Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 **and ending** JUN 30, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ASSOCIATION FOR NEUROLOGICALLY IMPAIRED BRAIN INJURED CHILDREN, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 61-35 220TH STREET — Room/suite

City or town, state or country, and ZIP + 4 BAYSIDE, NY 11364

D Employer identification number 11-2348663

E Telephone number (718) 423-9550

G Gross receipts $ 8,323,061.

F Name and address of principal officer: DR. ALVIN PLOTKIN
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.ANIBIC.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1974 **M** State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE ASSOCIATION PROVIDES EDUCATIONAL, VOCATIONAL, AND RESIDENTIAL SERVICES FOR INDIVIDUALS

2 Check this box ▶ ☐ 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	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of employees (Part V, line 2a)	5	203
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	178,674.	100,251.
9	Program service revenue (Part VIII, line 2g)	7,520,066.	8,022,306.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77,797.	7,773.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,175.	135,300.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,828,712.	8,265,630.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,488,657.	6,034,929.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 125,164.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,297,564.	2,302,064.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,786,221.	8,336,993.
19	Revenue less expenses. Subtract line 18 from line 12	42,491.	<71,363.>

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,011,394.	8,859,120.
21	Total liabilities (Part X, line 26)	5,110,983.	5,081,677.
22	Net assets or fund balances. Subtract line 21 from line 20	3,900,411.	3,777,443.

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SCANNED DEC 06 2010

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 — Date 11-10-10

DR. ALVIN PLOTKIN, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 11/5/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
O'CONNOR DAVIES MUNNS & DOBBINS, LLP
60 EAST 42ND STREET, 36TH FLOOR
NEW YORK, NY 10165

EIN ▶

Phone no ▶ 212-286-2600

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

9/14 10

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
ANIBIC IS DEDICATED TO ENABLING INDIVIDUALS TO REACH THEIR POTENTIAL SO THAT THEY MAY LIVE AS PRODUCTIVELY AS POSSIBLE. WE ENCOURAGE INTEGRATION AND INCLUSION IN THE COMMUNITY AND ARE COMMITTED TO A PERSON-CENTERED PROCESS AS WE WORK TO SERVE CONSUMERS AND THEIR

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

4a (Code:) (Expenses $ 4,916,150. including grants of $) (Revenue $ 5,421,941.)
RESIDENTIAL SERVICES PROGRAM:
PROVIDES HEALTHY LIVING ENVIRONMENT TO INDIVIDUALS WHO ARE NEUROLOGICALLY IMPAIRED. THE ASSOCIATION'S RESIDENTIAL PROGRAM IS COMPRISED OF INDIVIDUAL RESIDENTIAL ALTERNATIVE (IRA) APARTMENTS AND HOUSES IN QUEENS, NEW YORK. THE RESIDENTIAL PROGRAMS OFFER PERSONS WITH DEVELOPMENTAL DISABILITIES THE OPPORTUNITY TO LIVE AS INDEPENDENTLY AS POSSIBLE WITHIN THEIR COMMUNITY. EVERY PERSON'S INPUT IS ENCOURAGED IN DEVELOPING THE PHYSICAL SETTING AND SOCIAL MAKE-UP OF THEIR HOME.

4b (Code:) (Expenses $ 1,327,032. including grants of $) (Revenue $ 1,466,586.)
VOCATIONAL & RECREATIONAL PROGRAM:
PROVIDES ASSISTANCE TO NEUROLOGICALLY IMPAIRED INDIVIDUALS BY PREPARING THEM FOR HIGHER LEVEL OF VOCATIONAL TRAINING IN ORDER TO BE GAINFULLY EMPLOYED. PROVIDES RECREATIONAL PROGRAMS TO INDIVIDUALS OF ALL AGES. THE ASSOCIATION OFFERS A VARIETY OF RECREATIONAL AND SOCIAL ACTIVITIES INCLUDING:
1. FRIDAY YOUNG ADULT PROGRAM: THIS PROGRAM OFFERS YOUNG ADULTS AGED 17 AND OVER OPPORTUNITIES TO ENGAGE IN ACTIVITIES OF THEIR CHOICE INCLUDING; CREATIVE ARTS, DANCING, COMMUNITY EVENTS, GUEST SPEAKERS, GAMES AND OTHER SOCIAL ACTIVITIES. STAFF SUPERVISION FOR EACH ACTIVITY ENCOURAGES PARTICIPATION AND PROVIDES SUPPORT FOR LEARNING NEW SKILLS.
2. SATURDAY RECREATION PROGRAM: THIS PROGRAM OFFERS CHILDREN AGED 5-17

