <b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |       |   |
| <b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |       |   |
| <b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |       |   |
| <b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |       |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |       |   |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2010**

Name of the organization

Employer identification number

BRAIN INJURY ASSOCIATION OF OHIO, INC.

31-1123851

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

|   |   |
|---|---|
| Name of organization<br><b>BRAIN INJURY ASSOCIATION OF OHIO, INC.</b> | Employer identification number<br><b>31-1123851</b> |
|---|---|

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|--|--------------------------------|--|
| 1          | OHIO REHABILITATION SERVICES<br>COMMISSION<br><br>400 E. CAMPUS VIEW BLVD.<br><br>COLUMBUS, OH 432354604 | \$ 656,068.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            |  | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |  | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |  | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |  | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |  | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |  | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

|   |   |
|---|---|
| <b>Name of organization</b><br><br>BRAIN INJURY ASSOCIATION OF OHIO, INC. | <b>Employer identification number</b><br><br>31-1123851 |
|---|---|

**Part II Noncash Property** (see instructions)

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |

|  |  |
|--|--|
| <b>Name of organization</b><br><br><b>BRAIN INJURY ASSOCIATION OF OHIO, INC.</b> | <b>Employer identification number</b><br><br><b>31-1123851</b> |
|--|--|

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**BRAIN INJURY ASSOCIATION OF OHIO, INC.**

Employer identification number

**31-1123851**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate contributions to (during year) .....  |                         |  |
| 3 Aggregate grants from (during year) .....   |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> 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 purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to 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 an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified 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 |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

|                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |

- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 60,558.                         | 58,826.                      | 1,732.         |
| e Other  |                                      | 15,502.                         | 15,502.                      | 0.             |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 1,732.         |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives .....   |                |  |
| (2) Closely-held equity interests .....                                 |                |  |
| (3) Other .....   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| (I)   |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ |                |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                      | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Amount |
|---------------------------------|------------|
| (1) Federal income taxes        |            |
| (2)                             |            |
| (3)                             |            |
| (4)                             |            |
| (5)                             |            |
| (6)                             |            |
| (7)                             |            |
| (8)                             |            |
| (9)                             |            |
| (10)                            |            |
| (11)                            |            |

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |  |    |          |
|----|--|----|----------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 768,512. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 795,107. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | -26,595. |
| 4  | Net unrealized gains (losses) on investments   | 4  |          |
| 5  | Donated services and use of facilities   | 5  |          |
| 6  | Investment expenses  | 6  |          |
| 7  | Prior period adjustments   | 7  |          |
| 8  | Other (Describe in Part XIV.)  | 8  |          |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  | 0.       |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | -26,595. |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |          |
|---|---|----|----------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 793,754. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |          |
| a | Net unrealized gains on investments   | 2a |          |
| b | Donated services and use of facilities  | 2b |          |
| c | Recoveries of prior year grants   | 2c |          |
| d | Other (Describe in Part XIV.)   | 2d | 25,242.  |
| e | Add lines 2a through 2d   | 2e | 25,242.  |
| 3 | Subtract line 2e from line 1  | 3  | 768,512. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |          |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |          |
| b | Other (Describe in Part XIV.)   | 4b |          |
| c | Add lines 4a and 4b   | 4c | 0.       |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 768,512. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |          |
|---|--|----|----------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 820,349. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |          |
| a | Donated services and use of facilities   | 2a |          |
| b | Prior year adjustments   | 2b |          |
| c | Other losses   | 2c |          |
| d | Other (Describe in Part XIV.)  | 2d | 25,242.  |
| e | Add lines 2a through 2d  | 2e | 25,242.  |
| 3 | Subtract line 2e from line 1   | 3  | 795,107. |
| 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 XIV.)  | 4b |          |
| c | Add lines 4a and 4b  | 4c | 0.       |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 795,107. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE ASSOCIATION ADOPTED THE PROVISIONS OF ACCOUNTING**

