

Client Copy

Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning 07/01/15 , and ending 06/30/16

54-1240683

BRAIN INJURY ASSOCIATION OF VA

Net Asset / Fund Balance at Beginning of Year 283,727

Revenue

Contributions	<u>650,090</u>	
Program service revenue		
Investment income	<u>138</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>63,432</u>	
Direct expenses	<u>17,877</u>	
Net income	<u>45,555</u>	
Other income	<u>8,565</u>	
Total revenue		<u>704,348</u>

Expenses

Program services	<u>638,199</u>	
Management and general	<u>48,881</u>	
Fundraising	<u>50,362</u>	
Total expenses		<u>737,442</u>
Excess / (deficit)		<u>-33,094</u>

Changes

Net Asset / Fund Balance at End of Year 250,633

Reconciliation of Revenue

Total revenue per financial statements	<u>750,289</u>	
Less:		
Unrealized gains		
Donated services	<u>28,064</u>	
Recoveries		
Other		
Plus:		
Investment expenses		
Other	<u>-17,877</u>	
Total revenue per return	<u><u>704,348</u></u>	

Reconciliation of Expenses

Total expenses per financial statements	<u>783,383</u>	
Less:		
Donated services	<u>28,064</u>	
Prior year adjustments		
Losses		
Other		
Plus:		
Investment expenses		
Other	<u>-17,877</u>	
Total expenses per return	<u><u>737,442</u></u>	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>331,391</u>	<u>307,696</u>	
Liabilities	<u>47,664</u>	<u>57,063</u>	
Net assets	<u><u>283,727</u></u>	<u><u>250,633</u></u>	<u>-33,094</u>

Miscellaneous Information

Amended return
Return / extended due date 05/15/17
Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2015, or tax year beginning 07/01/15 , and ending 06/30/16

54-1240683

BRAIN INJURY ASSOCIATION OF VA

Income

Gross profit		
Capital gain / loss		
Unrelated debt-financed income		
All other income	<u>-2,142</u>	
Total income		<u>-2,142</u>

Deductions

Officer compensation		
Salaries	<u>4,167</u>	
All other deductions	<u>6,540</u>	
Net operating loss		
Specific deduction		
Total deductions		<u>10,707</u>
Unrelated business taxable income		<u>-12,849</u>

Taxes / Credits / Payments

Regular tax		
Proxy tax		
Alternative minimum tax		
Tax		
Foreign tax credit		
Other credits		
General business credits		
Prior year minimum tax credit		
Total nonrefundable credits		
Other taxes		
Total tax		
Estimated tax payments		
Paid with extension		
Tax withheld		
Other credits / payments		
Estimated tax penalty		
Overpayment applied to next year's tax		
Payments / penalty / application		
Net tax due		

Additions to Tax

Interest on late payments		
Failure to file penalty		
Failure to pay penalty		
Total additions		
Balance due		
Refund		

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information

Amended return
 Return / extended due date 11/15/16

Client Copy

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2015, or fiscal year beginning 7/01, 2015, and ending 6/30, 2016

2015

▶ **Do not send to the IRS. Keep for your records.**
▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

BRAIN INJURY ASSOCIATION OF VA

Employer identification number

54-1240683

Name and title of officer

**ANNE MCDONNELL
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.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>704,348</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

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 2015 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 HARRIS, HARDY & JOHNSTONE, P.C. to enter my PIN 40683 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 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 2015 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 ▶ 02/17/17

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.

54504537256

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 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 ▶ GEORGE G. CROWELL, CPA

Date ▶ 02/17/17

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

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

OMB No. 1545-0047
2015
Open to Public Inspection

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

A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **BRAIN INJURY ASSOCIATION OF VA**
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): **1506 WILLOW LAWN DRIVE, SUITE 212**
 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: **RICHMOND VA 23230**

D Employer identification number: **54-1240683**
E Telephone number: **804-355-5748**
G Gross receipts\$: **722,225**

F Name and address of principal officer:
ANNE MCDONNELL
1506 WILLOW LAWN DRIVE, SUITE 212
RICHMOND VA 23230

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.BIAV.NET**
H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: **1983** **M** State of legal domicile: **VA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	41
	6 Total number of volunteers (estimate if necessary)	6	54
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,565
b Net unrelated business taxable income from Form 990-T, line 34	7b	-12,849	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	607,315	650,090
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	131	138
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	609	54,120
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	608,055	704,348
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	395,586	428,957
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 50,362		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	239,187	308,485
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	634,773	737,442	
19 Revenue less expenses. Subtract line 18 from line 12	-26,718	-33,094	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	331,391	307,696
	22 Net assets or fund balances. Subtract line 21 from line 20	47,664	57,063
		283,727	250,633

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.

Sign Here

Signature of officer: **ANNE MCDONNELL** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **GEORGE G. CROWELL, CPA** Preparer's signature: **GEORGE G. CROWELL, CPA** Date: **02/17/17** Check if self-employed PTIN: **P00585821**

Firm's name ▶ **HARRIS, HARDY & JOHNSTONE, P.C.** Firm's EIN ▶ **54-1451026**
 Firm's address ▶ **300 ARBORETUM PL STE 660 RICHMOND, VA 23236** Phone no. **804-560-0560**

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 or note to any line in this Part III

1 Briefly describe the organization's mission:
SEE SCHEDULE O

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
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **347,143** including grants of\$) (Revenue \$)
BRAIN INJURY RESOURCE NETWORK (BIRN) - THE PURPOSE IS TO DEVELOP PARTNERSHIPS, ENHANCE ACCESS TO QUALITY SERVICES, PROVIDE SUPPORT, SERVE AS AN ENTRY POINT INTO APPROPRIATE SYSTEMS OF CARE AND PROVIDE STATEWIDE RESOURCE COORDINATION SERVICES FOR THOSE WITH OR CARING FOR SOMEONE WITH BRAIN INJURY THROUGH EDUCATION, OUTREACH, PUBLIC AWARENESS AND ADVOCACY ACTIVITIES.



4b (Code:) (Expenses \$ **155,039** including grants of\$) (Revenue \$)
FACILITATING ACCESS TO CARE AND ENHANCING SERVICES (FACES) - THE PUPOSE IS TO BUILD AND ENHANCE THE STATE'S INFRASTRUCTURE FOR SERVICE DELIVERY WITHIN THE FRAMEWORK OF INDIVIDUALIZED INFORMATION AND RESOURCE ASSISTANCE, ENHANCE KNOWLEDGE AND UNDERSTANDING OF BRAIN INJURY IDENTIFICATION AND TREATMENT, OUTREACH AND SCREENING EFFORTS, AND RESOURCE FACILITATION.

4c (Code:) (Expenses \$ **67,804** including grants of\$) (Revenue \$)
CAMP BRUCE MCCOY-A TWO-WEEK RESIDENTIAL RECREATIONAL CAMP FOR ADULTS WITH BRAIN INJURY.

