Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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

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

C Name of organization
THE AMERICAN ACADEMY OF NEUROLOGY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1080 MONTREAL AVENUE

City or town, state or country, and ZIP + 4
ST PAUL, MN 551162325

D Employer identification number
41-0726167

E Telephone number
(651) 695-1940

G Gross receipts $ 27,418,805

F Name and address of principal officer
CATHERINE M RYDELL
1080 MONTREAL AVENUE
ST PAUL,MN 551162325

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

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

H(c) Group exemption number ▶

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

J **Website:** ▶ WWW AAN COM

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

L Year of formation 1948

M State of legal domicile MN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROMOTE THE HIGHEST QUALITY NEUROLOGIC CARE AND ENHANCE MEMBER CAREER SATISFACTION

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	131
6	Total number of volunteers (estimate if necessary)	6	680
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	929,501
b	Net unrelated business taxable income from Form 990-T, line 34	7b	19,315

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,830,974	2,498,934
	9	Program service revenue (Part VIII, line 2g)	14,111,187	13,962,847
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	192,212	650,840
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,806,473	8,195,909
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,940,846	25,308,530
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	953,449	1,855,483
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,437,363	8,513,066
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶350,553		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	17,092,801	13,659,623
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	25,483,613	24,028,172
	19	Revenue less expenses Subtract line 18 from line 12	457,233	1,280,358
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	41,422,144	37,613,085
	21	Total liabilities (Part X, line 26)	13,209,621	9,693,641
	22	Net assets or fund balances Subtract line 21 from line 20	28,212,523	27,919,444

Part II Signature Block

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

Sign Here

▶ ****** | 2010-11-15
Signature of officer | Date

▶ TIMOTHY J ENGEL CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Karen Gries | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LARSONALLEN LLP
220 SOUTH SIXTH STREET SUITE 300
MINNEAPOLIS, MN 55402

EIN ▶

Phone no ▶ (612) 376-4500

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO PROMOTE THE HIGHEST QUALITY PATIENT-CENTERED NEUROLOGIC CARE AND ENHANCE MEMBER CAREER SATISFACTION

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 $ 9,413,092 including grants of $ 478,876) (Revenue $ 7,369,174)

EDUCATION THE AMERICAN ACADEMY OF NEUROLOGY HAS PROVIDED TOP-TIER EDUCATION PROGRAMMING AND A WEALTH OF SCIENTIFIC INFORMATION TO MEMBERS LOOKING TO BETTER THEMSELVES THE ULTIMATE GOAL IS TO PROVIDE IMPROVED OUTCOMES TO NEUROLOGY PATIENTS WORLDWIDE THE ANNUAL MEETING IS THE BEST AND MOST CONVENIENT WAY TO HELP ALL THOSE IN NEUROLOGISTS' CARE LIVE HEALTHIER LIVES

4b (Code) (Expenses $ 2,630,872 including grants of $ 0) (Revenue $ 2,489,739)

PUBLICATIONS COMMUNICATION OF SCIENTIFIC AND SCHOLARLY INFORMATION THROUGH SCIENTIFIC PUBLICATIONS FOR THE BENEFIT OF ALL MEMBERS THIS IS ACCOMPLISHED THROUGH VARIOUS PUBLICATIONS NEUROLOGY IS DIRECTED TO PHYSICIANS CONCERNED WITH DISEASES AND CONDITIONS OF THE NERVOUS SYSTEM NEUROLOGY TODAY COVERS IMPORTANT CLINICAL, RESEARCH, POLICY, PRACTICE, AND OTHER NEWS RELEVANT TO NEUROLOGISTS CONTINUUM LIFELONG LEARNING IN NEUROLOGY IS A TOPIC-BASED SELF-STUDY CONTINUING MEDICAL EDUCATION PUBLICATION

4c (Code) (Expenses $ 2,087,432 including grants of $ 0) (Revenue $ 3,777,899)

MEMBERSHIP THE AMERICAN ACADEMY OF NEUROLOGY, ESTABLISHED IN 1948, IS AN INTERNATIONAL PROFESSIONAL ASSOCIATION OF MORE THAN 21,000 NEUROLOGISTS AND NEUROSCIENCE PROFESSIONALS DEDICATED TO PROVIDING THE BEST POSSIBLE CARE FOR PATIENTS WITH NEUROLOGICAL DISORDERS THE AMERICAN ACADEMY OF NEUROLOGY IS STRONGLY COMMITTED TO ITS MISSION AND FOCUSES ITS EFFORTS ON ENSURING THE REALITY OF THE PRINCIPLES AND STANDARDS SET FORTH IN THE MISSION STATEMENT

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 3,110,748 including grants of $ 1,376,607) (Revenue $ 326,035)

4e **Total program service expenses** ►$ 17,242,144

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A: Yes (Yes/No)			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II*	15	Yes	
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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable*	**1a**	378			
b	Enter the number of Forms W-2G included in line 1a *Enter -0- if not applicable*	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	131			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	18		
b	Enter the number of voting members that are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 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 Additional Data Table

