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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

C Name of organization: AMERICAN ASSOCIATION OF NEUROSURGEONS, INC.

Doing Business As AANS

Number and street (or P.O. box if mail is not delivered to street address): 5550 MEADOWBROOK ROAD — Room/suite

City or town, state or country, and ZIP + 4: ROLLING MEADOWS, IL 60008

D Employer identification number: 36-2958324

E Telephone number: 847-378-0500

G Gross receipts $ 22,423,589.

F Name and address of principal officer: THOMAS A. MARSHALL, SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

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

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

J Website: ▶ WWW.AANS.ORG

H(c) Group exemption number ▶ N/A

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1956 **M** State of legal domicile: IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: FOUNDED IN 1931 AS THE HARVEY CUSHING SOCIETY, THE AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS

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	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of employees (Part V, line 2a)	5	46
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	1,071,042.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	283,320.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,510,805.	2,571,687.
	9	Program service revenue (Part VIII, line 2g)	12,533,093.	16,295,178.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	420,881.	-116,186.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	211,675.	148,663.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,676,454.	18,899,342.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	922,950.	1,777,250.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,631,602.	5,203,203.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	9,364.	416,130.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 416,130.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	9,262,182.	11,735,763.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,826,098.	19,132,346.
	19	Revenue less expenses. Subtract line 18 from line 12	-149,644.	-233,004.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	24,531,273.	26,628,843.
	21	Total liabilities (Part X, line 26)	4,979,266.	5,444,190.
	22	Net assets or fund balances. Subtract line 21 from line 20	19,552,007.	21,184,653.

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Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 5/16/11

▶ RONALD W. ENGELBREIT, DEPUTY EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date 5-13-11 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ RSM MCGLADREY INC.
ONE SOUTH WACKER DRIVE, SUITE 800
CHICAGO, IL 60606-3392

EIN ▶

Phone no ▶ 312-634-3400

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED JUN 22 2011

6-16-24

6

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
FOUNDED IN 1931 AS THE HARVEY CUSHING SOCIETY, THE AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS (AANS) IS A SCIENTIFIC AND EDUCATIONAL ASSOCIATION WITH OVER 8,000 MEMBERS WORLDWIDE. THE AANS IS DEDICATED TO ADVANCING THE SPECIALTY OF NEUROLOGICAL SURGERY IN ORDER

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 $ 8,368,296. including grants of $) (Revenue $ 6,024,041.)
THE ANNUAL MEETINGS - THE ANNUAL MEETING EDUCATES MEMBERS AND NONMEMBERS ABOUT NEUROSURGICAL AND SOCIOECONOMICAL TOPICS AS WELL AS PROVIDES A TRADE SHOW FOR THE SPECIALTY. APPROXIMATELY 7,253 PEOPLE ATTENDED THE 2010 ANNUAL MEETING IN PHILADELPHIA. ALSO INCLUDED WITHIN THIS LINE ITEM IS THE 2009 WFNS ANNUAL MEETING.

4b (Code:) (Expenses $ 4,081,343. including grants of $) (Revenue $ 4,514,016.)
PUBLICATIONS - A MONTHLY JOURNAL AND VARIOUS BOOKS TO EDUCATE MEMBERS AND NON-MEMBERS ABOUT NEUROSURGICAL TOPICS. APPROXIMATELY 8,065 MEMBERS SUBSCRIBE TO THE JOURNAL OF NEUROSURGERY.

4c (Code:) (Expenses $ 228,657. including grants of $) (Revenue $ 261,298.)
THE ASSOCIATION CONDUCTS THREE JOINT PROGRAMS AND PROJECTS WITH ANOTHER NEUROSURGICAL NON-PROFIT ORGANIZATION TO FOCUS ON VARIOUS TOPICS RELATED TO NEUROSURGERY TO BENEFIT MEMBERS AND THE PUBLIC AT LARGE. IN ADDITION, THE ORGANIZATION HAS JOINTLY SPONSORED THIRTY-TWO ANNUAL MEETINGS WITH OTHER NON-FOR-PROFIT NEUROSURGICAL GROUPS.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 3,625,295. including grants of $ 1,777,250.) (Revenue $ 5,495,823.)