4d Other program services (Describe in Schedule O.)
(Expenses \$ **68,213** including grants of\$) (Revenue \$)

4e Total program service expenses ▶ **638,199**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
c	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? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, sub-column (1a-1b, 2a-2b, etc.), Yes, and No. Contains questions 1a-14b regarding tax compliance.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	14		
b	Enter the number of voting members included in line 1a, above, who are independent		
	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
15b		X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**

THE ORGANIZATION 1506 WILLOW LAWN DR. #212 VA 23230 804-355-5748
RICHMOND

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE MCDONNELL	40.00									
EXECUTIVE DIRECTOR	0.00	X		X			68,459	0	7,964	
(2) KIMBERLY MOORE	2.00									
PRESIDENT	0.00	X		X			0	0	0	
(3) BRETT BUTLER	2.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(4) KELLY LANG	2.00									
SECRETARY	0.00	X		X			0	0	0	
(5) BRADLEY BARR	2.00									
TREASURER	0.00	X		X			0	0	0	
(6) ALISON ALFORD	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) SCOTT BUCCI	2.00									
DIRECTOR	0.00	X					0	0	0	
(8) DARCY CARROLL	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) LORRAINE ENRIGHT	2.00									
DIRECTOR	0.00	X					0	0	0	
(10) KELLI WILLIAMS GARY	2.00									
DIRECTOR	0.00	X					0	0	0	
(11) DANA LARSON	2.00									
DIRECTOR	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) BRYAN MEADOWS	2.00									
DIRECTOR	0.00	X						0	0	
(13) SARA LEWIS	2.00									
DIRECTOR	0.00	X						0	0	
(14) DEREK O'NEAL	2.00									
DIRECTOR	0.00	X						0	0	
(15) MARY TOGNARELLI	2.00									
DIRECTOR	0.00	X						0	0	
1b Sub-total								68,459	7,964	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								68,459	7,964	

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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 4,667				
	b Membership dues	1b 9,468				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 518,194				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 117,761				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		650,090			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		138		138	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 63,432				
	b Less: direct expenses	b 17,877				
c Net income or (loss) from fundraising events		45,555		45,555		
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a HEADWAY	541800	8,565		8,565		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		8,565				
12 Total revenue. See instructions.		704,348	0	8,565	45,693	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	76,424	63,428	5,703	7,293
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	318,144	264,045	23,741	30,358
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	34,389	28,889	2,370	3,130
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,250	8,250		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	34,489	33,408	574	507
12 Advertising and promotion	45,904	45,904		
13 Office expenses	51,374	46,901	1,913	2,560
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	6,138	5,631	114	393
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,242	2,242		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,976	3,976		
23 Insurance	38,949	35,020	1,833	2,096
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CAMP MCCOY EXPENSES	66,197	66,188		9
b COGS	10,707	10,707		
c TELECOMMUNICATIONS	10,514	9,279	614	621
d BAD DEBTS	10,000		10,000	
e All other expenses	19,745	14,331	2,019	3,395
25 Total functional expenses. Add lines 1 through 24e	737,442	638,199	48,881	50,362
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		1
	2	Savings and temporary cash investments	268,017	2 269,502
	3	Pledges and grants receivable, net	26,591	3
	4	Accounts receivable, net	8,867	4 12,685
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined 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). Complete Part II of Schedule L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	13,592	9 11,352
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 70,464	
	b	Less: accumulated depreciation	10b 58,367	10c 12,097
	11	Investments—publicly traded securities		11
	12	Investments—other securities. See Part IV, line 11		12
	13	Investments—program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	2,060	15 2,060
16	Total assets. Add lines 1 through 15 (must equal line 34)	331,391	16 307,696	
Liabilities	17	Accounts payable and accrued expenses	8,157	17 10,124
	18	Grants payable	23,080	18 30,323
	19	Deferred revenue	16,427	19 16,616
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26	Total liabilities. Add lines 17 through 25	47,664	26 57,063
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	283,727	27 250,633
	28	Temporarily restricted net assets		28
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	283,727	33 250,633	
34	Total liabilities and net assets/fund balances	331,391	34 307,696	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	704,348
2	Total expenses (must equal Part IX, column (A), line 25)	2	737,442
3	Revenue less expenses. Subtract line 2 from line 1	3	-33,094
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	283,727
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	250,633

Part XII Financial Statements and Reporting

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

	Yes	No
1		
Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a		X
Were the organization's financial statements compiled or reviewed by an independent accountant?		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b	X	
Were the organization's financial statements audited by an independent accountant?		
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c	X	
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?		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a		X
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?		
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BRAIN INJURY ASSOCIATION OF VA

Employer identification number

54 - 1240683

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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	781,704	739,174	729,084	607,315	650,090	3,507,367
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	781,704	739,174	729,084	607,315	650,090	3,507,367
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3,507,367

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	781,704	739,174	729,084	607,315	650,090	3,507,367
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	844	465	141	143	138	1,731
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,258	2,116	802			4,176
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						3,513,274

12 Gross receipts from related activities, etc. (see instructions) 12

13 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

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.83 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.67 %

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2014. 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 **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2015. 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2014. 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is 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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2015. 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—2014. 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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2015

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization BRAIN INJURY ASSOCIATION OF VA Employer identification number 54-1240683

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6.

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

Schedule C (Form 990 or 990-EZ) 2015

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		5,376													
c Total lobbying expenditures (add lines 1a and 1b)		5,376													
d Other exempt purpose expenditures		0													
e Total exempt purpose expenditures (add lines 1c and 1d)		5,376													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,075													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		269													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0													
i Subtract line 1f from line 1c. If zero or less, enter -0-		4,301													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	362	758	885	1,075	3,080
b Lobbying ceiling amount (150% of line 2a, column(e))					4,620
c Total lobbying expenditures	1,808	3,789	4,427	5,376	15,400
d Grassroots nontaxable amount	91	190	221	269	771
e Grassroots ceiling amount (150% of line 2d, column (e))					1,157
f Grassroots lobbying expenditures				0	

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART I-A, LINE 1

PART 1-A, LINE 1:

DISCUSSIONS WITH STATE LEGISLATORS TO SEEK BUDGET APPROPRIATION OF STATE GENERAL FUND TO CONTINUE PROGRAM OPERATIONS.