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

TIMOTHY J ENGEL
1080 MONTREAL AVENUE
ST PAUL, MN 551162325
(651) 695-2764

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See add'l data										

1b Total . . . . ▶	2,070,178	228,793	462,154

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 ▶11

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

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
MARATHON MULTIMEDIA LLC 1201 WEST DIVISION ST FARIBAULT, MN 55021	ANNUAL MEETING SERVICES	416,215
CONVENTION MANAGEMENT RESOURCES 33 NEW MONTGOMERY 1420 SAN FRANCISCO, CA 94105	ANNUAL MEETING SERVICES	124,370
THE INVENTURE GROUP 23505 SMITHTOWN RD 240 EXCELSIOR, MN 55331	COACHING	104,961

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 ▶3

Part VIII **Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d	2,018,095				
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	480,839				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . ▶		2,498,934			
Program Service Revenue		Business Code				
	2a CONFERENCE/EDUC FEES	541,900	7,695,209	7,695,209		
	b MEMBERSHIP DUES	900,099	3,777,899	3,777,899		
	c MANAGEMENT FEES	561,000	2,055,199	1,210,649	844,550	
	d PRODUCTS/PUBLICATIONS	511,120	434,540	352,789	81,751	
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		13,962,847			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		579,925			579,925
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . ▶		8,062,836		3,200	8,059,636
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	(i) 2,153,923				
	b Less cost or other basis and sales expenses	(i) 2,083,008				
	c Gain or (loss)	(i) 70,915				
	d Net gain or (loss) . . . . ▶		70,915			70,915
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a	120,719				
	b Less cost of goods sold . . b	27,267				
	c Net income or (loss) from sales of inventory . . ▶		93,452			93,452
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS REVENUE	900,099	39,621			39,621
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		39,621			
	12 **Total revenue.** See Instructions . . . ▶		25,308,530	13,036,546	929,501	8,843,549

Part IX Statement of Functional Expenses

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	981,800	981,800		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	861,183	861,183		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	12,500	12,500		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,189,185	1,251,165	938,020	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,499,378	2,074,629	2,424,749	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	536,627	264,054	272,573	
9	Other employee benefits	881,725	498,664	383,061	
10	Payroll taxes	406,151	207,109	199,042	
11	Fees for services (non-employees)				
a	Management				
b	Legal	50,797		50,797	
c	Accounting	60,625		60,625	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	29,908		29,908	
g	Other	2,768,330	2,208,724	209,053	350,553
12	Advertising and promotion	11,619	6,321	5,298	
13	Office expenses	1,279,981	993,430	286,551	
14	Information technology	408,767	204,384	204,383	
15	Royalties . .				
16	Occupancy	930,585	322,285	608,300	
17	Travel	882,072	734,073	147,999	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,189,733	4,068,088	121,645	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	241,657	83,692	157,965	
23	Insurance	101,276	25,100	76,176	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	INCOME TAX	385		385	
b	DUES AND SUBSCRIPTIONS	2,607,770	2,440,976	166,794	
c	EMPLOYEE TRAINING	33,019		33,019	
d	HONORARIA/GRANT COSTS	25,617		25,617	
e	EMPLOYEE RECOGNITION	24,690		24,690	
f	All other expenses	12,792	3,967	8,825	
25	**Total functional expenses.** Add lines 1 through 24f	24,028,172	17,242,144	6,435,475	350,553
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	6,874,086	2	6,698,006
	3	Pledges and grants receivable, net	604,974	3	487,734
	4	Accounts receivable, net	141,816	4	194,626
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	50,000	7	45,000
	8	Inventories for sale or use	47,860	8	40,009
	9	Prepaid expenses and deferred charges	647,767	9	449,227
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* 10a 1,734,145			
	b	Less accumulated depreciation 10b 1,433,928	459,635	10c	300,217
	11	Investments—publicly traded securities	20,802,727	11	22,560,499
	12	Investments—other securities See Part IV, line 11		12	3,813,524
	13	Investments—program-related See Part IV, line 11	7,363,460	13	2,598,102
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	4,429,819	15	426,141
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	41,422,144	16	37,613,085
Liabilities	17	Accounts payable and accrued expenses	2,013,460	17	2,110,644
	18	Grants payable	2,039,069	18	1,716,918
	19	Deferred revenue	9,157,092	19	5,605,937
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	0	25	260,142
	26	**Total liabilities.** Add lines 17 through 25	13,209,621	26	9,693,641
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	24,345,834	27	26,990,609
	28	Temporarily restricted net assets	3,307,651	28	928,835
	29	Permanently restricted net assets	559,038	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	28,212,523	33	27,919,444
	34	Total liabilities and net assets/fund balances	41,422,144	34	37,613,085

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE AMERICAN ACADEMY OF NEUROLOGY

Employer identification number
41-0726167

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 **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