4e **Total program service expenses** ▶ $ 16,303,591.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 107			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 46			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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		X
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		X
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions*

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request

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

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

RONALD W. ENGELBREIT - 847-378-0500

5550 MEADOWBROOK DRIVE, ROLLING MEADOWS, IL 60008

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): 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
JAMES T. RUTKA AANS PRESIDENT	10.00	X		X				0.	0.	0.
PAUL C. MCCORMICK AANS PRESIDENT ELECT	10.00	X		X				1,185.	0.	0.
MITCHEL S. BERGER AANS VICE PRESIDENT	10.00	X		X				0.	0.	0.
ROBERT E. HARBAUGH AANS TREASURER	10.00	X		X				0.	0.	0.
WILLIAM T. COULDWELL AANS SECRETARY	10.00	X		X				0.	0.	0.
TROY M. TIPPET AANS PAST PRESIDENT	10.00	X		X				1,115.	0.	0.
GARY M. BLOOMGARDEN DIRECTOR AT LARGE	10.00	X						0.	0.	0.
RALPH G. DACEY, JR. DIRECTOR AT LARGE	10.00	X						0.	0.	0.
TIMOTHY B. MAPSTONE DIRECTOR AT LARGE	10.00	X						0.	0.	0.
GAIL L. ROSSEAU DIRECTOR AT LARGE	10.00	X						0.	0.	0.
FERNANDO G. DIAZ NW - REGIONAL DIRECTOR	10.00	X						0.	0.	0.
THOMAS L. FRANCAVILLA SE - REGIONAL DIRECTOR	10.00	X						0.	0.	0.
EZRIEL EDWARD KORNEL NE - REGIONAL DIRECTOR	10.00	X						0.	0.	0.
LAWRENCE M. SHUER SW - REGIONAL DIRECTOR	10.00	X						0.	0.	0.
THOMAS A. MARSHALL EXECUTIVE DIRECTOR	50.00				X			471,572.	0.	47,402.
RONALD W. ENGELBREIT DEPUTY EXECUTIVE DIRECTOR	50.00				X			210,036.	0.	37,124.
KATHERINE O. ORRICO WASHINGTON OFFICE DIRECTOR	50.00					X		183,281.	0.	28,259.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): 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
ANTHONY P. MACLINDONG INFORMATION SYSTEMS DIRECTOR	50.00					X		128,554.	0.	18,470.
JONI L. SHULMAN ASSOCIATE EXECUTIVR DIRECTOR	50.00					X		116,111.	0.	19,092.
ADRIENNE A. ROBERTS SENIOR MANAGER/LEGISLATIVE AFFAIRS	50.00					X		110,672.	0.	16,652.
CATHERINE J. HILL SENIOR MANAGER/REGULATORY AFFAIRS	50.00					X		109,964.	0.	16,752.
1b Total ▶								1,332,490.	0.	183,751.

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 ▶ 7

		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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
AVMG, INC., 3310 MATRIX DRIVE, SUITE 200, RICHARDSON, TX 75082	AUDIO VISUAL SERVICES	984,234.
CENTERPLATE/SAN DIEGO CONVENTION CENTER 111 W. HARBOR DRIVE, SAN DIEGO, IL 92101	FOOD & BEVERAGE	527,069.
CONVENTURES, INC. ONE DESIGN CENTER PLAZA, BOSTON, MA 02210	EVENT MANAGEMENT	483,158.
FREEMAN DECORATING SERVICES, INC. PO BOX 650036, DALLAS, TX 75265	DECORATING/MEETING SERVICES	385,551.
MEDICAL EDUCATION & RESEARCH INSTITUTE P.O. BOX 1000, DEPT.#326, MEMPHIS, TN 38148	EDUCATIONAL COURSES FOR PHYSICIANS	381,556.

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 ▶ 24

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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 1292691.				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1278996.				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f ▶		2571687.			
Program Service Revenue		Business Code				
	2 a ANNUAL MEETING	541800	6024041.		399,275.	5,624,766.
	b JRNL OF NEUROSURGERY	541800	4514016.	3841616.	672,400.	
	c WFNS CONFERENCE	900099	3474258.	3474258.		
	d PROF. DEVELOPMENT	900099	1518442.	1518442.		
	e CONTRACTED SERVICE	900099	503,123.	503,123.		
	f All other program service revenue	900099	261,298.	261,298.		
	g **Total.** Add lines 2a-2f ▶		16,295,178.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		386,817.		-633.	387,450.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶		148,663.			148,663.
		(i) Real / (ii) Personal				
	6 a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	3,021,244.				
	b Less: cost or other basis and sales expenses	3,524,247.				
	c Gain or (loss)	-503,003.				
	d Net gain or (loss) ▶		-503,003.			-503003.
	8 a 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 ▶					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less. cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11 a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶					
	12 Total revenue. See instructions. ▶		18,899,342.	9598737.	1,071,042.	5,657,876.