Part IV Supplemental Information (continued)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Employer identification number

BRAIN INJURY ASSOCIATION OF VA

54-1240683

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number of funds, aggregate values, and compliance questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, and monitoring details.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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 XIII.
- 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" on 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 XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
 - b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 current year end balance (line 1g, column (a)) held as:
 - a** Board designated or quasi-endowment ▶ %
 - b** Permanent endowment ▶ %
 - c** Temporarily restricted endowment ▶ %
 The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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				
e Other		70,464	58,367	12,097
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				12,097

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	750,289
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	28,064
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	28,064
3	Subtract line 2e from line 1	3	722,225
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 XIII.)	4b	-17,877
c	Add lines 4a and 4b	4c	-17,877
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	704,348

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	783,383
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	28,064
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	28,064
3	Subtract line 2e from line 1	3	755,319
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-17,877
c	Add lines 4a and 4b	4c	-17,877
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	737,442

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE ASSOCIATION APPLIES FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, "INCOME TAXES", RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. THE STANDARD ALSO PROVIDES GUIDANCE ON PENALTIES AND INTEREST, CLASSIFICATION, AND DISCLOSURE. THE ASSOCIATION HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS. THE ASSOCIATION'S INCOME TAX RETURNS SINCE THE FISCAL YEAR ENDED JUNE 30, 2013 REMAIN OPEN FOR EXAMINATION BY TAX AUTHORITIES.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

Part XIII Supplemental Information (continued)

DIRECT FUNDRAISING EXPENSE \$ **-17,877**

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

DIRECT FUNDRAISING EXPENSES \$ **-17,877**

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2015

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

BRAIN INJURY ASSOCIATION OF VA

Employer identification number

54-1240683

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....
.....
.....
.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF TOURNAMENT</u> (event type)	<u>OTHER EVENTS</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	39,414	6,947	17,071	63,432
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	39,414	6,947	17,071	63,432
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,373	565	2,939	17,877
	10 Direct expense summary. Add lines 4 through 9 in column (d)				17,877
11 Net income summary. Subtract line 10 from line 3, column (d)				45,555	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain:

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open To Public Inspection

Employer identification number

54-1240683

BRAIN INJURY ASSOCIATION OF VA

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) DANA LARSON	BOARD MEMBER	1,413	CAMP PROGRAM MANAGER		X
(2) KAILIE BOEDEKER	SISTER - BOARD	500	COUNSELOR		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

Name of the organization

BRAIN INJURY ASSOCIATION OF VA

Employer identification number

54-1240683

FORM 990 - ORGANIZATION'S MISSION

THE BRAIN INJURY ASSOCIATION OF VIRGINIA IS A NON-PROFIT ORGANIZATION DEDICATED TO SERVING THE NEED OF VIRGINIANS WITH BRAIN INJURY AND THEIR FAMILIES; OUR MISSION IS TO BE THE VOICE OF BRAIN INJURY HELP, HOPE AND HEALING.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

PUBLIC EDUCATION ON PREVENTION

SUPPORT GROUPS

CONSTITUENT SERVICES

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

ORGANIZATION HAS MEMBERS WITH NO VOTING RIGHTS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

BOARD MEMBERS MAKE NOMINATIONS FOR POTENTIAL BOARD POSITIONS, THEN THE FULL BOARD MEETS TO DISCUSS AND VOTE ON NOMINEES

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

REVIEWED BY THE EXECUTIVE DIRECTOR AND TREASURER

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD MEMBERS AND KEY STAFF COMPLETE A DISCLOSURE STATEMENT ANNUALLY.

THESE ARE REVIEWED BY THE EXECUTIVE DIRECTOR; IF ANY CONFLICTS ARE IDENTIFIED THEY ARE TO BE DISCUSSED WITH THE EXECUTIVE COMMITTEE.

Name of the organization

Employer identification number

BRAIN INJURY ASSOCIATION OF VA

54-1240683

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL BOARD OF DIRECTORS DOES ANNUAL EVALUATION OF EXECUTIVE DIRECTOR. THEY ARE PROVIDED COMPARABLE SALARY DATA AND PROVIDE SALARY DECISION IN WRITING TO OFFICE MANAGER.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS EXECUTIVE DIRECTOR EVALUATES ALL EMPLOYEES WITH SALARIES APPROVED BY THE BOARD OF DIRECTORS THROUGH THE BUDGET PROCESS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON REQUEST

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

DIRECT FUNDRAISING EXPENSE	\$ 17,877
DIRECT FUNDRAISING EXPENSES	\$ -17,877



Form **990-T**

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

OMB No. 1545-0687

2015

For calendar year 2015 or other tax year beginning **07/01/15**, and ending **06/30/16**

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c) (3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year</p> <p style="text-align: right; font-size: 1.2em;">307,696</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>Print or Type BRAIN INJURY ASSOCIATION OF VA</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p>1506 WILLOW LAWN DRIVE, SUITE 212</p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p>RICHMOND VA 23230</p> <p>F Group exemption number (See instructions.) ▶</p> <p>G 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</p>	<p>D Employer identification number (Employees' trust, see instructions.)</p> <p style="font-size: 1.2em;">54-1240683</p> <p>E Unrelated business activity codes (See instructions.)</p> <p style="font-size: 1.2em;">541800</p>
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H Describe the organization's primary unrelated business activity.

▶ **ADVERTISING IN QUARTERLY NEWSLETTER.**

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 ▶ **THE ORGANIZATION** Telephone number ▶ **804-355-5748**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a 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				
4a 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 (Schedule 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)		8,565	10,707	-2,142
12 Other income (See instructions; attach schedule)				
13 Total. Combine lines 3 through 12		8,565	10,707	-2,142

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (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				4,167
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	22b	0
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) SEE STATEMENT 1				6,540
29 Total deductions. Add lines 14 through 28				10,707
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				-12,849
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				-12,849
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)				1,000
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32				-12,849

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____	
c Income tax on the amount on line 34	35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36
37 Proxy tax. See instructions	37
38 Alternative minimum tax	38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800 (see instructions)	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	42	
43 Total tax. Add lines 41 and 42	43	0
44a Payments: A 2014 overpayment credited to 2015	44a	
b 2015 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶	44g	
45 Total payments. Add lines 44a through 44g	45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	
49 Enter the amount of line 48 you want: Credited to 2016 estimated tax ▶ Refunded ▶	49	

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

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

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

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional sec. 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here ▶ _____ **EXECUTIVE DIRECTOR** _____
 Signature of officer Date Title

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

Paid Preparer Use Only

Print/Type preparer's name GEORGE G. CROWELL, CPA	Preparer's signature GEORGE G. CROWELL, CPA	Date 02/17/17	Check <input type="checkbox"/> if self-employed	PTIN P00585821
Firm's name ▶ HARRIS, HARDY & JOHNSTONE, P.C.			Firm's EIN ▶ 54-1451026	
Firm's address ▶ 300 ARBORETUM PL STE 660 RICHMOND, VA 23236			Phone no. 804-560-0560	

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1) N/A		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					
7. Taxable Income		8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) HEADWAY	8,565	10,707	-2,142			
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 8,565	Enter here and on page 1, Part I, line 11, col. (B). 10,707				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on page 1, Part II, line 14

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

Name(s) shown on return

BRAIN INJURY ASSOCIATION OF VA

Identifying number

54-1240683

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,976

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,976
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

Federal Statements**Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions**

<u>Description</u>	<u>Amount</u>
BULK POSTAGE	\$ 1,143
MAILING SERVICE	687
PRINTING	<u>4,710</u>
TOTAL	<u>\$ 6,540</u>

Client Copy

Year Ending: June 30, 2016

54-1240683

Brain Injury Association of VA
1506 Willow Lawn Drive, Suite 212
Richmond, VA 23230

NOL Carryback Election

Under IRC Section 172(b)(3), the taxpayer elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating loss incurred during the current tax year.