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

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,518,095	7,028,148	8,855,741	7,557,606	6,276,833	37,236,423
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	14,368,652	14,778,773	17,038,761	16,831,853	17,318,283	80,336,322
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	21,886,747	21,806,921	25,894,502	24,389,459	23,595,116	117,572,745
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year				2,954,904	255,868	3,210,772
c Add lines 7a and 7b				2,954,904	255,868	3,210,772
8 **Public Support** (Subtract line 7c from line 6)						114,361,973

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	21,886,747	21,806,921	25,894,502	24,389,459	23,595,116	117,572,745
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	688,657	1,315,958	952,130	192,212	700,644	3,849,601
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	688,657	1,315,958	952,130	192,212	700,644	3,849,601
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					21,208	21,208
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	467,011	593,990	1,165	98,175	39,621	1,199,962
13 **Total support** (Add lines 9, 10c, 11 and 12)	23,042,415	23,716,869	26,847,797	24,679,846	24,356,589	122,643,516

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	93 250 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	82 930 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	3 140 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	2 830 %

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

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

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
Schedule A, Part II, Line 12, Explanation of Other Income MISCELLANEOUS INCOME

Additional Data

Software ID:
Software Version:
EIN: 41-0726167
Name: THE AMERICAN ACADEMY OF NEUROLOGY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 1,376,607 including grants of $ 1,376,607) (Revenue $ 0)

GRANTS AND AWARDS THE AMERICAN ACADEMY OF NEUROLOGY IS COMMITTED TO FUNDING SCHOLARS IN THE FIELD OF NEUROLOGY, PROVIDING TWO YEAR CLINICAL RESEARCH TRAINING FELLOWSHIPS TO STUDENTS WHO MEET THE REQUIREMENTS THE ORGANIZATION ALSO OFFERS SCHOLARSHIPS TO RESIDENT STUDENTS AND STUDENTS INTERESTED IN PURSING CAREERS IN NEUROLOGY WHEN ATTENDING THE ANNUAL MEETING AND EDUCATION RESEARCH GRANTS

(Code) (Expenses $ 1,376,528 including grants of $ 0) (Revenue $ 326,035)

CLINICAL PRACTICE THE ACADEMY EVALUATES CURRENT AND FUTURE OPPORTUNITIES FOR THE DEVELOPMENT OF PRACTICE MANAGEMENT PRODUCTS AND TOOLS FOR NEUROLOGISTS IT PROVIDES OVERSIGHT SUPPORT IN THE DEVELOPMENT AND IMPLEMENTATION OF RBRVS AND CPT/ICD CODING INFORMATION AND RESOURCES, AND PROVIDES CONSULTATION, CODING AND COVERAGE ISSUES THE ORGANIZATION IS ALSO RESPONSIBLE TO DEVELOP QUALITY INDICATORS, PREPARE MEMBERS TO INCORPORATE QUALITY IMPROVEMENT AND ACCOUNTABILITY IN THEIR PRACTICES, AND ENSURE APPROPRIATE USE OF MEASURES BY PAYERS AND POLICY-MAKERS

(Code) (Expenses $ 328,486 including grants of $ 0) (Revenue $ 0)

ADVOCACY THE ACADEMY'S ADVOCACY EFFORTS ARE CENTERED ON DEVELOPING LEADERS WHO WILL ADVOCATE FOR THE PROFESSION AT THE STATE AND FEDERAL LEVEL, AS WELL AS FUNDING COMMITTEE ACTIVITIES RELATED TO PRACTICE IMPROVEMENT, QUALITY AND MEASUREMENT STANDARDS, AND PATIENT SAFETY

(Code) (Expenses $ 29,127 including grants of $ 0) (Revenue $ 0)

PRODUCTS SALES OF TOOLS FOR NEUROLOGISTS TO USE IN PRACTICE INCLUDING PATIENT BROCHURES, POCKET GUIDELINES, PRACTICE CDS, AND SYLLABI CDS

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN M SERGAY PRESIDENT/PAST PRES	1 00	X		X				0	0	0
ROBERT C GRIGGS PRESIDENT ELECT/PRES	10 00	X		X				100,184	0	0
LISA M DEANGELIS VICE PRESIDENT	1 00	X		X				0	0	0
TERRENCE L CASCINO SECRETARY/TREASURER	1 00	X		X				0	0	0
LISA M SHULMAN SECRETARY/DIRECTOR	1 00	X		X				0	11,897	0
BRUCE SIGSBEE TREASURER/PRES ELECT	5 00	X		X				35,135	0	0
ROBERT J BAUMANN DIRECTOR	1 00	X						0	0	0
SUSAN B BRESSMAN DIRECTOR	1 00	X						0	0	0
ROBIN L BREY DIRECTOR	1 00	X						0	21,000	0
VINAY CHAUDHRY DIRECTOR	1 00	X						0	0	0
ROBERT A GROSS DIRECTOR	1 00	X						0	70,500	0
RALPH F JOZEFOWICZ DIRECTOR	1 00	X						900	0	0
AARON E MILLER DIRECTOR	1 00	X						2,000	58,116	0
JOHN NOSEWORTHY DIRECTOR	1 00	X						0	17,500	0
MARC S NUWER DIRECTOR	1 00	X						2,600	5,000	0
TIMOTHY A PEDLEY DIRECTOR	1 00	X						0	0	0
LAURA B POWERS DIRECTOR	1 00	X						1,400	2,900	0
STEVEN P RINGEL DIRECTOR	1 00	X						0	41,880	0
KAREN L ROOS DIRECTOR	1 00	X						2,233	0	0
RALPH L SACCO DIRECTOR	1 00	X						900	0	0
AUSTIN J SUMNER DIRECTOR	1 00	X						0	0	0
MARK S YERBY DIRECTOR	1 00	X						0	0	0
CATHERINE M RYDELL CEO/EXECUTIVE DIRECTOR	35 00			X				518,642	0	104,626
TIMOTHY J ENGEL CFO	20 00				X			202,222	0	42,568
MURRAY G SAGSVEEN GENERAL COUNSEL	52 00				X			217,155	0	45,008