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	1,496,250.	1,496,250.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	188,750.	188,750.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	92,250.	92,250.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,404,668.	1,404,668.		
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	2,605,469.	2,193,237.	412,232.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	285,565.	285,565.		
9 Other employee benefits	621,932.	523,531.	98,401.	
10 Payroll taxes	285,569.	240,387.	45,182.	
11 Fees for services (non-employees):				
a Management	753,880.	634,602.	119,278.	
b Legal	242,222.	203,898.	38,324.	
c Accounting	64,462.	54,263.	10,199.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	416,130.			416,130.
f Investment management fees				
g Other	1,281,989.	1,079,155.	202,834.	
12 Advertising and promotion	433,879.	365,231.	68,648.	
13 Office expenses	851,229.	716,550.	134,679.	
14 Information technology	54,956.	46,261.	8,695.	
15 Royalties				
16 Occupancy	976,412.	821,926.	154,486.	
17 Travel	707,688.	595,719.	111,969.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,731,193.	2,299,069.	432,124.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	549,935.	462,925.	87,010.	
23 Insurance	191,911.	161,547.	30,364.	
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 PUBLICATIONS	1,752,368.	1,475,112.	277,256.	
b AUDIO-VISUAL	1,059,413.	891,795.	167,618.	
c INCOME TAXES	84,226.	70,900.	13,326.	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	19,132,346.	16,303,591.	2,412,625.	416,130.
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		612,813.	1	479,501.
	2	Savings and temporary cash investments		1,679,392.	2	1,196,628.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		598,332.	4	878,746.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		42,472.	8	44,556.
	9	Prepaid expenses and deferred charges		2,392,146.	9	566,713.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,106,116.			
	b	Less: accumulated depreciation	10b 4,807,853.	3,053,269.	10c	3,298,263.
	11	Investments - publicly traded securities		15,933,901.	11	14,272,491.
	12	Investments - other securities See Part IV, line 11			12	3,671,807.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		218,948.	15	2,220,138.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		24,531,273.	16	26,628,843.
Liabilities	17	Accounts payable and accrued expenses		2,002,968.	17	1,217,825.
	18	Grants payable		630,000.	18	1,450,000.
	19	Deferred revenue		2,311,156.	19	2,699,553.
	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		35,142.	25	76,812.
	26	**Total liabilities.** Add lines 17 through 25		4,979,266.	26	5,444,190.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		14,639,741.	27	15,713,798.
	28	Temporarily restricted net assets		3,712,148.	28	4,270,737.
	29	Permanently restricted net assets		1,200,118.	29	1,200,118.
		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		19,552,007.	33	21,184,653.
	34	Total liabilities and net assets/fund balances		24,531,273.	34	26,628,843.

932011 02-04-10

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization AMERICAN ASSOCIATION OF NEUROSURGEONS, INC.

Employer identification number 36-2958324

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	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									

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

932021 02-08-10

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

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

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

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

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

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

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

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

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

932022
02-08-10

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,677,588.	1,847,048.	2,785,576.	2,510,805.	2,571,687.	11,392,704.
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	12,225,020.	13,511,085.	13,980,039.	12,619,454.	16,295,178.	68,630,776.
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	13,902,608.	15,358,133.	16,765,615.	15,130,259.	18,866,865.	80,023,480.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 **Public support** (Subtract line 7c from line 6)						80,023,480.

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	13,902,608.	15,358,133.	16,765,615.	15,130,259.	18,866,865.	80,023,480.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	690,102.	824,201.	783,489.	511,376.	536,113.	3,345,281.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	690,102.	824,201.	783,489.	511,376.	536,113.	3,345,281.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	441,763.	377,497.	544,582.	266,738.	283,320.	1,913,900.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)	15,034,473.	16,559,831.	18,093,686.	15,908,373.	19,686,298.	85,282,661.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	93.83 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	92.83 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	3.92 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	4.75 %

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

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

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

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization: AMERICAN ASSOCIATION OF NEUROSURGEONS, INC.

Employer identification number: 36-2958324

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

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

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ 218,948.

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

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

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

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

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

a [X] Public exhibition
b [X] Scholarly research
c [X] Preservation for future generations
d [ ] Loan or exchange programs
e [ ] Other

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,409,465.	15,811,019.			
b Contributions	1061041.	138,000.			
c Net investment earnings, gains, and losses	492,925.	-772,799.			
d Grants or scholarships					
e Other expenditures for facilities and programs	130,052.	1766755.			
f Administrative expenses					
g End of year balance	14,833,379.	13,409,465.			

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

a Board designated or quasi-endowment ▶ 64.00 %
b Permanent endowment ▶ 8.00 %
c Term endowment ▶ 28.00 %

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)	X
(ii) related organizations	3a(ii)	X
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		788,900.		788,900.
b Buildings		3,133,189.	1,678,874.	1,454,315.
c Leasehold improvements		22,531.		22,531.
d Equipment		3,674,475.	2,652,471.	1,022,004.
e Other		487,021.	476,508.	10,513.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				3,298,263.

