

2024 Affiliate Fee Calculation Worksheet

Due by January 24, 2024

Affiliate Name: Brain Injury Association of Virginia _____

Affiliate Point of Contact Name: David DeBiasi _____

Affiliate Accounting Contact Name if Different: Keisha Walker _____

Association Billing Address: 2810 N. Parham Road, Suite 260, Richmond VA 23294

E-Mail Address: _____ **Phone Number:** _____

| LINE ↓ | | <u>SUBTOTAL</u> | <u>TOTAL</u> | LINE ↓ |
|------------|---|-----------------|------------------|------------|
| | BASE AFFILIATION FEE Base Affiliation Fee: \$1,500/year | <u>1500.00</u> | | |
| 1 | Subtotal base affiliation fee | | 1500.00 | 1 |
| | VARIABLE AFFILIATION FEE Enter Total Revenue Amount on IRS Form 990 Line 12 or the corresponding line on IRS 990-EZ or 990-N for the most recently completed fiscal year. For most state affiliates this will be your 2022 IRS tax return. Attach copy of page 1 of IRS 990/990-EZ/990-N | | 1,056,198 | |
| 2 | | | | 2 |
| 2a. | Which year did you use? <u>2021</u> _____ | | | 2a. |
| 3 | Multiply line 2 by .015 (1.5%) | *.015 | | 3 |
| 5 | If line 3 is more than \$13,500, enter \$13,500 | | 13,500.00 | 5 |
| 6 | If line 3 is less than \$13,500, enter amount from line 3 | | or | 6 |
| 7 | Total 2021 Affiliation Fee Due: Add Line 1 and either Line 5 or 6 | | 15,000.00 | 7 |

I understand that line 7 is the 2023 affiliation fee payment due to the Brain Injury Association of America and monthly payments are due on the last day of each month from January - December 2023. NOTE: If you fail to return this form by the deadline, BIAA will bill based on the most recent publicly available IRS tax return available. If a later tax year up to and including 2021 is subsequently available, the 2023 affiliation fee may be adjusted (either up or down) by BIAA to reflect the newer information.

If you wish to have BIAA consider another payment schedule, please propose it in the space below. This proposal is not effective unless approved in writing by BIAA. Billing Preference: Snail Mail E-mail to: Keisha@BIAV.net Both

Signature: David M. DeBiasi _____

Printed Name: David M. DeBiasi **Date:** 01/17/2024

President/CEO/Executive Director **Treasurer** **Other (specify)** _____

Return completed form by January 24, 2024 by e-mail to BIAA at administration@biausa.org; by mail to: BIAA, 3057 Nutley St., #805, Fairfax, VA 22182, or by fax to (703) 761-0755.
Questions? Call Ahmad Salam (703) 584-8623
DO NOT REMIT PAYMENT WITH THIS FORM.

Form **990**

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

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22

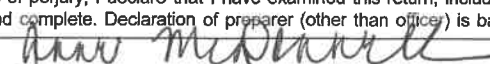
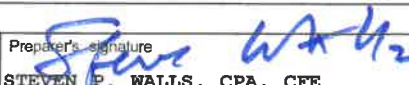
| | | | |
|--|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization BRAIN INJURY ASSOCIATION OF VIRGINIA, INC. | | D Employer identification number 54-1240683 |
| | Doing business as BIAV | | E Telephone number 804-355-5748 |
| | Number and street (or P.O. box if mail is not delivered to street address) 2810 N. PARHAM ROAD, SUITE 260 | | |
| | City or town, state or province, country, and ZIP or foreign postal code RICHMOND VA 23294-4437 | | G Gross receipts \$ 1,062,198 |
| F Name and address of principal officer: ANNE MCDONNELL 2810 N. PARHAM ROAD, SUITE 260 RICHMOND VA 23294 | | | H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: WWW.BIAV.NET | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | L Year of formation: 1982 |
| | | | 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) | 15 | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 15 | |
| | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 19 | |
| | 6 | Total number of volunteers (estimate if necessary) | 75 | |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0 | |
| | 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 0 | |
| | Revenue | 8 Contributions and grants (Part VIII, line 1h) | | Prior Year: 849,657 Current Year: 995,267 |
| | | 9 Program service revenue (Part VIII, line 2g) | | 14,115 48,598 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 217 1,123 | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 23,749 11,210 | | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 887,738 1,056,198 | | |
| 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) | | 1,067 9,969 | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 534,074 539,316 | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | |
| | b Total fundraising expenses (Part IX, column (D), line 25) 36,142 | | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 283,760 351,725 | |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 818,901 901,010 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | | 68,837 155,188 | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | | Beginning of Current Year: 676,314 End of Year: 838,690 | |
| | 21 Total liabilities (Part X, line 26) | | 71,325 78,512 | |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | | 604,989 760,178 | |

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 | | 3.2.2023 Date | |
| | ANNE MCDONNELL Type or print name and title | | EXECUTIVE DIRECTOR | |
| Paid Preparer Use Only | Print/Type preparer's name STEVEN P. WALLS, CPA, CFE | | Preparer's signature  STEVEN P. WALLS, CPA, CFE | |
| | Firm's name " CLARKSON DAVID, CPA, P.C. | | Date 02/22/23 Check <input type="checkbox"/> if self-employed PTIN P00609162 | |
| | Firm's address " GLEN ALLEN, VA 23059-5668 | | Firm's EIN " Phone no. 804-749-4500 | |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021)