

**Exempt Organization Declaration and Signature for Electronic Filing**

For calendar year 2010, or tax year beginning 7/01, 2010, and ending 6/30, 2011

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions

**2010**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**BRAILLE INSTITUTE OF AMERICA, INC.**

Employer identification number

**95-1641426**

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

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being with this form was blank, then leave line b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here... ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12).....	1b	<u>29,007,025.</u>
2a Form 990-EZ check here... ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).....	2b	
3a Form 1120-POL check here... ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).....	3b	
4a Form 990-PF check here... ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).....	4b	
5a Form 8868 check here... ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c).....	5b	

**Declaration of Officer**

6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶ Rezaul Rahman | 11/4/11 ▶ VP of Finance  
Signature of officer Date Title

**Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163 Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature ▶ <u>Rezaul Rahman</u>	Date <u>11/4/11</u>	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶ <u>BRAILLE INSTITUTE OF AMERICA INC.</u> ▶ <u>741 N VERMONT AVE</u> <u>LOS ANGELES, CA 90029-3514</u>	EIN <u>95-1641426</u>	Phone no. <u>(323) 663-1111</u>		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>Joseph S. De Trane</u>	Preparer's signature <u>Joseph S. De Trane</u>	Date <u>11/4/11</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P00329386</u>
	Firm's name ▶ <u>Grant Thornton LLP</u>	Firm's address ▶ <u>One California Street, Suite 2300</u> <u>San Francisco, CA 94111</u>	Firm's EIN <u>36-6055558</u>	Phone no. <u>(415) 986-3900</u>	

Return of Organization Exempt From Income Tax

2010

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

B Check if applicable:

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

BRAILLE INSTITUTE OF AMERICA, INC.
741 N. VERMONT AVENUE
LOS ANGELES, CA 90029

D Employer Identification Number
95-1641426

E Telephone number
323-663-1111

G Gross receipts \$ 77,460,984.

F Name and address of principal officer: Leslie E. Stocker
Same As C Above

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No

I Tax-exempt status X 501(c)(3) 501(c) ( ) 4947(a)(1) or 527

J Website: www.brailleinstitute.org

H(c) Group exemption number

K Form of organization: X Corporation Trust Association Other

L Year of Formation: 1961

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: See Attached Statement

Activities & Governance

Table with 2 columns: Description and Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Revenue

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue.

Expenses

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Net Assets or Fund Balance

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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.

Sign Here: Signature of officer (Reza Rahman), Date (11/4/11), Type or print name and title (VP of Finance)

Paid Preparer Use Only: Print/Type preparer's name (JOSEPH S. DE TRANE), Preparer's signature, Date (11/4/11), Check self-employed, PTIN (100329386), Firm's name, Firm's address, Firm's EIN, Phone no.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Attached Statement

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.

4a (Code: ) (Expenses \$ 16,072,786. including grants of \$ ) (Revenue \$ )

See Attached Statement Supplemental Information Page 1, Part III - Line 4a

4b (Code: ) (Expenses \$ 3,831,725. including grants of \$ ) (Revenue \$ )

See Attached Statement Supplemental Information Page 1, Part III - Line 4b

4c (Code: ) (Expenses \$ 1,245,244. including grants of \$ ) (Revenue \$ )

See Attached Statement Supplemental Information Page 2, Part III - Line 4c

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 21,149,755.

**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)? <i>If 'Yes,' complete Schedule A.</i> .....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i> .....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i> .....		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> .....		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> .....	X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i> .....	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i> .....	X	
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i> .....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i> .....		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> .....	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i> .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i> .....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> .....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> .....	X	
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i> .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i> .....	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> .....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> .....		X
20 a Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i> .....		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

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

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

BAA

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float:right">111</span>		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float:right">0</span>		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2 a</b>	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. <span style="float:right">343</span>		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
<b>4 a</b>	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)?	X	
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: <b>Cayman Islands</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
<b>6 a</b>	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?		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>9 b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from members or shareholders.		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13 b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>13 c</b>	Enter the amount of reserves on hand.		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . .	<b>1 a</b>	24
<b>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1 b</b>	24
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? . . . . .	<b>2</b>	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b>	Does the organization have members or stockholders? . . . See Schedule O . . . . .	<b>6</b>	X
<b>7 a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . . See Schedule O . . . . .	<b>7 a</b>	X
<b>7 b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7 b</b>	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	The governing body? . . . . .	<b>8 a</b>	X
<b>8 b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8 b</b>	X
<b>9</b>	Is there any officer, director or 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 . . . . .	<b>9</b>	X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ See Schedule O
- 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. See Schedule O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ Jamie Aung, Dir. of Fin. Serv. 741 N. Vermont Ave. Los Angeles CA 90029 (323) 663-1111