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTINE E PHELPS FDN DEPUTY EXEC DIR	40 00				X			252,203	0	59,009
RODNEY LARSON CHIEF HEALTH POL OFFCR	40 00				X			204,377	0	54,963
CHRIS KERAN CHIEF MEMB/STRAT OFFCR	40 00					X		159,728	0	54,108
JASON KOPINSKI CHIEF MKTG/TECH OFFICER	40 00					X		118,441	0	46,584
KRISTINE FRIDGEN SENIOR DIRECTOR, RED	40 00					X		109,270	0	24,255
SUSAN DUNLOP DEVELOPMENT DIRECTOR	40 00					X		142,788	0	31,033

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
INCOME TAX	385		385	
DUES AND SUBSCRIPTIONS	2,607,770	2,440,976	166,794	
EMPLOYEE TRAINING	33,019		33,019	
HONORARIA/GRANT COSTS	25,617		25,617	
EMPLOYEE RECOGNITION	24,690		24,690	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE AMERICAN ACADEMY OF NEUROLOGY

Employer identification number
41-0726167

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Using the organization's 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
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other
c ☐ Preservation for future generations

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ %

b Permanent endowment ▶ %

c Term endowment ▶ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		361,183	340,000	21,183
d Equipment		1,372,962	1,093,928	279,034
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				300,217

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other CERTIFICATES OF DEPOSIT	3,813,524	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	3,813,524	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT IN SUBSIDIARY	2,598,102	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	2,598,102	

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	260,142
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	260,142

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

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

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

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

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

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

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

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, 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

Identifier	Return Reference	Explanation

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE AMERICAN ACADEMY OF NEUROLOGY

Employer identification number
41-0726167

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☑ **No**

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees or agents in region	**(d)** Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for region
Totals . . . . . ▶	0	0			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland & Greenland)	RECOGNITION AWARD	12,500	WIRE	0	N/A	CASH VALUE

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV **Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE AMERICAN ACADEMY OF NEUROLOGY

Employer identification number
41-0726167

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ACADEMY OF NEUROLOGY FOUNDATION 1080 MONTREAL AVENUE ST PAUL,MN 55116	411717098	501(C)(3)	910,000	0	N/A	N/A	FUNDING FOR CLINICAL RESEARCH TRAINING FELLOWSHIP
UNIVERSITY OF MIAMIC/O SPONSORED PROGRAMS ATTN RICHARD ISAACSON BA MD PO BOX 025405 MIAMI,FL 331365405	590624458	501(C)(3)	10,000	0	N/A	N/A	EDUCATIONAL RESEARCH GRANT
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE660 S EUCLID AVENUE CAMPUS BOX 8111 8111 ST LOUIS,MO 63110	430653611	501(C)(3)	20,000	0	N/A	N/A	EDUCATIONAL RESEARCH GRANTS (2)
BRIGHAM & WOMEN'S HOSPITALATTN HEIDI THOMAS 75 FRANCIS STREEET TOWER D DEPT OF NEUROLOGY BOSTON,MA 02115	042312909	501(C)(3)	9,300	0	N/A	N/A	EDUCATIONAL RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY733 N BROADWAY 117 BALTIMORE,MD 21205	520595110	501(C)(3)	20,000	0	N/A	N/A	EDUCATIONAL RESEARCH GRANTS (2)
THE GENERAL HOSPITAL CORP MASSACHUSSETS GENERAL HOSPITALPO BOX 414876 BOSTON,MA 022414876	042697983	501(C)(3)	12,500	0	N/A	N/A	SHEILA ESSEY AWARD