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		
ANNUITIES	981,815.	END-OF-YEAR MARKET VALUE
HEDGE FUNDS	2,689,992.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	3,671,807.	

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

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

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

(a) Description	(b) Book value
ARCHIVE ANTIQUITIES	218,948.
INTERCOMPANY BALANCE	2,001,190.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	2,220,138.

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO RELATED PARTIES	76,812.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	76,812.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
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 through 8	9	
10	Excess or (deficit) for the year per audited 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 must 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 must 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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4: THE ORGANIZATION MAINTAINS A COLLECTION OF BOOKS, DOCUMENTS, AND MEMORABILIA RELATED TO THE HISTORY AND DEVELOPMENT OF THE NEUROLOGICAL SCIENCES. SUCH ITEMS ARE USED IN HISTORICAL EXHIBITS, RESEARCH PROJECTS BY MEMBERS, AND SELECT ITEMS ARE AVAILABLE ON-LINE FOR VIEWING.

PART V, LINE 4: THE ASSOCIATION'S ENDOWMENT FUNDS ARE USED ACCORDING TO THE INTENDED STIPULATION(S) SET FORTH BY THE DONOR.

Part XIV Supplemental Information *(continued)*

PART X: AS OF JULY 1, 2009 AND JUNE 30, 2010, THE ENTITIES ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ENTITIES MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ENTITIES AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. AT JULY 1, 2009 AND JUNE 30, 2010, THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES.

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
AMERICAN ASSOCIATION OF NEUROSURGEONS, INC.

Employer identification number
36-2958324

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? [X] 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 Activities 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
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS		70,750.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS		17,500.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS		2,500.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	GRANTS TO RECIPIENTS		500.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS		1,000.
Totals ▶	0	0			92,250.

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

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02-01-10

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	CODMAN FELLOWSHIP	40,000.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	VAN WAGENEN FELLOWSHIP	15,000.	WIRE TRANSFER	0.		

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 ▶

3 Enter total number of other organizations or entities ▶

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)
CLOWARD FELLOWSHIP	NORTH AMERICA	1	15,000.	CHECK	0.		
SYNTHES RESIDENT AWARD	NORTH AMERICA	1	500.	CHECK	0.		
CLINICAL TRIAL PROPOSAL AWARD	NORTH AMERICA	1	250.	CHECK	0.		
SYNTHES SPINE AWARD	NORTH AMERICA	1	2,000.	CHECK	0.		
YOUNG NEUROSURGEONS COMMITTEE TOP GUN INSTITUTIONAL AWARD	NORTH AMERICA	1	1,000.	CHECK	0.		
YOUNG NEUROSURGEONS COMMITTEE TOP GUN AWARD - TOP HONORS	NORTH AMERICA	1	1,000.	CHECK	0.		
SONNTAG INTERNATIONAL FELLOWSHIP	MIDDLE EAST AND NORTH AFRICA	1	2,500.	WIRE TRANSFER	0.		
H. ALAN CROCKARD INTERNATIONAL FELLOWSHIP	EUROPE (INCLUDING ICELAND & GREENLAND)	1	2,500.	WIRE TRANSFER	0.		
SYNTHES CRANIOFACIAL INJURY AWARD	SOUTH AMERICA	1	1,000.	WIRE TRANSFER	0.		

Part III **Continuation of Grants and Other Assistance to Individuals Outside the United States.** (Schedule F (Form 990), Part III)

(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)
INTERNATIONAL OUTREACH COMMITTEE- INTERNATIONAL ABSTRACT AWARD WINNER	RUSSIA & THE NEWLY INDEPENDENT STATES	1	500.	WIRE TRANSFER	0.		

932183
02-01-10

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" on 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 AMERICAN ASSOCIATION OF NEUROSURGEONS, INC.