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) James H. Jackson Dr/Chair.Pt Yr	1	X		X				0.	0.	0.
(2) James J. Rhodes Dr/V.Chr.Pt Yr	1	X		X				0.	0.	0.
(3) Delores C. Louie Dr/Sect.Pt Yr	1	X		X				0.	0.	0.
(4) Lester M. Sussman Chairman	1	X		X				0.	0.	0.
(5) Richard Larson Director	1	X						0.	0.	0.
(6) Michael J.D. Lindsay Director	1	X						0.	0.	0.
(7) John F. Llewellyn Director	1	X						0.	0.	0.
(8) Richard C. Lawton Director	1	X						0.	0.	0.
(9) Richard A. Nelson Director	1	X						0.	0.	0.
(10) Philip V. Swan Director	1	X						0.	0.	0.
(11) Howard O. Wilson Director	1	X						0.	0.	0.
(12) James B. Boyle, Jr., Esq Director	1	X						0.	0.	0.
(13) Thomas K. Callister Director	1	X						0.	0.	0.
(14) Michael C. Corley Director	1	X						0.	0.	0.
(15) Caryl O. Crahan Director	1	X						0.	0.	0.
(16) Edmond R. Davis, Esq. Director/Pt Yr	1	X						0.	0.	0.
(17) Nancy Neal Davis Director	1	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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			
(18) Percy Duran III Director	1	X					0.	0.	0.	
(19) Frank R. Miller, Jr. Director	1	X					0.	0.	0.	
(20) John G. Nuanes Director	1	X					0.	0.	0.	
(21) Ronald E. Smith Director	1	X					0.	0.	0.	
(22) Harvey Strode Director	1	X					0.	0.	0.	
(23) George E. Thomas Director	1	X					0.	0.	0.	
(24) Diane Wilkinson Director	1	X					0.	0.	0.	
(25) Frank L. Mallory, Esq. Director	1	X					0.	0.	0.	
(26) Virginia Braun Director	1	X					0.	0.	0.	
(27) Brent Mayne Director/Pt Yr	1	X					0.	0.	0.	
(28) Leslie E. Stocker President	38			X			288,578.	0.	38,090.	
(29) Rezaur Rahman V.P of Finance	38			X			164,748.	0.	33,812.	
<b>1 b Sub-total</b>							222,971.	0.	30,568.	
<b>c Total from continuation sheets to Part VII, Section A</b>							1,101,476.	0.	166,796.	
<b>d Total (add lines 1b and 1c)</b>							1,324,447.	0.	197,364.	

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 ▶ 8

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	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? <i>If 'Yes' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	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.

(A) Name and business address	(B) Description of services	(C) Compensation
Stratmark Group 855 East Collins Blvd. Richardson, TX 75081	Direct Mail Services	641,489.
American Solutions NW#7794, PO. BOX 145 Minneapolis, MN 55485-7794	Publishing Services	310,987.
Olympic Maintenance 13217 South Figueroa St. Los Angeles, CA 90061	Cleaning Services	208,803.
2B Communications Inc. 1201 Morningside Drive Sute 105 Manhattan Bea	Marketing Services	193,853.
Poindexter & Doutrre, Inc. One Wilshire Bulding Suite 2420 Los Angele	legal Services	177,118.