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 6

3 Enter total number of other organizations . . . ▶ 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RECOGNITION AWARDS	3	99,999	0	N/A	N/A
HONORARIA	585	432,226	0	N/A	N/A
GRANTS/AWARDS	303	256,691	0	N/A	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE RESEARCHER SEEKING A GRANT SUBMITS A PROPOSAL DESCRIBING THE PROPOSED RESEARCH, AGREEING TO SUBMIT INTERIM PROGRESS REPORTS IN ORDER TO RECEIVE FUNDS FUNDS ARE DISBURSED THROUGH THE RESEARCHER'S INSTITUTION, AND THE RESEARCHER IS ASSIGNED A MENTOR AT THE INSTITUTION THE PROGRESS REPORTS MUST MEET GUIDELINES OF INCLUDING AIMS AND PROGRESS ACHIEVED TOWARD MEETING THE AIMS, ANY OBSTACLES ENCOUNTERED, PLANS FOR THE UPCOMING YEAR, PUBLICATIONS, PRESENTATIONS AND AWARDS RESULTING FROM RESEARCH, AND THE MENTOR'S COMMENTS ON GRANTEE PROGRESS AND PROJECT OTHER GRANTS AND ASSISTANCE INCLUDING RECOGNITION AWARDS, EDUCATIONAL RESEARCH AWARDS, AND TRAVEL ASSISTANCE TO THE ANNUAL MEETING ARE GIVEN AND MONITORING OF REPORTING THE USE OF THE FUNDS IS NOT A CONDITION OF THE AWARD

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE AMERICAN ACADEMY OF NEUROLOGY

Employer identification number
41-0726167

Part I Questions Regarding Compensation

1a Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- ☐ First-class or charter travel
- ☐ Travel for companions
- ☐ Tax idemnification and gross-up payments
- ☐ Discretionary spending account
- ☐ Housing allowance or residence for personal use
- ☐ Payments for business use of personal residence
- ☐ Health or social club dues or initiation fees
- ☐ Personal services (e g , maid, chauffeur, chef)

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- ☑ Compensation committee
- ☑ Independent compensation consultant
- ☐ Form 990 of other organizations
- ☑ Written employment contract
- ☑ Compensation survey or study
- ☑ Approval by the board or compensation committee

			Yes	No
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CATHERINE M RYDELL	(i)	387,675	44,666	86,301	76,082	28,544	623,268	44,666
	(ii)	0	0	0	0	0	0	0
TIMOTHY J ENGEL	(i)	187,583	13,915	724	35,277	7,291	244,790	13,915
	(ii)	0	0	0	0	0	0	0
MURRAY G SAGSVEEN	(i)	197,127	14,599	5,429	37,754	7,254	262,163	14,599
	(ii)	0	0	0	0	0	0	0
CHRISTINE E PHELPS	(i)	226,329	17,093	8,781	44,202	14,807	311,212	17,093
	(ii)	0	0	0	0	0	0	0
RODNEY LARSON	(i)	184,656	14,135	5,586	36,555	18,408	259,340	14,135
	(ii)	0	0	0	0	0	0	0
CHRIS KERAN	(i)	155,566	3,960	202	30,838	23,270	213,836	3,960
	(ii)	0	0	0	0	0	0	0
JASON KOPINSKI	(i)	108,294	8,348	1,799	22,314	24,270	165,025	8,348
	(ii)	0	0	0	0	0	0	0
SUSAN DUNLOP	(i)	141,993	0	795	15,025	16,008	173,821	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE AMERICAN ACADEMY OF NEUROLOGY

Employer identification number
41-0726167

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION	CONTROLLED RELATED ORGANIZATION	400,000	PERFORMANCE OF MANAGEMENT SERVICES		No

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE AMERICAN ACADEMY OF NEUROLOGY