4c (Code:) (Expenses $ 688,762. including grants of $) (Revenue $ 927,250.)
CASE MANAGEMENT PROGRAM:
SERVICE COORDINATORS ASSIST INDIVIDUALS WITH DISABILITIES AND THEIR CAREGIVERS IN ACCESSING SERVICES THAT HAVE POSITIVE IMPACTS ON INDIVIDUAL LIVES, INCLUDING RESIDENTIAL IN-HOME SERVICES, EDUCATION, VOCATIONAL PROGRAMS, DAY PROGRAMS, RECREATION, PERSONAL LIFE-NEEDS, TRANSPORTATION AND MEDICAL ACCESS. FAMILIES MAY ALSO REQUEST SERVICES SUCH AS RESPITE, GUARDIANSHIP, CAREGIVER SUPPORT GROUP, ETC. THE ULTIMATE OUTCOME OF THIS PROGRAM IS TO ENABLE THE INDIVIDUAL TO BECOME AS INDEPENDENT AND PRODUCTIVE AS POSSIBLE.

4d Other program services (Describe in Schedule O.)
(Expenses $ 230,013. including grants of $) (Revenue $ 206,529.)

4e **Total program service expenses** ▶ $ 7,161,957.

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*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• 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*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No: 12A — No)			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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*	23	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 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		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*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
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*	36		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*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	20		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	203		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		6a		X
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6b		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	20		
b	Enter the number of voting members that are independent	1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	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?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	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*		9		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

VINCENT TANCREDI - 718-423-9550

61-35 220TH STREET, BAYSIDE, NY 11364

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
BEVERLY BERGER MEMBER	2.00	X						0.	0.	0.
ALMA LOU BRANDISS MEMBER	2.00	X						0.	0.	0.
ROBERT FURLONG MEMBER- AT- LARGE	2.00	X						0.	0.	0.
MARIANNE KALLENBERG MEMBER	2.00	X						0.	0.	0.
PHYLLIS KAYE VICE PRESIDENT	2.00	X		X				0.	0.	0.
PAUL KILIMNIK MEMBER- AT- LARGE	2.00	X						0.	0.	0.
JOAN KIOK MEMBER	2.00	X						0.	0.	0.
JOSEPH LEVY TREASURER	2.00	X		X				0.	0.	0.
JILL LEVY PAST PRESIDENT	2.00	X						0.	0.	0.
ELI NIEMAN MEMBER	2.00	X						0.	0.	0.
HELENE NIEMAN VICE PRESIDENT	2.00	X		X				0.	0.	0.
ALVIN PLOTKIN PRESIDENT	2.00	X		X				0.	0.	0.
HELEN PLOTKIN CORRESPONDING SECRETARY	2.00	X		X				0.	0.	0.
NIKKI PRICE RECORDING SECRETARY	2.00	X		X				0.	0.	0.
JOSEPH REBHUN CHAIR SUNDAY ADULT GROUP	2.00	X						0.	0.	0.
JEFFREY SCHWARTZ MEMBER- AT- LARGE	2.00	X						0.	0.	0.
AVRAM SHAPIRO MEMBER	2.00	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	(C) Position (check all that apply)						(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			
MIKE STEWARD VICE- PRESIDENT	2.00	X		X				0.	0.	0.
JAMES VAUGHAN MEMBER	2.00	X						0.	0.	0.
BOB GUICCIONE MEMBER	2.00	X						0.	0.	0.
GERARD SMITH EXECUTIVE DIRECTOR	35.00			X				207,003.	0.	17,281.
VINCENT TANCREDI CHIEF FINANCIAL OFFICER	35.00			X				116,689.	0.	13,343.
JOHN DEBIASE ASSOCIATE EXECUTIVE DIRE	35.00					X		108,065.	0.	11,988.
1b Total ▶								431,757.	0.	42,612.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 3

		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 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 NONE