**FOR UNCERTAINTY IN INCOME TAXES ON JANUARY 1, 2009. THE ASSOCIATION**

**CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED**

**SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS. THE**

**ASSOCIATION RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH**

**UNCERTAIN TAX PROVISIONS AS PART OF THE INCOME TAX PROVISION. THE**

**ASSOCIATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE**

**ASSOCIATION'S U.S. FEDERAL INCOME TAX RETURNS PRIOR TO FISCAL YEAR 2007**

**Part XIV** Supplemental Information (continued)

ARE CLOSED.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

|  |         |
|--|---------|
| IN-KIND CONTRIBUTIONS                  | 22,838. |
| FUNDRAISING DIRECT EXPENSES            | 2,404.  |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 25,242. |

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

|   |         |
|---|---------|
| IN-KIND EXPENSES                        | 22,838. |
| FUNDRAISING DIRECT EXPENSES             | 2,404.  |
| TOTAL TO SCHEDULE D, PART XIII, LINE 2D | 25,242. |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

**2010**

Open to Public  
Inspection

Name of the organization

BRAIN INJURY ASSOCIATION OF OHIO, INC.

Employer identification number

31-1123851

FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION HAS MEMBERS WHO  
ELECT THE OFFICERS AND MEMBERS-AT-LARGE OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF THE ASSOCIATION ELECT  
THE OFFICERS AND MEMBERS AT LARGE FROM A SLATE OF NOMINEES PRESENTED AT THE  
ANNUAL MEETING BY THE NOMINATING/LEADERSHIP DEVELOPMENT COMMITTEE.  
NOMINATIONS MAY BE ACCEPTED FROM THE FLOOR.

FORM 990, PART VI, SECTION A, LINE 7B: ANY AMENDMENTS OR REVISIONS TO THE  
BYLAWS MUST BE APPROVED BY A 2/3 VOTE OF BALLOTS RECEIVED FROM GENERAL  
MEMBERSHIP.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS EXAMINED BY THE AUDIT  
COMMITTEE CHAIR AND THE TREASURER OF THE BOARD, THE EXECUTIVE DIRECTOR, AND  
THE FINANCIAL MANAGER.

FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE IS MONITORED ANNUALLY  
AND ANY CONFLICT WOULD BE BROUGHT TO THE ATTENTION OF THE BOARD FOR  
ENFORCEMENT.

FORM 990, PART VI, SECTION B, LINE 15A: THE ORGANIZATION'S BOARD REVIEWS  
AND DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR USING  
COMPARABILITY DATA FROM SIMILAR ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS  
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

Name of the organization  
BRAIN INJURY ASSOCIATION OF OHIO, INC.

Employer identification number  
31-1123851

AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.



Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2010**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

For calendar year 2010 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

|   |   |                      |  |  |
|---|---|----------------------|--|--|
| <b>A</b> <input type="checkbox"/> Check box if address changed      | <b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)                          | <b>Print or Type</b> | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>BRAIN INJURY ASSOCIATION OF OHIO, INC.</b><br>Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>855 GRANDVIEW AVENUE, NO. 225</b><br>City or town, state, and ZIP code<br><b>COLUMBUS, OH 43215-1123</b> | <b>D</b> Employer identification number (Employees' trust, see instructions.)<br><b>31-1123851</b><br><b>E</b> Unrelated business activity codes (See instructions.) |
| <b>C</b> Book value of all assets at end of year<br><b>252,345.</b> | <b>F</b> Group exemption number (See instructions.) _____<br><b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust |                      |  |  |

**H** Describe the organization's primary unrelated business activity. **▶**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. **▶**