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 ▶ 9



**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	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>					
	<b>b</b> Membership dues .....	<b>1 b</b>					
	<b>c</b> Fundraising events .....	<b>1 c</b>					
	<b>d</b> Related organizations .....	<b>1 d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1 e</b>	725,499.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b>	20,123,370.				
	<b>g</b> Noncash contributions included in lns 1a-1f: \$		1,341,667.				
<b>h Total.</b> Add lines 1a-1f .....			20,848,869.				
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> _____		<b>Business Code</b>				
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....			1,606,859.		1,606,859.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			3,085,850.		3,085,850.	
	<b>6 a</b> Gross Rents .....	(i) Real	(ii) Personal				
		32,970.					
	<b>b</b> Less: rental expenses .....						
	<b>c</b> Rental income or (loss) .....		32,970.				
	<b>d</b> Net rental income or (loss) .....			32,970.		32,970.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		51594461.	291,975.				
	<b>b</b> Less: cost or other basis and sales expenses .....		48195484.	258,475.			
	<b>c</b> Gain or (loss) .....		3,398,977.	33,500.			
	<b>d</b> Net gain or (loss) .....			3,432,477.		3,432,477.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>				
	<b>b</b> Less: direct expenses .....		<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....		<b>a</b>					
<b>b</b> Less: cost of goods sold .....		<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....			29,007,025.	0.	0.	8,158,156.	

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	1,249,557.	291,935.	676,830.	280,792.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	10,870,277.	9,401,704.	610,438.	858,135.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,056,084.	1,696,990.	179,085.	180,009.
9 Other employee benefits	2,069,342.	1,698,042.	187,641.	183,659.
10 Payroll taxes	931,634.	754,011.	92,754.	84,869.
11 Fees for services (non-employees):				
a Management				
b Legal	151,294.		151,294.	
c Accounting	60,000.		60,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	125,122.			125,122.
f Investment management fees	289,179.		289,179.	
g Other				
12 Advertising and promotion				
13 Office expenses	232,711.	120,032.	86,493.	26,186.
14 Information technology	139,258.	83,555.	55,703.	
15 Royalties				
16 Occupancy	1,655,382.	1,547,184.	73,963.	34,235.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	205,316.	92,055.	92,226.	21,035.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,844,839.	1,748,592.	57,381.	38,866.
23 Insurance	248,021.	230,659.	9,921.	7,441.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>Equipment/Facility Maintenance</u>	1,370,057.	1,239,298.	64,449.	66,310.
b <u>Direct Mail</u>	782,236.			782,236.
c <u>Programs Transportation</u>	599,505.	593,160.	4,738.	1,607.
d <u>Publications and Printing</u>	561,618.	440,984.		120,634.
e <u>Instructional Program Supplies</u>	454,980.	454,539.	441.	
f All other expenses	892,176.	757,015.	24,887.	110,274.
25 Total functional expenses. Add lines 1 through 24f	26,788,588.	21,149,755.	2,717,423.	2,921,410.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
<b>ASSETS</b>	<b>1</b> Cash — non-interest-bearing.....	605,690.	<b>1</b>	567,510.	
	<b>2</b> Savings and temporary cash investments.....	4,925,370.	<b>2</b>	5,512,118.	
	<b>3</b> Pledges and grants receivable, net.....		<b>3</b>	1,906,560.	
	<b>4</b> Accounts receivable, net.....	362,317.	<b>4</b>	303,730.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net.....		<b>7</b>		
	<b>8</b> Inventories for sale or use.....	452,444.	<b>8</b>	369,381.	
	<b>9</b> Prepaid expenses and deferred charges.....	273,769.	<b>9</b>	41,100.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	<b>10a</b> 71,434,966.			
	<b>b</b> Less: accumulated depreciation.....	<b>10b</b> 40,487,659.	31,823,866.	<b>10c</b>	30,947,307.
	<b>11</b> Investments — publicly traded securities.....	86,819,428.	<b>11</b>	100,157,827.	
	<b>12</b> Investments — other securities. See Part IV, line 11.....	19,257,780.	<b>12</b>	21,083,273.	
	<b>13</b> Investments — program-related. See Part IV, line 11.....		<b>13</b>		
	<b>14</b> Intangible assets.....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11.....	2,546,824.	<b>15</b>	2,516,351.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34).....	147,067,488.	<b>16</b>	163,405,157.		
<b>LIABILITIES</b>	<b>17</b> Accounts payable and accrued expenses.....	7,746,635.	<b>17</b>	4,051,736.	
	<b>18</b> Grants payable.....		<b>18</b>		
	<b>19</b> Deferred revenue.....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities.....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D.....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties.....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties.....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D.....	5,919,456.	<b>25</b>	4,810,934.	
	<b>26 Total liabilities.</b> Add lines 17 through 25.....	13,666,091.	<b>26</b>	8,862,670.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets.....	106,836,309.	<b>27</b>	125,430,044.	
	<b>28</b> Temporarily restricted net assets.....	14,317,499.	<b>28</b>	16,625,186.	
	<b>29</b> Permanently restricted net assets.....	12,247,589.	<b>29</b>	12,487,257.	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds.....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund.....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds.....		<b>32</b>		
	<b>33</b> Total net assets or fund balances.....	133,401,397.	<b>33</b>	154,542,487.	
<b>34</b> Total liabilities and net assets/fund balances.....	147,067,488.	<b>34</b>	163,405,157.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,007,025.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,788,588.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,218,437.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	133,401,397.
5	Other changes in net assets or fund balances (explain in Schedule O). See Schedule O	5	18,922,653.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	154,542,487.