54-1240683

Federal Asset Report

FYE: 6/30/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
29	DESKS, CHAIR	6/01/90	3,640				3,640	7	HY S/L	3,640	0
30	FURNITURE	1/01/91	225				225	7	HY S/L	225	0
			<u>3,865</u>				<u>3,865</u>			<u>3,865</u>	<u>0</u>
ACRS:											
16	(3) STRAIGHT LEG CHAIRS	8/12/83	75				75	10	HY PRE	75	0
	Total ACRS Depreciation		<u>75</u>				<u>75</u>			<u>75</u>	<u>0</u>
Other Depreciation:											
6	DELL COMPUTER	10/27/02	957				957	5	MO S/L	957	0
7	DELL COMPUTER	12/26/02	2,050				2,050	5	MO S/L	2,050	0
10	LAPTOP (ANNE)	10/01/03	1,259				1,259	3	MO S/L	1,259	0
11	LAPTOP (HARRY)	11/10/03	1,740				1,740	3	MO S/L	1,740	0
13	HP COMPAQ	3/28/06	610				610	5	MO S/L	610	0
15	(2) FILE CAB 2 DRAWER	7/14/83	150				150	10	MO S/L	150	0
17	(5) SMALL DESKS	8/12/83	250				250	10	MO S/L	250	0
18	FILE CABINET	8/12/83	30				30	10	MO S/L	30	0
19	TRASH CANS	8/12/83	40				40	10	MO S/L	40	0
20	EXECUTIVE CHAIR	7/06/84	80				80	10	MO S/L	80	0
21	(3) CONFERENCE	7/06/84	200				200	10	MO S/L	200	0
22	(3) ORANGE WH	7/06/84	75				75	10	MO S/L	75	0
23	EXECUTIVE DIRECTOR CHAIR	7/06/84	500				500	10	MO S/L	500	0
24	SIDE TABLE	7/06/84	80				80	10	MO S/L	80	0
25	FILE CABINET 5 DRAWER	7/06/84	250				250	10	MO S/L	250	0
26	COAT RACK	7/06/84	125				125	10	MO S/L	125	0
27	TRASH CANS	7/06/84	40				40	10	MO S/L	40	0
28	BOOKCASES	9/21/84	340				340	10	MO S/L	340	0
31	TABLE TOP DISP	4/27/05	2,444				2,444	5	MO S/L	2,444	0
32	42 LATERAL FILE	6/26/07	600				600	7	MO S/L	600	0
33	4 DRAWER LATERAL FILE	6/26/07	572				572	7	MO S/L	572	0
34	4 DRAWER LATERAL FILE	6/26/07	572				572	7	MO S/L	572	0
35	4 DRAWER LATERAL FILE	6/26/07	572				572	7	MO S/L	572	0
36	36 LATERAL FILE	6/26/07	500				500	7	MO S/L	500	0
37	CONFERENCE TABLE & BASE 48x96	7/07/07	600				600	7	MO S/L	600	0
40	LATITUDE D520 LAPTOP	4/23/07	1,195				1,195	5	MO S/L	1,195	0
41	2007 QUICKBOOKS NONPROFIT (3 LIC	4/24/07	988				988	5	MO S/L	988	0
42	NEC DSX PHONE SYSTEM	6/07/07	2,879				2,879	7	MO S/L	2,879	0
43	BRAIN INJURY DATABASE LICENSE	5/31/07	5,000				5,000	5	MO S/L	5,000	0
46	EPSON POWERLITE PROJECTOR	7/07/07	650				650	7	MO S/L	650	0
48	Latitude D530 Computer	5/16/08	1,056				1,056	5	MO S/L	1,056	0
49	Optiplex 755 Mini Tower	5/16/08	1,241				1,241	5	MO S/L	1,241	0
50	Optiplex 755 Mini Tower	5/16/08	1,241				1,241	5	MO S/L	1,241	0
51	Optiplex 755 Mini Tower	5/16/08	1,241				1,241	5	MO S/L	1,241	0
52	Dell Server	4/01/09	3,692				3,692	5	MO S/L	3,692	0
53	Firewall (Server)	5/28/09	674				674	5	MO S/L	674	0
54	HP LaserJet Printer	6/30/09	1,600				1,600	5	MO S/L	1,600	0
56	Improvements Suite 212	5/01/10	5,042				5,042	15	MO S/L	1,737	336
57	Carpet Suite 212	5/01/10	2,018				2,018	5	MO S/L	2,018	0
58	LCD HDTV	6/28/10	538				538	5	MO S/L	538	0
59	Laptop	8/07/10	1,276				1,276	5	MO S/L	1,254	22
60	Computer (LJ)	2/07/11	820				820	5	MO S/L	724	96
61	Optiplex 790	7/07/11	809				809	5	MO S/L	647	162
62	Audio Response System	2/07/12	1,699				1,699	5	MO S/L	1,161	340
63	Server Maintenance	4/15/12	1,346				1,346	3	MO S/L	1,346	0
64	Optiplex 790	4/07/12	608				608	5	MO S/L	395	122
65	Optiplex 790	4/07/12	608				608	5	MO S/L	395	122
66	Optiplex 790	6/07/12	820				820	5	MO S/L	506	164
67	Laserjet Printer	6/29/12	900				900	5	MO S/L	540	180
68	APC	1/07/13	838				838	5	MO S/L	419	167
69	Laserjet Printer	7/01/13	630				630	5	MO S/L	252	126
70	Dell Latitude E5530	7/01/13	1,204				1,204	5	MO S/L	482	240
71	BI First Case Mgmt System	3/06/14	2,570				2,570	3	MO S/L	1,142	857
72	(3) OptiPlex 9020 Computers	6/07/14	2,945				2,945	5	MO S/L	638	589
73	Server	6/07/15	1,161				1,161	5	MO S/L	19	233
74	Laptop	8/07/14	789				789	5	MO S/L	145	157

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
75	Computers - x2	6/07/16	2,824			2,824	5 MO S/L	0	47
76	Computer	6/07/16	986			986	5 MO S/L	0	16
	Total Other Depreciation		<u>66,524</u>			<u>66,524</u>		<u>50,451</u>	<u>3,976</u>
	Total ACRS and Other Depreciation		<u>66,599</u>			<u>66,599</u>		<u>50,526</u>	<u>3,976</u>
	Grand Totals		70,464			70,464		54,391	3,976
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>70,464</u>			<u>70,464</u>		<u>54,391</u>	<u>3,976</u>