**J** The books are in care of **▶ JUDY BEACH** Telephone number **▶ 614-481-7100**

| Part I Unrelated Trade or Business Income  | (A) Income | (B) Expenses | (C) Net |
|--|------------|--------------|---------|
| 1 a Gross receipts or sales  |            |              |         |
| b Less returns and allowances  |            |              |         |
| c Balance  |            |              |         |
| 2 Cost of goods sold (Schedule A, line 7)  |            |              |         |
| 3 Gross profit. Subtract line 2 from line 1c                                       |            |              |         |
| 4 a Capital gain net income (attach Schedule D)                                    |            |              |         |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                 |            |              |         |
| c Capital loss deduction for trusts  |            |              |         |
| 5 Income (loss) from partnerships and S corporations (attach statement)            |            |              |         |
| 6 Rent income (Schedule C)   |            |              |         |
| 7 Unrelated debt-financed income (Schedule E)                                      |            |              |         |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) |            |              |         |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) |            |              |         |
| 10 Exploited exempt activity income (Schedule I)                                   |            |              |         |
| 11 Advertising income (Schedule J)   |            |              |         |
| 12 Other income (See instructions; attach schedule.)                               |            |              |         |
| 13 <b>Total.</b> Combine lines 3 through 12  | <b>0.</b>  |              |         |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)<br>(Except for contributions, deductions must be directly connected with the unrelated business income.) |     |  |               |
|---|-----|--|---------------|
| 14 Compensation of officers, directors, and trustees (Schedule K)   |     |  |               |
| 15 Salaries and wages   |     |  |               |
| 16 Repairs and maintenance  |     |  |               |
| 17 Bad debts  |     |  |               |
| 18 Interest (attach schedule)   |     |  |               |
| 19 Taxes and licenses   |     |  |               |
| 20 Charitable contributions (See instructions for limitation rules.)  |     |  |               |
| 21 Depreciation (attach Form 4562)  | 21  |  |               |
| 22 Less depreciation claimed on Schedule A and elsewhere on return  | 22a |  |               |
| 23 Depletion  |     |  |               |
| 24 Contributions to deferred compensation plans   |     |  |               |
| 25 Employee benefit programs  |     |  |               |
| 26 Excess exempt expenses (Schedule I)  |     |  |               |
| 27 Excess readership costs (Schedule J)   |     |  |               |
| 28 Other deductions (attach schedule)   |     |  |               |
| 29 <b>Total deductions.</b> Add lines 14 through 28   |     |  | <b>0.</b>     |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13   |     |  | <b>0.</b>     |
| 31 Net operating loss deduction (limited to the amount on line 30)  |     |  |               |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30   |     |  | <b>0.</b>     |
| 33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)   |     |  | <b>1,000.</b> |
| 34 <b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32  |     |  | <b>0.</b>     |

Part III Tax Computation

Table with 2 columns: Description and Amount. Rows include Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 2 columns: Description and Amount. Rows include Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Credited to 2011 estimated tax (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Questions 1, 2, and 3 regarding foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 2 columns: Description and Amount. Rows include Inventory at beginning/end of year (1, 6), Purchases (2), Cost of labor (3), Additional section 263A costs (4a, 4b), and Total (5, 8).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer, Date, Title (EXECUTIVE DIRECTOR), and a box for 'May the IRS discuss this return with the preparer shown below?' with Yes/No options.

Paid Preparer Use Only: Print/Type preparer's name (JANE E. PFEIFER), Preparer's signature, Date (10/03/11), Check self-employed, PTIN (P00014949), Firm's name (CLARK, SCHAEFER, HACKETT & CO), Firm's EIN (31-0800053), Firm's address (COLUMBUS, OH 43235), and Phone no. ((614) 885-2208).

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

|   |  |   |
|---|--|---|
| <b>Part II</b>  | <b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).                    |   |
| <b>Type or print</b><br><br>File by the extended due date for filing your return. See instructions. | Name of exempt organization<br><b>BRAIN INJURY ASSOCIATION OF OHIO, INC.</b>   | Employer identification number<br><b>31-1123851</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>855 GRANDVIEW AVENUE, NO. 225</b>             |   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>COLUMBUS, OH 43215-1123</b> |   |

Enter the Return code for the return that this application is for (file a separate application for each return) ..... **01**

| Application Is For                       | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990                                 | 01          |                    |             |
| Form 990-BL                              | 02          | Form 1041-A        | 08          |
| Form 990-EZ                              | 03          | Form 4720          | 09          |
| Form 990-PF                              | 04          | Form 5227          | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069          | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870          | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**JUDY BEACH**

• The books are in the care of  **855 GRANDVIEW AVENUE STE 225 - COLUMBUS, OH 43215**

Telephone No.  **614-481-7100** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until **NOVEMBER 15, 2011**.