(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 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,191.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	98,060.				
	g Noncash contributions included in lines 1a-1f $						
	h **Total.** Add lines 1a-1f			100,251.			
Program Service Revenue		Business Code					
	2a RESIDENTIAL	900099		5421941.	5421941.		
	b VOCATIONAL/RECREATIONA	900099		1466586.	1466586.		
	c CASE MANAGEMENT	900099		927,250.	927,250.		
	d FAMILY SUPPORT SERVICE	900099		185,784.	185,784.		
	e TUTORIAL	900099		20,745.	20,745.		
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			8022306.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			7,773.			7,773.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ 2,191. of contributions reported on line 1c). See Part IV, line 18	a	111995.				
	b Less: direct expenses	b	57,431.				
	c Net income or (loss) from fundraising events			54,564.			54,564.
	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	Business Code					
	11a MISCELLANEOUS	900099		80,736.			80,736.
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			80,736.			
	12 **Total revenue.** See instructions			8265630.	8022306.	0.	143,073.

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	4,905,161.	4,290,024.	538,261.	76,876.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	57,703.	41,321.	14,299.	2,083.
9 Other employee benefits	716,946.	626,733.	79,240.	10,973.
10 Payroll taxes	355,119.	310,449.	39,036.	5,634.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	221,532.	173,431.	29,873.	18,228.
14 Information technology				
15 Royalties				
16 Occupancy	725,460.	654,552.	59,720.	11,188.
17 Travel	166,212.	156,552.	9,660.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	146,445.	128,551.	17,894.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	281,276.	158,276.	123,000.	
23 Insurance	56,706.	53,856.	2,850.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a OTHER PROFESSIONAL FEES	173,792.	58,215.	115,563.	14.
b CLIENT ACTIVITIES	138,436.	138,080.	356.	
c FOOD	83,637.	81,556.	2,081.	
d BAD DEBT EXPENSE	82,669.	82,669.		
e HOUSEHOLD SUPPLIES	72,709.	72,351.	358.	
f All other expenses	153,190.	135,341.	17,681.	168.
25 Total functional expenses. Add lines 1 through 24f	8,336,993.	7,161,957.	1,049,872.	125,164.
26 Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		55,281.	1	250,452.
	2	Savings and temporary cash investments		887,400.	2	514,586.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,480,538.	4	1,747,643.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 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		23,294.	9	39,326.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,805,877.			
	b	Less: accumulated depreciation	10b 2,520,826.	6,514,611.	10c	6,285,051.
	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		50,270.	15	22,062.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,011,394.	16	8,859,120.
Liabilities	17	Accounts payable and accrued expenses		688,417.	17	795,460.
	18	Grants payable			18	
	19	Deferred revenue		2,211.	19	1,116.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	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		4,171,945.	23	3,782,204.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		248,410.	25	502,897.
	26	**Total liabilities.** Add lines 17 through 25		5,110,983.	26	5,081,677.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,636,646.	27	3,578,181.
	28	Temporarily restricted net assets		263,765.	28	199,262.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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		3,900,411.	33	3,777,443.
	34	Total liabilities and net assets/fund balances		9,011,394.	34	8,859,120.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	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.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	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.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
ASSOCIATION FOR NEUROLOGICALLY IMPAIRED BRAIN INJURED CHILDREN, INC.	11-2348663

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

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 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2009.** 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 - 2008.** 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 - 2009.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** 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 IV 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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	241,731.	206,478.	136,521.	162,770.	48,646.	796,146.
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	5,309,041.	5,686,726.	6,255,420.	7,555,094.	8,134,301.	32,940,582.
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	5,550,772.	5,893,204.	6,391,941.	7,717,864.	8,182,947.	33,736,728.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 **Public support** (Subtract line 7c from line 6)						33,736,728.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	5,550,772.	5,893,204.	6,391,941.	7,717,864.	8,182,947.	33,736,728.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	109,156.	149,166.	116,674.	77,797.	7,773.	460,566.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	109,156.	149,166.	116,674.	77,797.	7,773.	460,566.
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 IV.)	62,789.	2,795.	2,233.	33,051.	80,736.	181,604.
13 **Total support** (Add lines 9, 10c, 11, and 12)	5,722,717.	6,045,165.	6,510,848.	7,828,712.	8,271,456.	34,378,898.

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 2009 (line 8, column (f) divided by line 13, column (f))	15	98.13 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	97.54 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	1.34 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	1.62 %

19a **33 1/3% support tests - 2009.** 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 - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization ASSOCIATION FOR NEUROLOGICALLY IMPAIRED BRAIN INJURED CHILDREN, INC.