Client Copy

54-1240683

VA Asset Report

FYE: 6/30/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
Prior MACRS:								
29	DESKS, CHAIR	6/01/90	3,640	3,640	3,640	0	0	0
30	FURNITURE	1/01/91	225	225	225	0	0	0
			<u>3,865</u>	<u>3,865</u>	<u>3,865</u>	<u>0</u>	<u>0</u>	<u>0</u>
ACRS:								
16	(3) STRAIGHT LEG CHAIRS	8/12/83	75	75	75	0	0	0
	Total ACRS Depreciation		<u>75</u>	<u>75</u>	<u>75</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Depreciation:								
6	DELL COMPUTER	10/27/02	957	957	957	0	0	0
7	DELL COMPUTER	12/26/02	2,050	2,050	2,050	0	0	0
10	LAPTOP (ANNE)	10/01/03	1,259	1,259	1,259	0	0	0
11	LAPTOP (HARRY)	11/10/03	1,740	1,740	1,740	0	0	0
13	HP COMPAQ	3/28/06	610	610	610	0	0	0
15	(2) FILE CAB 2 DRAWER	7/14/83	150	150	150	0	0	0
17	(5) SMALL DESKS	8/12/83	250	250	250	0	0	0
18	FILE CABINET	8/12/83	30	30	30	0	0	0
19	TRASH CANS	8/12/83	40	40	40	0	0	0
20	EXECUTIVE CHAIR	7/06/84	80	80	80	0	0	0
21	(3) CONFERENCE	7/06/84	200	200	200	0	0	0
22	(3) ORANGE WH	7/06/84	75	75	75	0	0	0
23	EXECUTIVE DIRECTOR CHAIR	7/06/84	500	500	500	0	0	0
24	SIDE TABLE	7/06/84	80	80	80	0	0	0
25	FILE CABINET 5 DRAWER	7/06/84	250	250	250	0	0	0
26	COAT RACK	7/06/84	125	125	125	0	0	0
27	TRASH CANS	7/06/84	40	40	40	0	0	0
28	BOOKCASES	9/21/84	340	340	340	0	0	0
31	TABLE TOP DISP	4/27/05	2,444	2,444	2,444	0	0	0
32	42 LATERAL FILE	6/26/07	600	600	600	0	0	0
33	4 DRAWER LATERAL FILE	6/26/07	572	572	572	0	0	0
34	4 DRAWER LATERAL FILE	6/26/07	572	572	572	0	0	0
35	4 DRAWER LATERAL FILE	6/26/07	572	572	572	0	0	0
36	36 LATERAL FILE	6/26/07	500	500	500	0	0	0
37	CONFERENCE TABLE & BASE 48x96	7/07/07	600	600	600	0	0	0
40	LATITUDE D520 LAPTOP	4/23/07	1,195	1,195	1,195	0	0	0
41	2007 QUICKBOOKS NONPROFIT (3 LIC	4/24/07	988	988	988	0	0	0
42	NEC DSX PHONE SYSTEM	6/07/07	2,879	2,879	2,879	0	0	0
43	BRAIN INJURY DATABASE LICENSE	5/31/07	5,000	5,000	5,000	0	0	0
46	EPSON POWERLITE PROJECTOR	7/07/07	650	650	650	0	0	0
48	Latitude D530 Computer	5/16/08	1,056	1,056	1,056	0	0	0
49	Optiplex 755 Mini Tower	5/16/08	1,241	1,241	1,241	0	0	0
50	Optiplex 755 Mini Tower	5/16/08	1,241	1,241	1,241	0	0	0
51	Optiplex 755 Mini Tower	5/16/08	1,241	1,241	1,241	0	0	0
52	Dell Server	4/01/09	3,692	3,692	3,692	0	0	0
53	Firewall (Server)	5/28/09	674	674	674	0	0	0
54	HP LaserJet Printer	6/30/09	1,600	1,600	1,600	0	0	0
56	Improvements Suite 212	5/01/10	5,042	5,042	1,737	336	336	0
57	Carpet Suite 212	5/01/10	2,018	2,018	2,018	0	0	0
58	LCD HDTV	6/28/10	538	538	538	0	0	0
59	Laptop	8/07/10	1,276	1,276	1,254	22	22	0
60	Computer (LJ)	2/07/11	820	820	724	96	96	0
61	Optiplex 790	7/07/11	809	809	647	162	162	0
62	Audio Response System	2/07/12	1,699	1,699	1,161	340	340	0
63	Server Maintenance	4/15/12	1,346	1,346	1,346	0	0	0
64	Optiplex 790	4/07/12	608	608	395	122	122	0
65	Optiplex 790	4/07/12	608	608	395	122	122	0
66	Optiplex 790	6/07/12	820	820	506	164	164	0
67	Laserjet Printer	6/29/12	900	900	540	180	180	0
68	APC	1/07/13	838	838	419	167	167	0
69	Laserjet Printer	7/01/13	630	630	252	126	126	0
70	Dell Latitude E5530	7/01/13	1,204	1,204	482	240	240	0
71	BI First Case Mgmt System	3/06/14	2,570	2,570	1,142	857	857	0
72	(3) OptiPlex 9020 Computers	6/07/14	2,945	2,945	638	589	589	0
73	Server	6/07/15	1,161	1,161	19	233	233	0
74	Laptop	8/07/14	789	789	145	157	157	0

VA Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
75	Computers - x2	6/07/16	2,824	2,824	0	47	47	0
76	Computer	6/07/16	986	986	0	16	16	0
Total Other Depreciation			<u>66,524</u>	<u>66,524</u>	<u>50,451</u>	<u>3,976</u>	<u>3,976</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>66,599</u>	<u>66,599</u>	<u>50,526</u>	<u>3,976</u>	<u>3,976</u>	<u>0</u>
Grand Totals			70,464	70,464	54,391	3,976	3,976	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>70,464</u>	<u>70,464</u>	<u>54,391</u>	<u>3,976</u>	<u>3,976</u>	<u>0</u>