Employer identification number
41-0726167

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 1		THE ACADEMY'S EXECUTIVE COMMITTEE CONSISTS OF THE FOLLOWING BOARD MEMBERS OF THE AMERICAN ACADEMY OF NEUROLOGY PRESIDENT, PRESIDENT ELECT, TREASURER, TWO OTHER BOARD MEMBERS APPOINTED BY THE PRESIDENT, AND THE CEO/EXECUTIVE DIRECTOR, EX-OFFICIO THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS BETWEEN MEETINGS, WITH ANY SUCH ACTION REAFFIRMED BY THE FULL BOARD DURING THE NEXT MEETING
Form 990, Part VI, Section A, line 4		THE ACADEMY'S MEMBERSHIP UNANIMOUSLY APPROVED THE FOLLOWING CHANGES TO THE BYLAWS (1) ARTICLE I - OBJECTIVES - ABBREVIATED THE STATEMENT TO "THE AMERICAN ACADEMY OF NEUROLOGY IS A MEDICAL SPECIALTY SOCIETY ESTABLISHED TO ADVANCE THE ART AND SCIENCE OF NEUROLOGY, AND THEREBY PROMOTE THE BEST POSSIBLE CARE FOR PATIENTS WITH NEUROLOGICAL DISORDERS," AND (2) ARTICLE VI, SECTION 4 - INDEMNIFICATION - PRESIDENTIAL APPOINTEES OR OTHER MEMBERS AUTHORIZED TO ACT ON BEHALF OF OR REPRESENT THE ACADEMY TO THE CLASS OF INDIVIDUALS WERE ADDED FOR COVERAGE BY THIS ARTICLE
Form 990, Part VI, Section A, line 6		ALL MEMBERS OF THE AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION ARE MEMBERS OF THE AMERICAN ACADEMY OR NEUROLOGY THE CLASSES OF MEMBERSHIP INCLUDE FELLOW, CORRESPONDING FELLOW, ACTIVE, CORRESPONDING ACTIVE, JUNIOR, ASSOCIATE, RESEARCH SCIENTIST, NON-NEUROLOGIST CLINICIAN, BUSINESS ADMINISTRATOR, STUDENT, HONORARY, AND SENIOR PLEASE SEE WWW AAN COM FOR DETAILS ON EACH MEMBERSHIP CLASS THE DIRECTORS OF THE AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION SERVE ON THE BOARD OF THE AMERICAN ACADEMY OF NEUROLOGY AS EX-OFFICIO TRUSTEES WITH FULL VOTING RIGHTS, EXCEPT FOR THE EXECUTIVE DIRECTOR WHO IS A NON-VOTING MEMBER OF BOTH BOARDS
Form 990, Part VI, Section A, line 7a		THE CLASSES OF MEMBERSHIP ENTITLED TO VOTE FOR THE ELECTION OF ONE OR MORE MEMBERS OF THE GOVERNING BODY INCLUDE FELLOWS, ACTIVES, HONORARY AND SENIOR MEMBERS WHO HAD VOTING PRIVILEGES IN THEIR MOST RECENT PREVIOUS CATEGORY OF MEMBERSHIP, CANDIDATES SELECTED TO HOLD ANY ELECTED OFFICE INCLUDE FELLOWS, OR HONORARY OR SENIOR MEMBERS WHOSE PRIOR CLASSIFICATION WAS FELLOW ELIGIBLE VOTING MEMBERS ELECT MEMBERS OF THE GOVERNING BODY PERIODICALLY, AS VACANCIES ARISE, OR OTHERWISE
Form 990, Part VI, Section A, line 7b		MEMBERS OF THE ACADEMY HAVE THE RIGHT TO APPROVE ELECTION OF MEMBERS TO THE GOVERNING BODY AS ELECTED BY THE GOVERNING BODY, APPROVE AMENDMENTS TO THE GOVERNING DOCUMENTS, AND APPROVE OTHER MATTERS THAT ARE SUBJECT TO THE APPROVAL OF MEMBERS AS THEY OCCUR
Form 990, Part VI, Section B, line 11		THE ACADEMY'S CFO AND GENERAL COUNSEL UNDERTOOK AN EXTENSIVE REVIEW OF THE DRAFT 990 AS INITIALLY PREPARED BY THE AUDIT FIRM AFTER THAT FIRM'S NONPROFIT LEAD PARTNER AND TAX PROFESSIONALS SECURED ALL NECESSARY INFORMATION THEIR REVIEW WAS THEREAFTER AUGMENTED BY EXEMPT ORGANIZATIONS TAX/LEGAL COUNSEL HIRED IN 2010, WHO HAS ALSO ASSISTED IN A "LOOKBACK" AT PRIOR YEARS' FILINGS (THOSE PREPARED BY A PREDECESSOR AUDIT/TAX-PREPARER FIRM) KEY ARENAS FOR IMPROVED 990 REPORTING ON THE 2009 TAX YEAR WERE BROUGHT BY THE ACADEMY'S MANAGEMENT TEAM AND TAX/LEGAL COUNSEL TO THE ACADEMY'S FINANCE COMMITTEE PRIOR TO THE RETURN'S FINAL DRAFTING THE FINAL AS-FILED FORM 990 WILL BE ON THE AGENDA FOR DISCUSSION AT THE NEXT REGULARLY-SCHEDULED FULL MEETING OF THE BOARD OF DIRECTORS (IN FEBRUARY 2011) AT THAT TIME A COMPLETE OVERVIEW OF THIS 990 WILL BE PROVIDED TO THE BOARD BY THE CFO AND OUTSIDE TAX/LEGAL COUNSEL
Form 990, Part VI, Section B, line 12c		THE ACADEMY'S CONFLICT OF INTEREST POLICY COVERS INDIVIDUALS SERVING AS AN OFFICER, COMMITTEE MEMBER, TEACHER, AUTHOR, CONSULTANT OR OTHER POSITIONS OF OFFICIAL RESPONSIBILITY OR LEADERSHIP ALL COVERED INDIVIDUALS ARE REQUIRED TO COMPLETE A RELATIONSHIP DISCLOSURE STATEMENT ANNUALLY, OR AS CHANGES IN PERSONAL CIRCUMSTANCES OCCUR THE STATEMENTS ARE REVIEWED AND ACTIONS DETERMINED ACCORDING TO THE ACADEMY'S ADMINISTRATIVE HIERARCHY BASED ON POSITION AND GENERAL COUNSEL, OR BY THE EXECUTIVE COMMITTEE IF A RESOLUTION CAN NOT BE MADE POTENTIAL CONFLICTS ARE HANDLED ON AN INDIVIDUAL BASIS ACTIONS TAKEN DEPEND ON THE SEVERITY OF THE CONFLICT WHICH INCLUDE NO ACTION REQUIRED, ON-GOING MONITORING WITH APPROPRIATE DISCLOSURE, OR WITHDRAWAL FROM THE CONFLICTING RELATIONSHIP
Form 990, Part VI, Section B, line 15a		COMPENSATION FOR THE CEO/EXECUTIVE DIRECTOR IS APPROVED BY THE BOARD OF DIRECTORS BASED ON RECOMMENDATION OF THE COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE IS COMPRISED OF THE OFFICERS OF THE ORGANIZATION AND FOUR (4) ADDITIONAL MEMBERS OF THE BOARD OF DIRECTORS A BI-ANNUAL SALARY SURVEY IS COMPLETED BY AN INDEPENDENT CONSULTANT THAT IS SELECTED BY THE COMMITTEE THE REPORT, THE BOARD APPROVED COMPENSATION PHILOSOPHY, AND ANNUAL PERFORMANCE REVIEW ARE USED AS A BASIS TO SET ANNUAL COMPENSATION THIS PROCESS WAS LAST COMPLETED IN 2009 FOR THE CEO/EXECUTIVE DIRECTOR, C RYDELL SETTING THE COMPENSATION FOR THE CFO AND OTHER MEMBERS OF THE EXECUTIVE STAFF IS THE RESPONSIBILITY OF THE CEO/EXECUTIVE DIRECTOR BASED ON THE BI-ANNUAL SALARY SURVEY AND ANNUAL PERFORMANCE REVIEW THE COMPENSATION COMMITTEE IS INFORMED OF THESE SALARY CHANGES THIS PROCESS WAS LAST CONDUCTED IN 2009 FOR THE CFO, T ENGEL, GENERAL COUNSEL, M SAGSVEEN, DEPUTY EXECUTIVE DIRECTOR, C PHELPS, AND CHIEF HEALTH POLICY OFFICER, R LARSON