Employer identification number 36-2958324

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? [X] 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 ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, BCM 206 HOUSTON, TX 77030	74-1613878	501(C)(3)	40,000.	0.			NREF/MEDTRONIC RESEARCH FELLOW
BRIGHAM & WOMEN'S HOSPITAL PO BOX 3149 BOSTON, MA 02241	04-2312909	501(C)(3)	40,000.	0.			NREF RESEARCH FELLOW
CLEVELAND CLINIC 9500 EUCLID AVE., UA3-315 CLEVELAND, OH 44195	34-0714585	501(C)(3)	40,000.	0.			NREF/SPINE SECTION YOUNG CLINICIAN INVESTIGATOR AWARD
MASSACHUSETTS GENERAL HOSPITAL 185 CAMBRIDGE STREET, CPZN 3800 BOSTON, IL 02114	04-2697983	501(C)(3)	40,000.	0.			NREF/AACNS RESEARCH FELLOW
MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L. LEVY PLACE, SPONSORED PROJECTS ACCOUNTING,BOX 3500 - NEW YORK	13-6171197	501(C)(3)	40,000.	0.			CODMAN/DEPUY SPINE YOUNG CLINICIAN INVESTIGATOR
NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE ROAD VALHALLA, NY 10595	13-1099420	501(C)(3)	40,000.	0.			NREF/MEDTRONIC RESEARCH FELLOW

2 Enter total number of section 501(c)(3) and government organizations ▶ 31.

3 Enter total number of other organizations ▶ 1.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009

932101 02-02-10

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 Part IV and 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
SANFORD LARSON RESEARCH AWARD	1	15,000.	0.		
RONALD APPELBAUM RESEARCH AWARD	1	7,500.	0.		
VAN WAGENEN FELLOWSHIP	1	126,000.	0.		

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

SCHEDULE I, PART I, LINE 2: THE AWARDEE IS EXPECTED TO SIGN AND RETURN A FAX CONFIRMING THEIR ACCEPTANCE OF THE AWARD. ONCE RECEIVED, THE AWARDEE IS ISSUED A CONGRATULATORY LETTER. THIS LETTER PROVIDES DETAILS AND TERMS AND CONDITIONS OF THE GRANT SUCH AS THE AMOUNT AWARDED, HOW THE FUNDS ARE DISPERSED, MID-YEAR AND FINAL REPORTS DETAILING RESEARCH PROGRESS IS SOME OF THE INFORMATION OUTLINED IN THIS LETTER. IF THE GRANT IS CO-SPONSORED, THE SAME INFORMATION IS PROVIDED TO THE CO-SPONSOR. A FINAL BUDGET IS REQUIRED & SUBMITTED TO THE FINANCE DEPARTMENT.

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization: AMERICAN ASSOCIATION OF NEUROSURGEONS, INC.

Employer identification number: 36-2958324

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
THE NEW YORK & PRESBYTERIAN HOSPITAL - 525 E. 68TH STREET, BOX 156 - NEW YORK, NY 10021	13-3957095	501(C)(3)	40,000.	0.			NREF/SECTION ON TUMORS RESEARCH FELLOW
UNIVERSITY OF COLORADO ACADEMIC OFFICE BUILDING, RM 5001, 12631 E. 17TH AVENUE - AURORA, CO 80045	84-6000555	501(C)(3)	40,000.	0.			NREF/BIOMET MICROFIXATION YOUNG CLINICIAN INVESTIGATOR RESEARCH FELLOW
UNIVERSITY OF VIRGINIA 1001 N. EMMET STREET, PO BOX 400195 - CHARLOTTTESVILLE, VA 22903	54-6001796	501(C)(3)	40,000.	0.			NREF/CEREBROVASCULAR SECTION RESEARCH FELLOW
UNIVERSITY OF WISCONSIN 21 N. PARK STREET, SUITE 6401 MADISON, WI 53715	39-6006492	501(C)(3)	40,000.	0.			NREF/CODMAN RESEARCH FELLOW
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE, BOX 1034 ST. LOUIS, MO 63112	43-0653611	501(C)(3)	40,000.	0.			NREF/POREX SURGICAL RESEARCH FELLOW
BAYLOR COLLEGE OF MEDICINE 1709 DRYDEN ROAD, SUITE 750 HOUSTON, TX 77030	74-1613878	501(C)(3)	50,000.	0.			CODMAN & SHURTLEFF, INC POST-RESIDENCY CLINICAL FELLOWSHIP
BWH DEPT. OF NEUROSURGERY PO BOX 3149 BOSTON, MA 02241	04-2312909	501(C)(3)	29,167.	0.			CODMAN & SHURTLEFF, INC POST-RESIDENCY CLINICAL FELLOWSHIP
CLEVELAND CLINIC, CENTER FOR SPINE HEALTH - 9500 EUCLID AVE., UA3-315 - CLEVELAND, OH 44195	34-0714585	501(C)(3)	75,000.	0.			DEPUY SPINE, INC POST-RESIDENCY CLINICAL FELLOWSHIP

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

932241 02-01-10

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization AMERICAN ASSOCIATION OF NEUROSURGEONS, INC.