Client Copy

54-1240683

AMT Asset Report

FYE: 6/30/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current	
Other Depreciation:												
6	DELL COMPUTER	10/27/02	0					0	0	HY	0	0
7	DELL COMPUTER	12/26/02	0					0	0	HY	0	0
10	LAPTOP (ANNE)	10/01/03	0					0	0	HY	0	0
11	LAPTOP (HARRY)	11/10/03	0					0	0	HY	0	0
13	HP COMPAQ	3/28/06	0					0	0	HY	0	0
15	(2) FILE CAB 2 DRAWER	7/14/83	0					0	0	HY	0	0
16	(3) STRAIGHT LEG CHAIRS	8/12/83	0					0	0	HY	0	0
17	(5) SMALL DESKS	8/12/83	0					0	0	HY	0	0
18	FILE CABINET	8/12/83	0					0	0	HY	0	0
19	TRASH CANS	8/12/83	0					0	0	HY	0	0
20	EXECUTIVE CHAIR	7/06/84	0					0	0	HY	0	0
21	(3) CONFERENCE	7/06/84	0					0	0	HY	0	0
22	(3) ORANGE WH	7/06/84	0					0	0	HY	0	0
23	EXECUTIVE DIRECTOR CHAIR	7/06/84	0					0	0	HY	0	0
24	SIDE TABLE	7/06/84	0					0	0	HY	0	0
25	FILE CABINET 5 DRAWER	7/06/84	0					0	0	HY	0	0
26	COAT RACK	7/06/84	0					0	0	HY	0	0
27	TRASH CANS	7/06/84	0					0	0	HY	0	0
28	BOOKCASES	9/21/84	0					0	0	HY	0	0
29	DESKS, CHAIR	6/01/90	0					0	0	HY	0	0
30	FURNITURE	1/01/91	0					0	0	HY	0	0
31	TABLE TOP DISP	4/27/05	0					0	0	HY	0	0
32	42 LATERAL FILE	6/26/07	0					0	0	HY	0	0
33	4 DRAWER LATERAL FILE	6/26/07	0					0	0	HY	0	0
34	4 DRAWER LATERAL FILE	6/26/07	0					0	0	HY	0	0
35	4 DRAWER LATERAL FILE	6/26/07	0					0	0	HY	0	0
36	36 LATERAL FILE	6/26/07	0					0	0	HY	0	0
37	CONFERENCE TABLE & BASE 48x96	7/07/07	0					0	0	HY	0	0
40	LATITUDE D520 LAPTOP	4/23/07	0					0	0	HY	0	0
41	2007 QUICKBOOKS NONPROFIT (3 LIC	4/24/07	0					0	0	HY	0	0
42	NEC DSX PHONE SYSTEM	6/07/07	0					0	0	HY	0	0
43	BRAIN INJURY DATABASE LICENSE	5/31/07	0					0	0	HY	0	0
46	EPSON POWERLITE PROJECTOR	7/07/07	0					0	0	HY	0	0
48	Latitude D530 Computer	5/16/08	0					0	0	HY	0	0
49	Optiplex 755 Mini Tower	5/16/08	0					0	0	HY	0	0
50	Optiplex 755 Mini Tower	5/16/08	0					0	0	HY	0	0
51	Optiplex 755 Mini Tower	5/16/08	0					0	0	HY	0	0
52	Dell Server	4/01/09	0					0	0	HY	0	0
53	Firewall (Server)	5/28/09	0					0	0	HY	0	0
54	HP LaserJet Printer	6/30/09	0					0	0	HY	0	0
56	Improvements Suite 212	5/01/10	0					0	0	HY	0	0
57	Carpet Suite 212	5/01/10	0					0	0	HY	0	0
58	LCD HDTV	6/28/10	0					0	0	HY	0	0
59	Laptop	8/07/10	0					0	0	HY	0	0
60	Computer (LJ)	2/07/11	0					0	0	HY	0	0
61	Optiplex 790	7/07/11	0					0	0	HY	0	0
62	Audio Response System	2/07/12	0					0	0	HY	0	0
63	Server Maintenance	4/15/12	0					0	0	HY	0	0
64	Optiplex 790	4/07/12	0					0	0	HY	0	0
65	Optiplex 790	4/07/12	0					0	0	HY	0	0
66	Optiplex 790	6/07/12	0					0	0	HY	0	0
67	Laserjet Printer	6/29/12	0					0	0	HY	0	0
68	APC	1/07/13	0					0	0	HY	0	0
69	Laserjet Printer	7/01/13	0					0	0	HY	0	0
70	Dell Latitude E5530	7/01/13	0					0	0	HY	0	0
71	BI First Case Mgmt System	3/06/14	0					0	0	HY	0	0
72	(3) OptiPlex 9020 Computers	6/07/14	0					0	0	HY	0	0
73	Server	6/07/15	0					0	0	HY	0	0
74	Laptop	8/07/14	0					0	0	HY	0	0
75	Computers - x2	6/07/16	0					0	0	HY	0	0
76	Computer	6/07/16	0					0	0	HY	0	0
Total Other Depreciation			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>	
Total ACRS and Other Depreciation			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>	

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u><u>0</u></u>			<u><u>0</u></u>		<u><u>0</u></u>	<u><u>0</u></u>

Client Copy

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<p>There are no assets that meet the criteria of this report</p>						

Client Copy

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
29	DESKS, CHAIR	6/01/90	3,640	0	0
30	FURNITURE	1/01/91	225	0	0
			<u>3,865</u>	<u>0</u>	<u>0</u>
ACRS:					
16	(3) STRAIGHT LEG CHAIRS	8/12/83	75	0	0
	Total ACRS Depreciation		<u>75</u>	<u>0</u>	<u>0</u>
Other Depreciation:					
6	DELL COMPUTER	10/27/02	957	0	0
7	DELL COMPUTER	12/26/02	2,050	0	0
10	LAPTOP (ANNE)	10/01/03	1,259	0	0
11	LAPTOP (HARRY)	11/10/03	1,740	0	0
13	HP COMPAQ	3/28/06	610	0	0
15	(2) FILE CAB 2 DRAWER	7/14/83	150	0	0
17	(5) SMALL DESKS	8/12/83	250	0	0
18	FILE CABINET	8/12/83	30	0	0
19	TRASH CANS	8/12/83	40	0	0
20	EXECUTIVE CHAIR	7/06/84	80	0	0
21	(3) CONFERENCE	7/06/84	200	0	0
22	(3) ORANGE WH	7/06/84	75	0	0
23	EXECUTIVE DIRECTOR CHAIR	7/06/84	500	0	0
24	SIDE TABLE	7/06/84	80	0	0
25	FILE CABINET 5 DRAWER	7/06/84	250	0	0
26	COAT RACK	7/06/84	125	0	0
27	TRASH CANS	7/06/84	40	0	0
28	BOOKCASES	9/21/84	340	0	0
31	TABLE TOP DISP	4/27/05	2,444	0	0
32	42 LATERAL FILE	6/26/07	600	0	0
33	4 DRAWER LATERAL FILE	6/26/07	572	0	0
34	4 DRAWER LATERAL FILE	6/26/07	572	0	0
35	4 DRAWER LATERAL FILE	6/26/07	572	0	0
36	36 LATERAL FILE	6/26/07	500	0	0
37	CONFERENCE TABLE & BASE 48x96	7/07/07	600	0	0
40	LATITUDE D520 LAPTOP	4/23/07	1,195	0	0
41	2007 QUICKBOOKS NONPROFIT (3 LICENS	4/24/07	988	0	0
42	NEC DSX PHONE SYSTEM	6/07/07	2,879	0	0
43	BRAIN INJURY DATABASE LICENSE	5/31/07	5,000	0	0
46	EPSON POWERLITE PROJECTOR	7/07/07	650	0	0
48	Latitude D530 Computer	5/16/08	1,056	0	0
49	Optiplex 755 Mini Tower	5/16/08	1,241	0	0
50	Optiplex 755 Mini Tower	5/16/08	1,241	0	0
51	Optiplex 755 Mini Tower	5/16/08	1,241	0	0
52	Dell Server	4/01/09	3,692	0	0
53	Firewall (Server)	5/28/09	674	0	0
54	HP LaserJet Printer	6/30/09	1,600	0	0
56	Improvements Suite 212	5/01/10	5,042	336	0
57	Carpet Suite 212	5/01/10	2,018	0	0
58	LCD HDTV	6/28/10	538	0	0
59	Laptop	8/07/10	1,276	0	0
60	Computer (LJ)	2/07/11	820	0	0
61	Optiplex 790	7/07/11	809	0	0
62	Audio Response System	2/07/12	1,699	198	0
63	Server Maintenance	4/15/12	1,346	0	0
64	Optiplex 790	4/07/12	608	91	0
65	Optiplex 790	4/07/12	608	91	0
66	Optiplex 790	6/07/12	820	150	0
67	Laserjet Printer	6/29/12	900	180	0
68	APC	1/07/13	838	168	0
69	Laserjet Printer	7/01/13	630	126	0
70	Dell Latitude E5530	7/01/13	1,204	241	0
71	BI First Case Mgmt System	3/06/14	2,570	571	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
72	(3) OptiPlex 9020 Computers	6/07/14	2,945	589	0
73	Server	6/07/15	1,161	232	0
74	Laptop	8/07/14	789	158	0
75	Computers - x2	6/07/16	2,824	565	0
76	Computer	6/07/16	986	198	0
	Total Other Depreciation		<u>66,524</u>	<u>3,894</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>66,599</u>	<u>3,894</u>	<u>0</u>
	Grand Totals		<u>70,464</u>	<u>3,894</u>	<u>0</u>