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ACADEMY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THEIR WEBSITE

SCHEDULE R, PART V, LINE 2 EXPLANATION FOR TRANSACTIONS WITH RELATED ENTITIES THE REPORTED INTERSECTIONS WITH THE ACADEMY'S RELATED "PROFESSIONAL ASSOCIATION" REFLECT PLANNED TRANSACTIONS BY WHICH THE LATTER ENTITY WAS PROVIDED (AND CHARGED APPROPRIATELY FOR) ACCESS TO SERVICES OF THE ACADEMY'S STAFF, FACILITIES AND EQUIPMENT THESE EXCHANGES WERE EFFECTUATED AT ARMS' LENGTH, SUBJECT TO CONTRACT ARRANGEMENTS AND, AS APPROPRIATE, TIME SHEET DOCUMENTATION THE ACADEMY RECEIVED NO LESS THAN FAIR MARKET VALUE FOR THE GOODS AND SERVICES SO EXCHANGED WITH THE RELATED ORGANIZATION FORM 990, PART VII, SECTION A, LINE 1A EXPLANATION FOR HOURS WORKED CATHERINE M RYDELL WORKED APPROXIMATELY 58 HOURS PER WEEK AS FOLLOWS AMERICAN ACADEMY OF NEUROLOGY 35 HOURS AMERICAN ACADEMY OF NEUROLOGY FOUNDATION 6 HOURS AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION 12 HOURS AMERICAN ACADEMY OF NEUROLOGY ENTERPRISES, INC 6 HOURS TIMOTHY J ENGEL WORKED APPROXIMATELY 43 HOURS PER WEEK AS FOLLOWS AMERICAN ACADEMY OF NEUROLOGY 20 HOURS AMERICAN ACADEMY OF NEUROLOGY FOUNDATION 7 HOURS AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION 11 HOURS AMERICAN ACADEMY OF NEUROLOGY ENTERPRISES, INC 5 HOURS MURRAY G SAGSVEEN WORKED APPROXIMATELY 67 HOURS PER WEEK AS FOLLOWS AMERICAN ACADEMY OF NEUROLOGY 52 HOURS AMERICAN ACADEMY OF NEUROLOGY FOUNDATION 1 HOUR AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION 14 HOURS CHRISTINE E PHELPS WORKED APPROXIMATELY 45 HOURS PER WEEK AS FOLLOWS AMERICAN ACADEMY OF NEUROLOGY 40 HOURS AMERICAN ACADEMY OF NEUROLOGY FOUNDATION 5 HOURS ROBERT C GRIGGS WORKED APPROXIMATELY 12 HOURS PER WEEK AS FOLLOWS AMERICAN ACADEMY OF NEUROLOGY 10 HOURS AMERICAN ACADEMY OF NEUROLOGY FOUNDATION 1 HOUR AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION 1 HOUR BRUCE SIGSBEE WORKED APPROXIMATELY 7 HOURS PER WEEK AS FOLLOWS AMERICAN ACADEMY OF NEUROLOGY 5 HOURS AMERICAN ACADEMY OF NEUROLOGY FOUNDATION 1 HOUR AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION 1 HOUR AUSTIN J SUMMER AND STEPHEN M SERGAY WORKED APPROXIMATELY 3 HOURS PER WEEK AS FOLLOWS AMERICAN ACADEMY OF NEUROLOGY 1 HOUR AMERICAN ACADEMY OF NEUROLOGY FOUNDATION 1 HOUR AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION 1 HOUR AARON E MILLER, JOHN NOSEWORTHY, KAREN L ROOS, LAURA B POWERS, LISA M DEANGELIS, LISA M SHULMAN, MARC S NUWER, MARK S YERBY, RALPH F JOZEFOWICZ, RALPH L SACCO, ROBERT A GROSS, ROBERT J BAUMANN, ROBIN L BREY, STEVEN P RINGEL, SUSAN B BRESSMAN, TERRENCE L CASCINO, TIMOTHY A PEDLEY, AND VINAY CHAUDHRY WORKED APPROXIMATELY 2 HOURS PER WEEK AS FOLLOWS AMERICAN ACADEMY OF NEUROLOGY 1 HOUR AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION 1 HOUR FORM 990, PART VI, SECTION A, LINE 1B EXPLANATION FOR NUMBER OF INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY THIS RETURN CORRECTLY NOTES THAT THE PATH BY WHICH THE ACADEMY INITIATED OPERATIONS OF A RELATED "PROFESSIONAL ASSOCIATION" REQUIRED THE NEW ENTITY'S BOARD OF DIRECTORS TO BE POPULATED BY ACADEMY'S DIRECTORS CONSEQUENTLY, IN 2009 (AND THROUGHOUT 2010), THE COUNT OF "INDEPENDENT DIRECTORS" FOR EACH ENTITY IS ZERO GIVEN THAT THE TWO ORGANIZATIONS HAVE UNDERTAKEN TRANSACTIONS (PLEASE REFER TO SCHEDULE R FOR THE DOLLAR AMOUNTS OF THESE PROPERLY REPORTED TRANSACTIONS) BOARD OVERLAP WAS MANDATED BY ACTION OF THE ACADEMY'S VOTING MEMBERS IN APPROVING THE INITIAL CREATION OF THE PROFESSIONAL ASSOCIATION IN 2007, AND HAS NOT BEEN ALTERED TO DATE HOWEVER, ACTION OF THE VOTING MEMBERS IN 2010 OCCURRED WITH RESPECT TO ORGANIZATIONAL DOCUMENT CHANGES THAT EFFECTUATE THE POSSIBILITY OF MORE AUTONOMY BETWEEN THE TWO BOARD IN 2011 THE ACADEMY'S EXECUTIVE COMMITTEE MEMBERS HAVE DISCUSSED "UNBUCKLING" OF THE TWO BOARDS AND THAT SUBJECT WILL BE BROUGHT BEFORE THE ACADEMY'S BOARD IN EACH OF THE TWO NEXT REGULARLY-SCHEDULED 2011 MEETINGS efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319019490