Employer identification number 36-2958324

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
DEPT. OF NEUROSURGERY, UNIVERSITY OF UTAH - 175 N. MEDICAL DRIVE EAST, 5TH FLOOR - SALT LAKE CITY, UT 84132	87-6000525	501(C)(3)	48,319.	0.			DEPUY SPINE, INC POST-RESIDENCY CLINICAL FELLOWSHIP
NORTHWESTERN UNIVERSITY 676 N. ST. CLAIR ST., SUITE 2210 CHICAGO, IL 60611	36-2167817	501(C)(3)	42,542.	0.			DEPUY SPINE, INC POST-RESIDENCY CLINICAL FELLOWSHIP
RECTOR & VISITORS OF THE UNIVERSITY OF VIRGINIA - PO BOX 400195 - CHARLOTTTESVILLE, VA 22904	54-6001796	501(C)(3)	75,000.	0.			DEPUY SPINE, INC POST-RESIDENCY CLINICAL FELLOWSHIP
RUSH UNIVERSITY MEDICAL CENTER 1725 W. HARRISON ST., SUITE 1115 CHICAGO, IL 60612	36-2174823	501(C)(3)	77,486.	0.			DEPUY SPINE, INC POST-RESIDENCY CLINICAL FELLOWSHIP; CODMAN & SHURTLEFF, INC.
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)(3)	75,000.	0.			DEPUY SPINE, INC POST-RESIDENCY CLINICAL FELLOWSHIP
TEMPLE NEUROLOGICAL ASSOCIATES 1803 N. BROAD STREET PHILADELPHIA, PA 19140	23-1365971	501(C)(3)	48,319.	0.			DEPUY SPINE, INC POST-RESIDENCY CLINICAL FELLOWSHIP
THE REGENTS OF THE UNIVERSITY OF CA AT SAN FRANCISCO - 1855 FOLSOM STREET, MCD 425, BOX 0897 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	75,000.	0.			DEPUY SPINE, INC POST-RESIDENCY CLINICAL FELLOWSHIP
UC REGENTS 10833 LECONTE AVENUE LOS ANGELES, CA 90095	95-6006143	501(C)(3)	75,000.	0.			DEPUY SPINE, INC POST-RESIDENCY CLINICAL FELLOWSHIP

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

932241 02-01-10

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization: AMERICAN ASSOCIATION OF NEUROSURGEONS, INC.

Employer identification number: 36-2958324

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNIVERSITY OF MIAMI PO BOX 025405 MIAMI, FL 33102	59-0624458	501(C)(3)	75,000.	0.			DEPUY SPINE, INC POST-RESIDENCY CLINICAL FELLOWSHIP
UNIVERSITY OF UTAH 201 SOUTH PRESIDENT'S CIRCLE, ROOM SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	50,000.	0.			CODMAN & SHURTLEFF, INC POST-RESIDENCY CLINICAL FELLOWSHIP
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	115(1)	29,167.	0.			CODMAN & SHURTLEFF, INC POST-RESIDENCY CLINICAL FELLOWSHIP
USF HEALTH DEPT. OF NEUROLOGICAL SURGERY & BRAIN REPAIR - PO BOX 864568 - ORLANDO, FL 32886	59-3102112	501(C)(3)	75,000.	0.			DEPUY SPINE, INC POST-RESIDENCY CLINICAL FELLOWSHIP
YALE UNIVERSITY, DEPT OF NEUROSURGERY - 333 CEDAR STREET, BOX 208082 - NEW HAVEN, CT 06520	06-0646973	501(C)(3)	7,500.	0.			RESIDENT RESEARCH AWARD
MEDICAL COLLEGE OF WISCONSIN 9200 W. WISCONSIN AVE MILWAUKEE, WI 53226	39-0806261	501(C)(3)	25,000.	0.			CLINICAL TRIALS AWARD
MAYO CLINIC GONDA 8-214 ROCHESTER, MN 55905	41-6011702	501(C)(3)	15,000.	0.			DAVID CAHILL FELLOWSHIP
ALL CHILDREN'S HOSPITAL FOUNDATION PO BOX 3142 ST. PETERSBURG, FL 33731	59-2481738	501(C)(3)	7,500.	0.			DAVID KLINE RESEARCH AWARD

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

932241 02-01-10

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization AMERICAN ASSOCIATION OF NEUROSURGEONS, INC.

Employer identification number 36-2958324

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HARVARD MEDICAL SCHOOL 44 BINNEY ST. BOSTON, MA 02115	04-2263040	501(C)(3)	25,000.	0.			NAT'L BRAIN TUMOR FOUNDATION FELLOWSHIP
OHIO STATE UNIVERSITY 333 W. 10TH AVE COLUMBUS, OH 43210	31-6401599	501(C)(3)	25,000.	0.			NAT'L BRAIN TUMOR FOUNDATION FELLOWSHIP

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

932241 02-01-10

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: RUSH UNIVERSITY MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: DEPUY SPINE, INC POST-RESIDENCY CLINICAL FELLOWSHIP; CODMAN & SHURTLEFF, INC. POST-RESIDENCY CLINICAL FELLOWSHIP

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization AMERICAN ASSOCIATION OF NEUROSURGEONS, INC.