**Part XII Financial Statements and Reporting**

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

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

BAA

Form 990 (2010)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

<b>Name of the organization</b> BRAILLE INSTITUTE OF AMERICA, INC.	<b>Employer identification number</b> 95-1641426
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**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 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 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?.....		
(ii) A family member of a person described in (i) above?.....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?.....		

(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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')...						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. ....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. ....						
4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4. ....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 <b>Total support.</b> Add lines 7 through 10. ....						
12 Gross receipts from related activities, etc (see instructions). ....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . .... ▶ <input type="checkbox"/>						

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

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

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

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

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

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

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

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

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

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

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



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

BRaille INSTITUTE OF AMERICA, INC.

95-1641426

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Table with 3 columns: Question, Held at the End of the Tax Year. Rows include purpose of easements, total number, acreage, modified easements, monitoring policy, and expenses.

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.

Table with 3 columns: Question, Amount. Rows include art collection reporting requirements and amounts for revenues and assets.

**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	12,247,589.	12,175,853.	12,401,965.		
b Contributions	50,000.				
c Net investment earnings, gains, and losses	189,668.	71,736.	-226,112.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	12,487,257.	12,247,589.	12,175,853.		

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	92,883.	10,250,048.		10,342,931.
b Buildings		45,038,496.	28,392,198.	16,646,298.
c Leasehold improvements		4,866,456.	2,543,597.	2,322,859.
d Equipment		11,090,281.	9,551,864.	1,538,417.
e Other		96,802.		96,802.

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  30,947,307.

BAA

**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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other <u>Investments - Hedge Funds</u>	21,083,273.	End of Year Market Value
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990 Part X, column (B) line 12.) ▶	21,083,273.	

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13) N/A

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

**Part IX Other Assets.** (See Form 990, Part X, line 15) N/A

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

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) <u>Gift Annuity Liabilities</u>	4,810,934.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25) ▶	4,810,934.

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

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	29,007,025.
2 Total expenses (Form 990, Part IX, column (A), line 25)	26,788,588.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	2,218,437.
4 Net unrealized gains (losses) on investments	18,922,653.
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net). Add lines 4 through 8	18,922,653.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	21,141,090.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1 Total revenue, gains, and other support per audited financial statements	<b>1</b>	47,929,678.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	<b>2a</b>	18,922,653.
b Donated services and use of facilities	<b>2b</b>	
c Recoveries of prior year grants	<b>2c</b>	
d Other (Describe in Part XIV)	<b>2d</b>	
e Add lines 2a through 2d	<b>2e</b>	18,922,653.
3 Subtract line 2e from line 1	<b>3</b>	29,007,025.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
b Other (Describe in Part XIV)	<b>4b</b>	
c Add lines 4a and 4b	<b>4c</b>	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	29,007,025.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1 Total expenses and losses per audited financial statements	<b>1</b>	26,788,588.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	<b>2a</b>	
b Prior year adjustments	<b>2b</b>	
c Other losses	<b>2c</b>	
d Other (Describe in Part XIV)	<b>2d</b>	
e Add lines 2a through 2d	<b>2e</b>	
3 Subtract line 2e from line 1	<b>3</b>	26,788,588.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
b Other (Describe in Part XIV)	<b>4b</b>	
c Add lines 4a and 4b	<b>4c</b>	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	26,788,588.

**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 V, Line 4 - Intended Uses Of Endowment Fund**

These are net assets resulting from contributions and other inflows of assets whose use by the Institute is limited by donor-imposed stipulations. All permanently restricted net assets are available for endowment.