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE AMERICAN ACADEMY OF NEUROLOGY

Employer identification number
41-0726167

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION 1080 MONTREAL AVENUE ST PAUL, MN 55116 61-1532062	ADVANCE/PROMOTE NEUROLOGICAL SCIENCES	MN	501(c)(6)	N/A	N/A
AMERICAN ACADEMY OF NEUROLOGY FOUNDATION 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-1717098	PROMOTE/ADMINISTER CHARITABLE ACTIVITIES IN NEUROSCIENCES	MN	501(c)(3)	Line 7	N/A

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
AMERICAN ACADEMY OF NEUROLOGY ENTERPRISES INC 1080 MONTREAL AVENUE ST PAUL, MN55116 41-1966077	PUBLICATIONS	MN	N/A	C	4,094,943	3,512,389	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g	Yes	
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n		No
o	Reimbursement paid to other organization for expenses	1o	Yes	
p	Reimbursement paid by other organization for expenses	1p	Yes	
q	Other transfer of cash or property to other organization(s)	1q	Yes	
r	Other transfer of cash or property from other organization(s)	1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	**No**		**Yes**	**No**		**Yes**	**No**

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 41-0726167
Name: THE AMERICAN ACADEMY OF NEUROLOGY

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION	K	400,000
(2)	AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION	O	84,816
(3)	AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION	P	1,599,950
(4)	AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION	R	2,113,843
(5)	AMERICAN ACADEMY OF NEUROLOGY ENTERPRISES INC	A	233,550
(6)	AMERICAN ACADEMY OF NEUROLOGY ENTERPRISES INC	Q	360,859
(7)	AMERICAN ACADEMY OF NEUROLOGY ENTERPRISES INC	P	1,401,192
(8)	AMERICAN ACADEMY OF NEUROLOGY ENTERPRISES INC	C	95,000
(9)	AMERICAN ACADEMY OF NEUROLOGY FOUNDATION INC	B	910,000
(10)	AMERICAN ACADEMY OF NEUROLOGY FOUNDATION INC	C	1,923,095
(11)	AMERICAN ACADEMY OF NEUROLOGY FOUNDATION INC	K	343,000
(12)	SEE SCHEDULE O FOR ADDITIONAL DETAILS REGARDING THE TRANSACTIONS LISTED		