**5** For calendar year **2010**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**6** If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return

Change in accounting period

**7** State in detail why you need the extension \_\_\_\_\_

**TAXPAYER REQUIRES ADDITIONAL TIME TO COMPILE THE INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.**

|  |           |    |    |
|--|-----------|----|----|
| <b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>8a</b> | \$ | 0. |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | <b>8b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.   | <b>8c</b> | \$ | 0. |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  **CPA** Date

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_, 20\_\_\_\_

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**BRAIN INJURY ASSOCIATION OF OHIO, INC.**

**31-1123851**

Name and title of officer

**SUZANNE MINNICH  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|   |   |                         |
|---|---|-------------------------|
| <b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | <b>1b</b> <u>768512</u> |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>         | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....                      | <b>2b</b> _____         |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>       | <b>b</b> Total tax (Form 1120-POL, line 22) .....                               | <b>3b</b> _____         |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>         | <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....    | <b>4b</b> _____         |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>           | <b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....     | <b>5b</b> _____         |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CLARK, SCHAEFER, HACKETT & CO to enter my PIN 82012  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

31308088522  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 10/03/11

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.  
▶ Attach to your tax return.

| Name(s) shown on return                       |  | Identifying number |
|---|--|--------------------|
| <b>BRAIN INJURY ASSOCIATION OF OHIO, INC.</b> |  | <b>31-1123851</b>  |
| <b>1</b>                                      | Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions) .....   | <b>15</b>          |
| <b>2</b>                                      | Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12 .....  | <b>9</b>           |
| <b>3</b>                                      | Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12 .....   | <b>40,000.</b>     |
| <b>4</b>                                      | Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (see instructions) .....   | <b>75,723.</b>     |
| <b>5</b>                                      | Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions) .....  | <b>70,451.</b>     |
| <b>6</b>                                      | Enter the <b>smaller</b> of line 4 or line 5 .....   | <b>70,451.</b>     |
| <b>7</b>                                      | Multiply line 6 by the applicable percentage:<br>• Tax-exempt small employers, multiply line 6 by 25% (.25)<br>• All other small employers, multiply line 6 by 35% (.35) .....   | <b>17,613.</b>     |
| <b>8</b>                                      | If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions .....   | <b>17,613.</b>     |
| <b>9</b>                                      | If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions .....   | <b>7,045.</b>      |
| <b>10</b>                                     | Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions) .....   |                    |
| <b>11</b>                                     | Subtract line 10 from line 4. If zero or less, enter -0- .....   | <b>75,723.</b>     |
| <b>12</b>                                     | Enter the <b>smaller</b> of line 9 or line 11 .....  | <b>7,045.</b>      |
| <b>13</b>                                     | If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions) ..... | <b>12</b>          |
| <b>14</b>                                     | Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13 .....   | <b>8</b>           |
| <b>15</b>                                     | Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions) .....  |                    |
| <b>16</b>                                     | Add lines 12 and 15. Partnerships and S corporations, stop here and report this amount on Schedule K; all others, go to line 17 .....  | <b>7,045.</b>      |
| <b>17</b>                                     | Credit for small employer health insurance premiums included on line 16 from passive activities (see instructions) .....   |                    |
| <b>18</b>                                     | Subtract line 17 from line 16 .....  | <b>7,045.</b>      |
| <b>19</b>                                     | Credit for small employer health insurance premiums allowed for 2010 from a passive activity (see instructions) .....  |                    |
| <b>20</b>                                     | Carryback of the credit for small employer health insurance premiums from 2011 .....   |                    |
| <b>21</b>                                     | Add lines 18 through 20. Cooperatives, estates, and trusts, go to line 22. Tax-exempt small employers, skip lines 22 and 23 and go to line 24. All others, stop here and report this amount on Form 3800, line 29h .....                                     | <b>7,045.</b>      |
| <b>22</b>                                     | Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions) .....  |                    |
| <b>23</b>                                     | Cooperatives, estates, and trusts, subtract line 22 from line 21. Stop here and report this amount on Form 3800, line 29h .....  |                    |
| <b>24</b>                                     | Enter the amount you paid in 2010 for taxes considered payroll taxes for purposes of this credit (see instructions) .....  | <b>34,276.</b>     |
| <b>25</b>                                     | Tax-exempt small employers, enter the <b>smaller</b> of line 21 or line 24 here and on Form 990-T, line 44f .....  | <b>7,045.</b>      |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **8941** (2010)