**Part XIV Supplemental Information** (continued)**Part V, Line 4 - Intended Uses Of Endowment Fund (continued)**

Part XI, Line 4 - Net unrealized gains (losses) on investments

Changes in Pension Liability \$ 3,017,704

Changes in Split - Interest 554,000

Unrealized Gain on Investments 15,161,922

Unrealized Gain on Beneficiary Interest 189,027

Total Net Unrealized Gains on Investments \$18,922,653

**Part X - FIN 48 Footnote**

Taxes

The Institute was organized pursuant to the General Nonprofit Corporation Law of the State of California. The Institute is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The Institute is also exempt from California franchise taxes and certain general county real and personal property taxes under Section 23701d of the California Revenue and Taxation Code. However, the Institute is subject to income taxes on any net income that is derived from a trade or business, regularly carried on, and not in furtherance of the purposes for which it was granted exemption. Since the Institute had no obligation for unrelated business income tax for the year ended June 30, 2011, no provisions for federal or state income taxes are required.

Tax positions taken related to the Institute's tax exempt status, unrelated business activities taxable income and deductibility of expenses and other miscellaneous tax positions have been reviewed, and management is of the opinion that material positions taken by the Institute would more likely than not be sustained by examination. Accordingly, the Institute has not recorded an income tax liability for uncertain tax benefits. As of June 30, 2011, the Institute's tax years ending June 30, 2007 through June 30, 2011 remain subject to examination.



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

**Schools**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 13,  
or Form 990-EZ, Part VI, line 48.  
▶ Attach to Form 990 or Form 990-EZ.**

Name of the organization

**BRILLE INSTITUTE OF AMERICA, INC.**

Employer identification number

**95-1641426**

**Part I**

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?.....	X	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?.....	X	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain. If you need more space, use Part II. .... <u>The organization has no set periods of solicitation or registration. Nevertheless, its policy was published in newspapers serving, Santa Barbara, San Diego, Los Angeles, Orange and Riverside Counties in 12/2010.</u>	X	
<b>4</b> Does the organization maintain the following? <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?.....	X	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?.....	X	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?.....	X	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?..... If you answered 'No' to any of the above, please explain. If you need more space, use Part II.	X	
<b>5</b> Does the organization discriminate by race in any way with respect to: <b>a</b> Students' rights or privileges?.....		X
<b>b</b> Admissions policies?.....		X
<b>c</b> Employment of faculty or administrative staff?.....		X
<b>d</b> Scholarships or other financial assistance?.....		X
<b>e</b> Educational policies?.....		X
<b>f</b> Use of facilities?.....		X
<b>g</b> Athletic programs?.....		X
<b>h</b> Other extracurricular activities?..... If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II.		X
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency?.....	X	
<b>6b</b> Has the organization's right to such aid ever been revoked or suspended?..... If you answered 'Yes' to either line 6a or line 6b, explain on Part II. See Part II		X
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' explain on Part II.....	X	

**Part II Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

**Schedule E, Line 6 - Explanation of Aid or Assistance from Governmental Agency**

Our financial assistance comprises an appropriation from the State of California which reimburses Braille Institute for a portion of the operating expenses of the Library. This appropriation has been awarded annually.

**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

**2010**

**Open to Public  
Inspection**

Name of the organization

BRaille INSTITUTE OF AMERICA, INC.

Employer identification number

95-1641426

**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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Stratmark, LTD	D. Mail Consult		X	1,026,795.	96,000.	930,795.
2 Campbell & Comp	Cap. Campaign		X	1,001,500.	26,442.	975,058.
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				2,028,295.	122,442.	1,905,853.

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

AL AK AZ AR CA CO CT FL GA HI IL KS KY LA ME MD MA MI MN MS MO NH NJ NM NY NC ND OH  
OK OR PA RI SC TN UT VA WA WV WI

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

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		(event type)	(event type)	(total number)	(add column (a) through column (c))	
REVENUE	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4- through 9 in column (d)				
	11	Net income summary. Combine line 3, column (d), and line 10				

**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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
					(add column (a) through column (c))	
REVENUE	1	Gross revenue				
	2	Cash prizes				
DIRECT EXPENSES	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
DIRECT EXPENSES	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine lines 1, column (d) and line 7				

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?  Yes  No

b If 'No,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

b If 'Yes,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  Yes  No

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?  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 contact with a third party from whom the organization receives gaming revenue?  Yes  No