Employer identification number 11-2348663

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

		Amount
c	Beginning balance	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? ☐ Yes ☐ No

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

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

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

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,310,119.		2,310,119.
b Buildings	117,500.	5,551,718.	2,288,330.	3,380,888.
c Leasehold improvements				
d Equipment		318,819.	158,504.	160,315.
e Other		507,721.	73,992.	433,729.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			▶	6,285,051.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO FUNDING SOURCE	2,897.
LINE OF CREDIT	500,000.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	502,897.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,265,630.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,336,993.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<71,363.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	<51,605.>
9	Total adjustments (net). Add lines 4 through 8	9	<51,605.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<122,968.>

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

1	Total revenue, gains, and other support per audited financial statements			1	8,285,745.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	71,720.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	<51,605.>		
e	Add lines 2a through 2d			2e	20,115.
3	Subtract line 2e from line 1			3	8,265,630.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	8,265,630.

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

1	Total expenses and losses per audited financial statements			1	8,408,713.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	71,720.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	71,720.
3	Subtract line 2e from line 1			3	8,336,993.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	8,336,993.

Part XIV Supplemental Information

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

PART X: ANIBIC RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT ANIBIC HAD NO UNCERTAIN TAX POSITIONS REQUIRING FINANCIAL STATEMENT RECOGNITION. ANIBIC IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2006.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

RETURN OF RESTICTED CONTRIBUTIONS

Part XIV Supplemental Information *(continued)*

RETURN OF RESTRICTED CONTRIBUTION

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization: ASSOCIATION FOR NEUROLOGICALLY IMPAIRED BRAIN INJURED CHILDREN, INC.

Employer identification number: 11-2348663

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to 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

2 a 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 of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 ANNUAL DINNER DANCE (event type)	(b) Event #2 ANNUAL GOLF OUTING (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	62,620.	48,816.	2,750.	114,186.
	2 Less: Charitable contributions	2,041.	150.		2,191.
	3 Gross income (line 1 minus line 2)	60,579.	48,666.	2,750.	111,995.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	25,022.	31,958.	451.	57,431.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(57,431)
	11 Net income summary. Combine line 3, column (d), and line 10			▶	54,564.

Part III Gaming. Complete if the organization answered "Yes" to 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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary. Combine line 1, column (d), and line 7			▶	

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," explain:		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," explain:		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	**13a**	%		
b An outside facility	**13b**	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		**15a**		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c If "Yes," enter name and address of the third party:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		**17a**		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization ASSOCIATION FOR NEUROLOGICALLY IMPAIRED BRAIN INJURED CHILDREN, INC.

Employer identification number 11-2348663

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GERARD SMITH	(i)	207,003.	0.	0.	0.	17,281.	224,284.	179,838.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
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	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization ASSOCIATION FOR NEUROLOGICALLY IMPAIRED BRAIN INJURED CHILDREN, INC.

Employer identification number 11-2348663

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total			▶ $							

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

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 organization's revenues? Yes	(e) Sharing of organization's revenues? No
MR. JEFFREY SCHWARTZ	MR. SCHWARTZ IS A M	23,516.	MR. SCHWART		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

932131 02-01-10

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: ASSOCIATION FOR NEUROLOGICALLY IMPAIRED BRAIN INJURED CHILDREN, INC.

Employer identification number: 11-2348663

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WHO ARE DEVELOPMENTALLY DISABLED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAMILIES.

WE OFFER A BROAD RANGE OF SERVICES FOR CHILDREN AS YOUNG AS FIVE AND THROUGHOUT ADULTHOOD. WE UNDERSTAND THAT PEOPLE WITH SPECIAL NEEDS ARE PEOPLE FIRST AND THAT THEIR INDIVIDUAL CHALLENGES ARE JUST PART OF WHAT MAKES THEM SPECIAL.

ANIBIC SERVES AS AN ADVOCATE IN THE AREAS OF EDUCATION, VOCATIONAL TRAINING, LEGISLATION AND PROFESSIONAL DEVELOPMENT.