Employer identification number 36-2958324

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2009

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02-02-10

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
THOMAS A. MARSHALL	(i)	430,000.	40,000.	1,572.	41,000.	8,069.	520,641.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
RONALD W. ENGELBREIT	(i)	195,036.	15,000.	0.	21,636.	16,919.	248,591.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHERINE O. ORRICO	(i)	168,281.	15,000.	0.	18,500.	10,988.	212,769.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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	Employer identification number
AMERICAN ASSOCIATION OF NEUROSURGEONS, INC.	36-2958324

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

(AANS) IS A SCIENTIFIC AND EDUCATIONAL ASSOCIATION WITH OVER 8,000 MEMBERS WORLDWIDE. THE AANS IS DEDICATED TO ADVANCING THE SPECIALTY OF NEUROLOGICAL SURGERY IN ORDER TO PROVIDE THE HIGHEST QUALITY OF NEUROSURGICAL CARE TO THE PUBLIC. ALL ACTIVE MEMBERS OF THE AANS ARE BOARD CERTIFIED BY THE AMERICAN BOARD OF NEUROLOGICAL SURGERY, THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA, OR THE MEXICAN COUNCIL OF NEUROLOGICAL SURGERY, A.C. NEUROLOGICAL SURGERY IS THE MEDICAL SPECIALTY CONCERNED WITH THE PREVENTION, DIAGNOSIS, TREATMENT AND REHABILITATION OF DISORDERS THAT AFFECT THE ENTIRE NERVOUS SYSTEM, INCLUDING THE SPINAL COLUMN, SPINAL CORD, BRAIN AND PERIPHERAL NERVES.

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

TO PROVIDE THE HIGHEST QUALITY OF NEUROSURGICAL CARE TO THE PUBLIC. ALL ACTIVE MEMBERS OF THE AANS ARE BOARD CERTIFIED BY THE AMERICAN BOARD OF NEUROLOGICAL SURGERY, THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA, OR THE MEXICAN COUNCIL OF NEUROLOGICAL SURGERY, A.C. NEUROLOGICAL SURGERY IS THE MEDICAL SPECIALTY CONCERNED WITH THE PREVENTION, DIAGNOSIS, TREATMENT AND REHABILITATION OF DISORDERS THAT AFFECT THE ENTIRE NERVOUS SYSTEM, INCLUDING THE SPINAL COLUMN, SPINAL CORD, BRAIN AND PERIPHERAL NERVES.

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

CONTRACTED SERVICES

EXPENSES $ 427818. INCLUDING GRANTS OF $ 0. REVENUE $ 503123.

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: AMERICAN ASSOCIATION OF NEUROSURGEONS, INC.

Employer identification number: 36-2958324

OTHER PROGRAM SERVICES

EXPENSES $ 3197477. INCLUDING GRANTS OF $ 1777250. REVENUE $ 4992700.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED WITHIN THE ASSOCIATION'S ACCOUNTING DEPARTMENT BY THE ACCOUNTING MANAGER AND DEPUTY EXECUTIVE DIRECTOR. INPUT FOR FORM 990 INCLUSION IS SUBMITTED TO THE ASSOCIATION'S AUDITING FIRM BY THE ACCOUNTING DEPARTMENT. AFTER FORM 990 IS COMPLETED BY THE ASSOCIATION'S AUDITING FIRM, THE 990 IS AGAIN REVIEWED BY BOTH THE ACCOUNTING MANAGER AND DEPUTY EXECUTIVE DIRECTOR PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: AS A CME PROVIDER ACCREDITED BY THE ACCME, THE AANS REQUIRES ALL INDIVIDUALS (AND THEIR SIGNIFICANT OTHERS) IN A POSITION TO INFLUENCE AND/OR CONTROL THE CONTENT OF AANS DIRECTLY AND JOINTLY SPONSORED CME ACTIVITIES TO DISCLOSE TO THE AANS AND SUBSEQUENTLY TO LEARNERS THAT THE INDIVIDUAL EITHER HAS NO RELEVANT FINANCIAL RELATIONSHIPS OR HAS ANY RELEVANT FINANCIAL RELATIONSHIPS WITH A COMMERCIAL INTEREST.