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?  Yes  No

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 ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**Part I, Line 2b - Fundraiser Additional Information**

The Institute entered into separate agreements with Stratmark, LTD and Campbell & Company, to cover professional fundraising services and professional fundraising expenses, such as printing, paper, envelopes and postage. Amounts calculated on Schedule G can be supported by the agreements and the expenses paid to Stratmark, LTD and Campbell & Company.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2010**

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**BRILLE INSTITUTE OF AMERICA, INC.**

Employer identification number

**95-1641426**

**Part I Questions Regarding Compensation**

		Yes	No								
<p><b>1 a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>		<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<p><b>b</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.....</p>		<b>1b</b>									
<p><b>2</b> 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?.....</p>		<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>		<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization?.....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?.....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?.....</p> <p>If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		<b>4a</b>	<b>X</b>								
		<b>4b</b>	<b>X</b>								
		<b>4c</b>	<b>X</b>								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>											
<p><b>5</b> 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:</p> <p><b>a</b> The organization?.....</p> <p><b>b</b> Any related organization?.....</p> <p>If 'Yes' to line 5a or 5b, describe in Part III.</p>		<b>5a</b>	<b>X</b>								
		<b>5b</b>	<b>X</b>								
<p><b>6</b> 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:</p> <p><b>a</b> The organization?.....</p> <p><b>b</b> Any related organization?.....</p> <p>If 'Yes' to line 6a or 6b, describe in Part III.</p>		<b>6a</b>	<b>X</b>								
		<b>6b</b>	<b>X</b>								
<p><b>7</b> 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.....</p>		<b>7</b>	<b>X</b>								
<p><b>8</b> 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 Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.....</p>		<b>8</b>	<b>X</b>								
<p><b>9</b> If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?.....</p>		<b>9</b>									

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies 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 and incentive compensation	(iii) Other reportable compensation				
1 Leslie E. Stock	(i)	287,432.	0.	1,146.	22,877.	15,213.	326,668.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 Rezaur Rahman	(i)	164,279.	0.	469.	11,808.	22,004.	198,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 Anthony Taketa	(i)	157,204.	0.	469.	11,112.	20,324.	189,109.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 Sally Jameson	(i)	172,328.	0.	460.	16,621.	10,790.	200,199.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 David Burkhard	(i)	165,471.	0.	877.	11,648.	9,969.	187,965.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 Kathleen Ash	(i)	151,341.	0.	0.	0.	14,430.	165,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ **Complete if the organizations answered 'Yes'**  
**on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization

BRaille INSTITUTE OF AMERICA, INC.

Employer identification number

95-1641426

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art .....				
2 Art—Historical treasures .....				
3 Art—Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....	X	5	16,625.	Selling Price
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities—Publicly traded .....	X	1	1,325,042.	Market Value
10 Securities—Closely held stock .....				
11 Securities—Partnership, LLC, or trust interests .....				
12 Securities—Miscellaneous .....				
13 Qualified conservation contribution— Historic structures .....				
14 Qualified conservation contribution—Other .....				
15 Real estate—Residential .....				
16 Real estate—Commercial .....				
17 Real estate—Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ ) .....				
26 Other ▶ ( _____ ) .....				
27 Other ▶ ( _____ ) .....				
28 Other ▶ ( _____ ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....

	Yes	No
30a		X
31	X	
32a		X
33		

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If 'Yes,' describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2010



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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

BRAILLE INSTITUTE OF AMERICA, INC.

Employer identification number

95-1641426

**Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder**

The Institute is a non-stock, nonprofit corporation with members, no shareholders.

**Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body**

The members elect members to serve on the Board of Directors, the Institute's governing body. Not all members are elected to the Board of Directors.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

The Audit Committee reviews and approves the Corporation's Form 990 prior to its filing each year with the Internal Revenue Service. More specifically, staff prepares a final copy of the Form 990 for review by the Audit Committee. The Audit Committee then meets to review and discuss the Form 990. The Audit Committee then approves the Form 990 before it is filed with the IRS. The Audit Committee consists of voting members of the governing body. Additionally, Management and all Board Members of the Institute are provided the Form 990 prior to its filing with the IRS.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

All of the Institute's board members and officers, i.e. the governing body, are required annually to sign the Braille Institute of America, Inc.'s Conflict of Interest Policy. The policy states that these individuals "should avoid placing themselves in positions in which their personal interests are, or may be, in conflict with the interests of Braille Institute," and continues on to provide certain guidelines on which to consider actual or potential conflict situations. The policy requires members and officers to disclose, to the best of their knowledge, any of these interests. "In the event of an actual conflict of interest, the Board shall investigate the material facts and the affected director's or officer's interest in the transaction or activity. \* \* \* \* After the Board's investigation is concluded, the Board shall vote on whether to authorize or approve of the conflict of interest, excluding the vote of the interested director. If a Board vote is not

Name of the organization

BRAILLE INSTITUTE OF AMERICA, INC.