WHEN YOU JOIN WITH ANIBIC, YOU BECOME PART OF AN EXTENDED FAMILY WHERE PEOPLE CARE FOR ONE ANOTHER AND PROVIDE ASSISTANCE WHEN NECESSARY. WE'RE SMALL ENOUGH TO KNOW YOUR NAME, BUT LARGE ENOUGH SO THAT PEOPLE KNOW OURS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

WITH DEVELOPMENTAL DISABILITIES WITH FUN-FILLED ACTIVITIES WHILE ALSO DEVELOPING NEW SKILLS AND MAKING NEW FRIENDS. ALL ACTIVITIES ARE SUPERVISED BY TRAINED EDUCATORS AND ARE CONDUCTED IN SMALL GROUPS, ENCOURAGING EACH CHILD'S FULL PARTICIPATION IN THE PROGRAM. ACTIVITIES INCLUDE ARTS AND CRAFTS, COOKING, MUSIC AND ART THERAPY, GYM ACTVITIES, DANCE AND MOVEMENT AND GAMES.

3. SUNDAY ADULT PROGRAM: THIS PROGRAM IS AVAILABLE TO INDIVIDUALS OVER THE AGE OF 18 AND PROVIDES OPPORTUNITIES TO MAKE NEW FRIENDS, VISIT WITH OLD FRIENDS AND TO PARTICIPATE IN COMMUNITY ACTIVITIES AS WELL AS IN-HOUSE ACTIVITIES.

4. SUMMER RECREATIONAL PROGRAM: THIS PROGRAM ENABLES CHILDREN TO DEVELOP AND ENHANCE NEW SKILLS, SOCIALIZE AND POSITIVELY INTERACT WITH THEIR PEERS DURING THE TWO-WEEK LAPSE BETWEEN ACADEMIC YEARS. CHILDREN ARE PICKED UP AND DROPPED OFF DAILY, SERVED BREAKFAST, LUNCH AND A SNACK AND PARTCIPATE IN TRIPS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TUTORIAL PROGRAM:

TUTORIAL SERVICES PROVIDE WEEKLY 1-HOUR (OR MORE) SESSIONS ON A ONE-TO-ONE BASIS WITH EXPERIENCED TEACHERS. SUBJECTS COVERED INCLUDE READING, WRITTEN EXPRESSION, MATH, SUBJECT CONTENT AREAS, STUDY SKILLS AND SUCH FUNCTIONAL LIFE SKILLS AS COUNTING MONEY, BUDGETING AND TELLING TIME. INDIVIDUAL PROGRAMS ARE DEVELOPED ACCORDING TO THE NEEDS OF THE STUDENT.

FAMILY SUPPORT SERVICES PROGRAM -

PROVIDES OUTREACH, PUBLIC AWARENESS, FAMILY AND INDIVIDUAL COUNSELING, RESPITE, AND SERVICE COORDINATION TO INDIVIDUALS AND FAMILIES OF PEOPLE WHO ARE NUEROLOGICALLY IMPAIRED.

EXPENSES $ 230013. INCLUDING GRANTS OF $ 0. REVENUE $ 206529.

FORM 990, PART VI, SECTION A, LINE 2: PRESIDENT - DR. ALVIN PLOTKIN AND

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: ASSOCIATION FOR NEUROLOGICALLY IMPAIRED BRAIN INJURED CHILDREN, INC.

Employer identification number: 11-2348663

CORRESPONDING SECRETARY - MRS. HELEN PLOTKIN. RELATIONSHIP: SPOUSE.

VICE PRESIDENT - MRS. HELENE NIEMAN AND BOARD MEMBER - MR. ELI NIEMAN. RELATIONSHIP: SPOUSE.