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Asset	Description	Date In Service	Cost	VA
Prior MACRS:				
29	DESKS, CHAIR	6/01/90	3,640	0
30	FURNITURE	1/01/91	225	0
			<u>3,865</u>	<u>0</u>
ACRS:				
16	(3) STRAIGHT LEG CHAIRS	8/12/83	75	0
	Total ACRS Depreciation		<u>75</u>	<u>0</u>
Other Depreciation:				
6	DELL COMPUTER	10/27/02	957	0
7	DELL COMPUTER	12/26/02	2,050	0
10	LAPTOP (ANNE)	10/01/03	1,259	0
11	LAPTOP (HARRY)	11/10/03	1,740	0
13	HP COMPAQ	3/28/06	610	0
15	(2) FILE CAB 2 DRAWER	7/14/83	150	0
17	(5) SMALL DESKS	8/12/83	250	0
18	FILE CABINET	8/12/83	30	0
19	TRASH CANS	8/12/83	40	0
20	EXECUTIVE CHAIR	7/06/84	80	0
21	(3) CONFERENCE	7/06/84	200	0
22	(3) ORANGE WH	7/06/84	75	0
23	EXECUTIVE DIRECTOR CHAIR	7/06/84	500	0
24	SIDE TABLE	7/06/84	80	0
25	FILE CABINET 5 DRAWER	7/06/84	250	0
26	COAT RACK	7/06/84	125	0
27	TRASH CANS	7/06/84	40	0
28	BOOKCASES	9/21/84	340	0
31	TABLE TOP DISP	4/27/05	2,444	0
32	42 LATERAL FILE	6/26/07	600	0
33	4 DRAWER LATERAL FILE	6/26/07	572	0
34	4 DRAWER LATERAL FILE	6/26/07	572	0
35	4 DRAWER LATERAL FILE	6/26/07	572	0
36	36 LATERAL FILE	6/26/07	500	0
37	CONFERENCE TABLE & BASE 48x96	7/07/07	600	0
40	LATITUDE D520 LAPTOP	4/23/07	1,195	0
41	2007 QUICKBOOKS NONPROFIT (3 LICENS	4/24/07	988	0
42	NEC DSX PHONE SYSTEM	6/07/07	2,879	0
43	BRAIN INJURY DATABASE LICENSE	5/31/07	5,000	0
46	EPSON POWERLITE PROJECTOR	7/07/07	650	0
48	Latitude D530 Computer	5/16/08	1,056	0
49	Optiplex 755 Mini Tower	5/16/08	1,241	0
50	Optiplex 755 Mini Tower	5/16/08	1,241	0
51	Optiplex 755 Mini Tower	5/16/08	1,241	0
52	Dell Server	4/01/09	3,692	0
53	Firewall (Server)	5/28/09	674	0
54	HP LaserJet Printer	6/30/09	1,600	0
56	Improvements Suite 212	5/01/10	5,042	336
57	Carpet Suite 212	5/01/10	2,018	0
58	LCD HDTV	6/28/10	538	0
59	Laptop	8/07/10	1,276	0
60	Computer (LJ)	2/07/11	820	0
61	Optiplex 790	7/07/11	809	0
62	Audio Response System	2/07/12	1,699	198
63	Server Maintenance	4/15/12	1,346	0
64	Optiplex 790	4/07/12	608	91
65	Optiplex 790	4/07/12	608	91
66	Optiplex 790	6/07/12	820	150
67	Laserjet Printer	6/29/12	900	180
68	APC	1/07/13	838	168
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70	Dell Latitude E5530	7/01/13	1,204	241
71	BI First Case Mgmt System	3/06/14	2,570	571

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>VA</u>
72	(3) OptiPlex 9020 Computers	6/07/14	2,945	589
73	Server	6/07/15	1,161	232
74	Laptop	8/07/14	789	158
75	Computers - x2	6/07/16	2,824	565
76	Computer	6/07/16	986	198
	Total Other Depreciation		<u>66,524</u>	<u>3,894</u>
	Total ACRS and Other Depreciation		<u>66,599</u>	<u>3,894</u>
	Grand Totals		<u>70,464</u>	<u>3,894</u>

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**SCHEDULE G
(Form 990 or
990-EZ)****Fundraising Other Events****2015**For calendar year 2015, or tax year beginning **07/01/15**, and ending **06/30/16**

Name

Employer Identification Number

BRAIN INJURY ASSOCIATION OF VA**54-1240683**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))
		<u>FIELD DAY</u> (event type)	_____ (event type)	_____ (event type)	
Revenue	1 Gross receipts	17,071			17,071
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	17,071			17,071
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	2,939			2,939

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Net Operating Loss Carryover Worksheet

Form **990-T****2015**For calendar year 2015, or tax year beginning **07/01/15**, ending **06/30/16**

Name

BRAIN INJURY ASSOCIATION OF VAEmployer Identification Number
54-1240683

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By NOL Carryback / Carryover Utilized	
18th 06/30/98					
17th 06/30/99					
16th 06/30/00					
15th 06/30/01					
14th 06/30/02					
13th 06/30/03					
12th 06/30/04					
11th 06/30/05					
10th 06/30/06					
9th 06/30/07					
8th 06/30/08					
7th 06/30/09					
6th 06/30/10					
5th 06/30/11					
4th 06/30/12					
3rd 06/30/13	2,116				
2nd 06/30/14	802				
1st 06/30/15	-1,209		1,209		1,209
NOL carryover available to current year			1,209		
Current year	-12,849				12,849
NOL carryover available to next year					14,058

Form 990	Two Year Comparison Report	2014 & 2015
For calendar year 2015, or tax year beginning 07/01/15 , ending 06/30/16		