Employer identification number

95-1641426

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)**

reasonably practicable, a committee of three (3) directors appointed by the Board or Executive Committee may conduct the investigation and report to the Board at the Board's next meeting whereupon the Board will vote on the conflict of interest, excluding the vote of the interested director." The individual signing the policy is taking responsibility to adhere to the Conflict of Interest Policy, which includes notifying the Chairman of the Board if he/she becomes aware of any actual or potential conflict situation.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees**

According to the Institute's bylaws, "The Executive Compensation Committee shall review the performance and compensation of all officers and make recommendations to the Board regarding the compensation of said officers." In compliance with these bylaws, the Executive Compensation Committee meets annually to review the performance and compensation of not only the President but other top management officials. The Committee met in December of 2010 to determine the compensation for the top management officials of the Institute.

**Form 990, Part VI, Line 17 - List of States which this Return is Filed**

AL AK AZ AR CA CT FL GA HI IL KS KY LA MD MA MI MN MS NH NJ NM NY NC ND OH OK OR  
PA RI SC TN UT VA WA WV WI

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

The Institute makes the annual Audited Financial Statements available to the public by posting the published document on its website, [www.brailleinstitute.org](http://www.brailleinstitute.org). The completed final Form 990 is available for public inspection through the Braille Institute, Guidestar and Foundation Directory websites. Additionally, the Institute's governing documents, including but not limited to, the annual Audited Financial Statements and the Conflict of Interest Policy are available by written request and free of charge. If ever an inspection at an office of the Institute

Name of the organization

Employer identification number

BRaille INSTITUTE OF AMERICA, INC.

95-1641426

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available (continued)

ensues, all such documents will be promptly provided upon request within a reasonable time.

Form 990, Part VI, Line 1a.- Composition of the Executive Committee

The organization does maintain an Executive Committee consisting of the Board Chair, the past Board chair, Committee chairs and additional directors selected by the Board. All members of the Executive Committee are members of the Board of Directors. The Committee has all the powers of the Board except the power to fill Board vacancies and amend the bylaws.

Form 990, Schedule J, Part III - Supplemental Information

Certain employees are covered by a defined benefit plan but no additions to future accruals have been made since the plan was frozen to future benefit accruals effective January 1,2008.

Form 990, Part VII, Section A, Line 1-Part Year Directors and Officers

Officer and director titles reflected with "Part Year (Pt Yr)" indicate that the individual held the position part of the tax year, and some are no longer holding the position at the end of the tax year.

**Form 990, Part XI, Line 5**  
**Other Changes in Net Assets or Fund Balances**

Net Unrealized Gains or Losses on Investments.....	\$ 18,922,653.
Total	<u>\$ 18,922,653.</u>

Client 0001

BRAILLE INSTITUTE OF AMERICA, INC.

95-1641426

11/11/11

09:50AM

**Rental Income Worksheet****Personal Property**

Gross Rental Income.....	\$	32,970.
Expenses		
Total Expenses.....	\$	<u>0.</u>
Net Rental Income or Loss		<u>\$ 32,970.</u>

**Form 990, Part IX, Line 24f  
Other Expenses**

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management &amp; General</u>	(D) <u>Fundraising</u>
Community Relations	451,530.	358,925.		92,605.
Contr.Labor	374,917.	336,305.	22,915.	15,697.
Postage and Shipping	65,729.	61,785.	1,972.	1,972.
Total	<u>\$ 892,176.</u>	<u>\$ 757,015.</u>	<u>\$ 24,887.</u>	<u>\$ 110,274.</u>

**Schedule D, Part V  
Endowment Funds**

	<u>Current Year</u>	<u>Prior Year</u>	<u>Two Yrs. Back</u>	<u>Three Yrs. Back</u>	<u>Four Yrs. Back</u>
Beginning of year balance	12247589.	12175853.	12401965.	0.	0.
Contributions	50,000.				
Investment earnings (losses)	189,668.	71,736.	-226,112.		
Grants or scholarships					
Expend. for facilities & progs					
Administrative expenses					
End of year balance	12487257.	12247589.	12175853.	0.	0.