TREASURER - MR. JOSEPH LEVY AND BOARD MEMBER - MRS. JILL LEVY. RELATIONSHIP: SPOUSE.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP IN THE ASSOCIATION IS OPEN TO ALL PERSONS WHO ARE INTERESTED IN THE WELFARE OF THOSE INDIVIDUALS REFERRED TO IN THE MISSION STATEMENT. THERE ARE FOUR CLASSES OF MEMBERSHIP: GENERAL, CORPORATE/ORGANIZATIONAL, PROFESSIONAL AND HONORARY. GENERAL MEMBERS ARE THOSE WHO PAY ANNUAL DUES, THE AMOUNT OF WHICH IS FIXED BY THE BOARD OF DIRECTORS. GENERAL MEMBERS IN GOOD STANDING SHALL HAVE THE RIGHT TO VOTE AND HOLD OFFICE. GENERAL MEMBERSHIP IS HELD BY AN INDIVIDUAL OR JOINTLY BY FAMILY UPON PAYMENT OF THE REQUIRED DUES. THERE IS ONE VOTE FOR EACH MEMBERSHIP. PROFESSIONAL MEMBERS ARE THOSE WHO HAVE A PROFESSIONAL INTEREST IN THE FIELD. THEY ALSO PAY ANNUAL DUES, THE AMOUNT OF WHICH IS FIXED BY THE BOARD OF DIRECTORS. PROFESSIONAL MEMBERS IN GOOD STANDING, EXCLUDING EMPLOYEES AND THEIR FAMILIES, HAVE THE RIGHT TO VOTE AND HOLD OFFICE. CORPORATE/ORGANIZATIONAL MEMBERS ARE THOSE WHO CONTRIBUTE TO THE ASSOCIATION AND EXPRESS THEIR DESIRE TO BE CONSIDERED MEMBERS. CORPORATE/ORGANIZATIONAL MEMBERS DO NOT HAVE THE RIGHT TO VOTE OR HOLD OFFICE. HONORARY MEMBERS ARE THOSE PERSONS WHO HAVE DISTINGUISHED THEMSELVES BY THEIR ATTAINMENTS IN THE FIELD OF BRAIN INJURY, LEARNING DISABILITIES, NEUROLOGICAL IMPAIRMENTS OR RELATED AREAS OR HAVE RENDERED

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

Name of the organization	Employer identification number
ASSOCIATION FOR NEUROLOGICALLY IMPAIRED BRAIN INJURED CHILDREN, INC.	11-2348663

SPECIAL SERVICE IN PROMOTING THE INTERESTS OF PERSONS WITH BRAIN INJURIES, LEARNING DISABILITIES, NEUROLOGICAL IMPAIRMENTS, AND DEVELOPMENTAL DISABILITIES, AND WHO HAVE BEEN ELECTED TO SUCH MEMBERSHIP BY THE BOARD OF DIRECTORS. HONORARY MEMBERS DO NOT PAY DUES AND DO NOT HAVE THE RIGHT TO VOTE OR HOLD OFFICE. THE MEMBERSHIP LIST OF THE ASSOCIATION IS NOT PUBLISHED, CIRCULATED OR OTHERWISE MADE AVAILABLE EXCEPT AS REQUIRED BY LAW OR AUTHORIZED BY THE BOARD OF DIRECTORS. A MEMBER IN GOOD STANDING IS ONE WHOSE DUES ARE NOT MORE THAN FOUR MONTHS IN ARREARS.

FORM 990, PART VI, SECTION A, LINE 7A: THE ANNUAL MEETING OF THE MEMBERS OF THE ASSOCIATION SHALL BE HELD EACH YEAR ON A DATE DURING THE MONTH OF JUNE TO BE DESIGNATED BY THE BOARD. THE ANNUAL MEETING AND SPECIAL MEETINGS OF THE MEMBERS OF THE ASSOCIATION SHALL BE HELD AT THE ASSOCIATIONS ADMINISTRATIVE BUILDING LOCATED AT 61-35 220TH STREET, OAKLAND GARDENS, NEW YORK. NOTICE OF THE TIME AND PLACE, AND IN THE CASE OF SPECIAL MEETINGS, THE PURPOSE, OF EACH MEETING OF THE MEMBERS SHALL BE GIVEN BY THE SECRETARY TO EACH MEMBER IN GOOD STANDING AS OF THE DATE THE NOTICE IS MAILED. THE SECRETARY SHALL INCLUDE IN THE NOTICE OF EACH ANNUAL MEETING GIVEN TO THE MEMBERS THE SLATE OF NOMINEES FOR DIRECTORS. ONLY GENERAL MEMBERS AND PROFESSIONAL MEMBERS (EXCLUDING EMPLOYEES AND THEIR FAMILIES) IN GOOD STANDING HAVE THE AUTHORITY TO ELECT THE CANDIDATES ON THE SLATE FOR POSITIONS ON THE BOARD OF DIRECTORS. NO OTHER NOMINATIONS FOR THE BOARD SHALL BE CONSIDERED AT THE ANNUAL MEETING EXCEPT THOSE APPROVED BY THE BOARD OF DIRECTORS, UNLESS SUCH ADDITIONAL NOMINATIONS ARE MADE BY WRITTEN PETITION SIGNED BY AT LEAST TWENTY (20) MEMBERS OF THE SOCIETY AND PRESENTED TO THE SECRETARY AT LEAST TEN (10) DAYS PRIOR TO THE SCHEDULED