Name

Taxpayer Identification Number

BRAIN INJURY ASSOCIATION OF VA**54-1240683**

		2014	2015	Differences
R e v e n u e	1. Contributions, gifts, grants	174,584	122,428	-52,156
	2. Membership dues and assessments	10,890	9,468	-1,422
	3. Government contributions and grants	421,841	518,194	96,353
	4. Program service revenue			
	5. Investment income	143	138	-5
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-12		12
	8. Net income or (loss) from fundraising events	-6,589	45,555	52,144
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	7,198	8,565	1,367
	12. Total revenue. Add lines 1 through 11	608,055	704,348	96,293
E x p e n s e s	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	67,781	76,424	8,643
	16. Salaries, other compensation, and employee benefits	327,805	352,533	24,728
	17. Professional fundraising fees			
	18. Other professional fees	18,754	42,739	23,985
	19. Occupancy, rent, utilities, and maintenance	25,362		-25,362
	20. Depreciation and Depletion	4,767	3,976	-791
	21. Other expenses	190,304	261,770	71,466
	22. Total expenses. Add lines 13 through 21	634,773	737,442	102,669
	23. Excess or (Deficit). Subtract line 22 from line 12	-26,718	-33,094	-6,376
O t h e r I n f o r m a t i o n	24. Total exempt revenue	608,055	704,348	96,293
	25. Total unrelated revenue	7,198	8,565	1,367
	26. Total excludable revenue	-6,458	45,693	52,151
	27. Total assets	331,391	307,696	-23,695
	28. Total liabilities	47,664	57,063	9,399
	29. Retained earnings	283,727	250,633	-33,094
	30. Number of voting members of governing body	14	14	
31. Number of independent voting members of governing body	14	14		
32. Number of employees	44	41		
33. Number of volunteers	20	54		

Form 990T	Two Year Comparison Report	2014 & 2015
For calendar year 2015, or tax year beginning 07/01/15 , ending 06/30/16		

Name

Taxpayer Identification Number

BRAIN INJURY ASSOCIATION OF VA**54-1240683**

		2014	2015	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.		-2,142	
	10. Other income	10.	7,198		
	11. Total trade or business income. Combine lines 1 through 10	11.	7,198	-2,142	-9,340
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.	3,485	4,167	
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.	4,922	6,540	
	23. Total deductions. Add lines 12 through 22	23.	8,407	10,707	2,300
	24. Taxable income before NOL. Subtract line 23 from 11	24.	-1,209	-12,849	-11,640
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.			
	27. Unrelated business taxable income.	27.	-1,209	-12,849	-11,640
	Tax & Credits	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
31. Total taxes		31.			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
35. Total credits		35.			
36. Net tax after credits		36.			
37. Recapture taxes		37.			
38. Total Taxes	38.				
Due/Refund	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	43. Total payments	43.			
	44. Balance due/(Overpayment)	44.			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	47. Total due/(Refund)	47.			

Form **990****Tax Return History****2015**

Name

BRAIN INJURY ASSOCIATION OF VA

Employer Identification Number

54-1240683

	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants		728,314	716,674	596,425	640,622	
Membership dues		10,860	12,410	10,890	9,468	
Program service revenue						
Capital gain or loss		167	-40	-12		
Investment income		465	141	143	138	
Fundraising revenue (income/loss)		-2,119	-5,901	-6,589	45,555	
Gaming revenue (income/loss)						
Other revenue		12,542	11,355	7,198	8,565	
Total revenue		750,229	734,639	608,055	704,348	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		73,255	72,103	67,781	76,424	
Other compensation		406,800	403,656	327,805	352,533	
Professional fees			19,391	18,754	42,739	
Occupancy costs		31,558	32,401	25,362		
Depreciation and depletion		5,949	5,630	4,767	3,976	
Other expenses		207,876	218,491	190,304	261,770	
Total expenses		725,438	751,672	634,773	737,442	
Excess or (Deficit)		24,791	-17,033	-26,718	-33,094	
Total exempt revenue		750,229	734,639	608,055	704,348	
Total unrelated revenue		12,542	11,355	7,198	8,565	
Total excludable revenue		737,687	-5,800	-6,458	45,693	
Total Assets		362,260	335,848	331,391	307,696	
Total Liabilities		34,782	25,403	47,664	57,063	
Net Fund Balances		327,478	310,445	283,727	250,633	

Form **990T****Tax Return History****2015**

Name

BRAIN INJURY ASSOCIATION OF VA

Employer Identification Number

54-1240683

	2011	2012	2013	2014	2015	2016
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income		12,542		7,198	-2,142	
Total trade or business income.		12,542		7,198	-2,142	
Compensation of officers, ect.						
Other salaries and wages		3,368	3,870	3,485	4,167	
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Form 990T	Tax Return History	2015
Name BRAIN INJURY ASSOCIATION OF VA		Employer Identification Number 54-1240683

	2011	2012	2013	2014	2015	2016
Other deductions		7,058	6,683	4,922	6,540	
Net operating loss deduction		2,095				
Specific deduction		1,000	1,000			
Income after expense and deductions		-979	-11,553	-1,209	-12,849	
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses

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Federal Statements**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS & INTEREST	\$ 138		14			
TOTAL	<u>\$ 138</u>					

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Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PROFESSIONAL FEES	\$ 34,489	\$ 33,408	\$ 574	\$ 507
TOTAL	\$ 34,489	\$ 33,408	\$ 574	\$ 507

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
NATIONAL DUES	\$ 8,030	\$ 8,030		
EQUIPMENT LEASE & MAINTEN	6,723	5,343	721	659
EDUCATION-STAFF DEVELOPME	4,645	4,615		30
TRAINING EXPENSE	3,500	3,500		
DUES & SUBSCRIPTIONS	2,630	2,580	50	
BANK CHARGES	2,490	556	1,023	911
FUNDRAISING	1,743			1,743
MEALS & ENTERTAINMENT	666	389	225	52
LICENSES & PERMITS	25	25		
COGS PREVIOUSLY ALLOCATED	-10,707	-10,707		
TOTAL	\$ 19,745	\$ 14,331	\$ 2,019	\$ 3,395

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
UNITED WAY	\$ 4,667
MEMABERSHIP DUES	9,468
GRANT INCOME	518,194
CAMP DONATIONS	10,141
CAMP FEES	44,433
CONFERENCE INCOME	12,499
CANTOR, STONEBURNER, FORD GRANA & CASH CONTRIBUTION	11,375
NEURORESTORATIVE CASH CONTRIBUTION	10,250
TREE OF LIFE CASH CONTRIBUTION	5,250
VA DASHIELL CHARITABLE FUND CASH CONTRIBUTION	5,000
DAVENPORT & CO CASH CONTRIBUTION	7,082
RICHMOND AREA BICYCLING ASSOCIATION CASH CONTRIBUTION	6,731
THE COMMUNITY FOUNDATION CASH CONTRIBUTION	5,000
TOTAL	<u>\$ 650,090</u>

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Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
DIVIDENDS & INTEREST	\$ 138
TOTAL	<u>\$ 138</u>

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Schedule A, Part II, Line 12

Description	Amount
HEADWAY	\$ _____
TOTAL	\$ <u>0</u>

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Federal Statements

Form 990-T - Other Deductions Not Taken Elsewhere

<u>Description</u>	<u>Amount</u>
BULK POSTAGE	\$ 1,143
MAILING SERVICE	687
PRINTING	<u>4,710</u>
TOTAL	<u>\$ 6,540</u>

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