**Balance Sheet****Net unrealized gains or losses on investments**

Changes in Pension Liability.....	\$	3,017,704.
Unrealized Gain.....		15,161,922.
Unrealized Gain on beneficial Intr.....		189,027.
Change in Split-Interest.....		<u>554,000.</u>
Total	\$	<u><u>18,922,653.</u></u>

Client 0001

BRAILLE INSTITUTE OF AMERICA, INC.

95-1641426

11/11/11

09:50AM

Braille Institute of America, Inc.  
Employer I.D.# 95-1641426  
Attachment to (Form Number 990 Part III - Line 1) for Tax year 2010  
What is the Organization's primary exempt purpose?

Braille Institute of America, Inc. was founded in 1919 in Los Angeles, California and is now one of the largest and most comprehensive blind services organizations in the country. The Institute's mission is to eliminate barriers to a fulfilling life caused by blindness and severe sight loss. In addition to operating a nationally recognized library serving the blind and physically disabled, we offer braille publishing and recording services, child development services, youth independence-building programs, low vision rehabilitation services, adult educational classes, and we are a leader in the promotion of braille literacy throughout the United States. From July 1, 2010 - June 30, 2011, Braille Institute assisted 74,960 people of all ages. Services are available through the Sight Center in Los Angeles; regional centers in Anaheim, Rancho Mirage, San Diego and Santa Barbara; and through 251 community outreach locations throughout Southern California. A nonprofit organization, Braille Institute is operated and funded almost entirely through private donations. To achieve our mission, we provide free programs and services that help children and adults who are blind or visually impaired to gain adaptive living skills and build self-confidence so that they may live independent and satisfying lives.

Part III - Line 4a:

A. Through Braille Institute's Educational Services: 2,522 blind and visually impaired adults were enrolled in center-based classes, receiving instruction in independent living skills, orientation and mobility, home management and cooking, creative arts and access technology; 3,532 blind and visually impaired adults were enrolled in Community Outreach classes that took place in 251 locations throughout Southern California and received instruction in basic skills for people with sight loss; 506 Youth (ages 6-18) and 344 Young Adults (ages 19-30) built daily living and career readiness skills through guided instruction to meet individual performance goals.

B. Braille Institute's Child Development Services for blind and visually impaired infants and young children ages 0-5 provided in-home early interventions and preschool assistance to 336 families.

C. The Braille Challenge, a national braille literacy program of Braille Institute that tests children's braille-reading skills through a rigorous competition, served 855 children and youth between the ages of 6-18.

D. Braille Institute provided 4,300 free low vision consultations at our five Regional Centers, through our Mobile Solutions program which utilizes specially outfitted vehicles, and through appointments in the field.

E. We educated the public at large about sight loss and Braille Institute's capabilities to help through 249 speaking engagements and 387 group tours. We also provided 21 film and television consultations.

Part III - Line 4b:

Braille Institute's national award-winning Library Services provide brailled and audio books by mail, offering patrons access to more than 104,000 titles. It is the largest single service Braille Institute offers. In 2010/2011 our Library Services served 31,884 registered readers who are blind, visually impaired or physically disabled. As one of the largest National Library Service (NLS) chartered libraries in the country, we have 1,535,160 braille and audio books available and circulated 1,350,038 library materials last year. Braille Institute's comprehensive Library Services are available through the main library in the Los Angeles Sight Center, branch libraries in each of our Regional Centers (Anaheim, Rancho Mirage, San Diego

11/11/11

09:50AM

and Santa Barbara), and more than 1,535 deposit libraries located in community centers, convalescent hospitals and public libraries throughout Southern California.

Part III - Line 4c:

Braille Institute's Braille Publishing Department produced 2,612,306 brailled pages. There were 5,482 subscriptions to our braille publications for blind and visually impaired individuals. The children's publication programs include "Special Collection" and "Partners in Literacy." The adult publication programs include the annual "Rose Parade Program."