TIME OF THE ANNUAL MEETING. LEAST TEN (10) DAYS PRIOR TO THE SCHEDULED TIME OF THE ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7B: ALL RESOLUTIONS AND ELECTIONS AT ANY MEETING SHALL BE BY MAJORITY VOTE OF THE MEMBERS PRESENT IN PERSON.

FORM 990, PART VI, SECTION B, LINE 11: THE ASSOCIATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS SUBMITTED ELECTRONICALLY TO THE MEMBERS OF THE ASSOCIATION'S BOARD OF DIRECTORS FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE BOARD OF DIRECTORS IS FURNISHED WITH ONE WEEK TO REVIEW THE PREPARED FORM 990 AND PROVIDE THEIR COMMENTS. ANY COMMENTS THAT HAVE BEEN MADE ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE MEMBERS OF MANAGEMENT IN CHARGE OF FILING THE RETURN FOR THEIR REVIEW. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING BY THE ASSOCIATION'S PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 12C: THE ASSOCIATION CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT ANNUALLY MONITORS AND ENFORCES. THE SIGNED CONFLICT OF INTEREST POLICY IS SUBMITTED TO THE CFO WHO PRESENTS THE SIGNED DOCUMENTS TO THE EXECUTIVE COMMITTEE. THE COMMITTEE REVIEWS THE SIGNED ATTESTATIONS FOR POTENTIAL OR ACTUAL CONFLICTS. IT IS THE COMMITTEES RESPONSIBILITY TO REPORT ANY FINDINGS TO THE BOARD OF DIRECTORS. IF AN ACTUAL CONFLICT EXISTS, THE MEMBER OF

MANAGEMENT OR BOARD MEMBER WILL BE NOTIFIED IMMEDIATELY AND WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY DECISIONS INVOLVING TRANSACTIONS THAT HAVE TO DO WITH THE IDENTIFIED CONFLICT UNTIL SUCH TIME THAT THE CONFLICT NO LONGER EXISTS.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING THE COMPENSATION OF THE EXECUTIVE DIRECTOR, TOP MANAGEMENT AND KEY EMPLOYEES INCLUDES 1) COMPARISON DATA: COMPARE SALARY INFORMATION OF OTHER NON-PROFITS IN OUR SECTOR AND/OR THOSE WITH A SIMILAR BUDGET 2) COMPENSATION IN CONTEXT WITH THE PROPOSED BUDGET; 3) EMPLOYEE ANNUAL PERFORMANCE REVIEW; 4) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE; AND 5) DOCUMENTATION OF APPROVED SALARIES IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: THE ASSOCIATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING IT ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. ADDITIONALLY, FORM 990 AND THE ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST AT 61-35 220TH STREET, BAYSIDE, NY. 11364. OR BY CALLING THE ASSOCIATION DIRECTLY AT (718) 423-9550. EACH BOARD MEMBER IS REQUIRED ANNUALLY TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THE CONFLICT OF INTEREST POLICY IS MADE AVAILABLE UPON REQUEST.

FORM 990. PART XI, LINE 2C

THE ORGANIZATION'S PROCESS OF ASSUMING OVERSIGHT RESPONSIBILITY FOR THE AUDIT OF ITS FINANCIAL STATEMENTS BY AN INDEPENDENT ACCOUNTANT HAS NOT

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Employer identification number: 11-2348663

CHANGED FROM THE PRIOR YEAR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MR. JEFFREY SCHWARTZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MR. SCHWARTZ IS A MEMBER OF THE BOARD OF DIRECTORS OF THE ASSOCIATION

(D) DESCRIPTION OF TRANSACTION: MR. SCHWARTZ IS AN OFFICER IN A LAW FIRM WHICH PROVIDES LEGAL SERVICES FOR THE ASSOCIATION. DURING THE YEAR ENDED JUNE 30, 2010 TOTAL FEES OF $23,516 WERE PAID TO THE LAW FIRM.