ALL DISCLOSURE INFORMATION MUST BE PROVIDED TO AANS CME ACTIVITY PARTICIPANTS PRIOR TO THE BEGINNING OF THE CME ACTIVITY. IF A DISCLOSURE IS NOT COMPLETED, THE INDIVIDUAL WILL NOT PARTICIPATE IN THE ACTIVITY.

ALL POTENTIAL CONFLICTS OF INTEREST IDENTIFIED THROUGH REVIEW OF THE DISCLOSURE FORM MUST BE RESOLVED IN ORDER FOR INDIVIDUALS IN A POSITION TO INFLUENCE AND/OR CONTROL CME CONTENT TO BE CONFIRMED FOR THE EDUCATIONAL ASSIGNMENT. THE RESOLUTION PROCESS AND OUTCOMES MUST BE DOCUMENTED IN THE

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	Employer identification number
AMERICAN ASSOCIATION OF NEUROSURGEONS, INC.	36-2958324

CME ACTIVITY FILE.

A CONFLICT OF INTEREST DISCLOSURE MUST ALSO BE COMPLETED YEARLY BY AANS COMMITTEE MEMBERS. ANYONE WHO DOES NOT COMPLETE THE DISCLOSURE WILL NOT PARTICIPATE ON THE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR IS BASED ON AN INDEPENDENT COMPENSATION SURVEY OF SIMILAR NOT-FOR-PROFITS AND NEGOTIATED BETWEEN THE EXECUTIVE DIRECTOR AND THE EXECUTIVE DIRECTOR'S REVIEW COMMITTEE. THE EXECUTIVE DIRECTOR'S REVIEW COMMITTEE CONSISTS OF THE PRESIDENT, PAST PRESIDENT, AND THE PRESIDENT-ELECT. COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE EXECUTIVE DIRECTOR USING AN INDEPENDENT COMPENSATION SURVEY OF SIMILAR NOT-FOR-PROFIT ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS DISCUSSED IN THIS QUESTION ARE AVAILABLE ON OUR WEB-SITE - WWW.AANS.ORG. IN ADDITION, FINANCIAL INFORMATION ON THE AANS IS AVAILABLE AT DUNS & BRADSTREET.

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 AMERICAN ASSOCIATION OF NEUROSURGEONS, INC.

Employer identification number 36-2958324

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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" to 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 ASSOCIATION OF NEUROLOGICAL SURGEONS - 32-0089113, 5550 MEADOWBRROOK DRIVE, ROLLING MEADOWS, IL 60008	NEUROSURGERY	ILLINOIS	501(C)(6)		N/A
NEUROSURGEONS TO PRESERVE HEALTH CARE ACCESS - 13-4249501, 5550 MEADOWBRROOK DRIVE, ROLLING MEADOWS, IL 60008	TORT REFORM	ILLINOIS	501(C)(6)		N/A
NEUROSURGERY PAC - 32-0089113 5550 MEADOWBRROOK DRIVE ROLLING MEADOWS, IL 60008	LOBBYING	ILLINOIS	501(C)(4)		N/A
NEUROPOINT ALLIANCE - 26-4081651 5550 MEADOWBRROOK DRIVE ROLLING MEADOWS, IL 60008	DATA COLLECTION	ILLINOIS	501(C)(6)		N/A

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

932161
02-04-10

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Disproportionate 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" to 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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the organization 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 or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c	X	
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

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(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS	C	1,292,691.
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproportionate 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

932164
02-04-10

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I — Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
	AMERICAN ASSOCIATION OF NEUROSURGEONS, INC.	36-2958324
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions 5550 MEADOWBROOK ROAD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions ROLLING MEADOWS, IL 60008	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ RONALD W. ENGELBREIT 5550 MEADOWBROOK DRIVE - ROLLING MEADOWS, IL 60008
  Telephone No. ▶ 847-378-0500 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2011 , to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2009 , and ending JUN 30, 2010 .

2 If this tax year is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

923831
05-26-09

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization AMERICAN ASSOCIATION OF NEUROSURGEONS, INC.	Employer identification number 36-2958324
	Number, street, and room or suite no. If a P.O. box, see instructions. 5550 MEADOWBROOK ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROLLING MEADOWS, IL 60008	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ 5550 MEADOWBROOK DRIVE - ROLLING MEADOWS, IL 60008

Telephone No. ▶ 847-378-0500 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2011 .

5 For calendar year _____ , or other tax year beginning JUL 1, 2009 , and ending JUN 30, 2010 .

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
THE INFORMATION NECESSARY TO PREPARE THE RETURN HAS NOT BEEN MADE AVAILABLE.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [signature] Title ▶ CPA Date ▶ 2-7-2011

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