** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

ΑI	For the	e 2023 calendar year, or tax year beginning and	ending		
B	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		41-14884	47
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	•	
	Final return termin		200	856-380-	
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,045,211.
늗	return ∏Applic	MOUNT LAUREL, NO 00054	MD I	H(a) Is this a group re	
	⊥tiòn pendii	F Name and address of principal officer. H. ELIZABETH ROSS,	мр, н		
_	Toy ov	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	H(b) Are all subordinates in	
	Websi	ITTI 1011111 ADA	01 321	H(c) Group exemptio	list. See instructions
		organization: X Corporation Trust Association Other	I Year		1 State of legal domicile: MN
	_	Summary	L 1001	or formation: = P = 0	Ciato or logar dormono; ===+
_		Briefly describe the organization's mission or most significant activities: ADVA	NCING	SCIENCE, ED	UCATION,
Governance	-	AND CAREERS TO IMPROVE NEUROLOGIC HEALTH	FOR A	ALL.	· · · · · · · · · · · · · · · · · · ·
rna	2	Check this box if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	16
জ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	16
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	5
Activities &		Total number of volunteers (estimate if necessary)			20
Act		Total unrelated business revenue from Part VIII, column (C), line 12			18,258.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		7,610.
		0 17 17 17 17 17 17 17 17		Prior Year 350,410.	Current Year 407,860.
ine		Contributions and grants (Part VIII, line 1h)		2,567,463.	2,748,837.
Revenue	1	Program service revenue (Part VIII, line 2g)		210,780.	612,005.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		193,229.	202,685.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,321,882.	3,971,387.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		235,969.	208,192.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		51,267.	540,671.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ф	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,652,332.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,939,568.	
	19	Revenue less expenses. Subtract line 18 from line 12		-617,686.	4,323.
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
sset 3ala	20	Total assets (Part X, line 16)		10,603,701.	10,598,625.
et A	21	Total liabilities (Part X, line 26)		1,728,757.	833,609. 9,765,016.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		8,874,944.	9,705,010.
_		Ities of perjury, I declare that I have examined this return, including accompanying schedule	e and etaten	nante, and to the heet of m	v knowledge and helief it is
		thes of perjury, it declare that i have examined this return, including accompanying schedule tt, and complete. Declaration of preparer (other than officer) is based on all information of wl			y Knowledge and Dellei, it is
uuu	, 001100	is and complete. Declaration of property (other than officer) is based on an information of wi	ποι ρισμαίο	i nas any knowleage.	
Sig	n	Signature of officer		Date	
Her		M. ELIZABETH ROSS, MD, PHD, PRESIDENT			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	I	Date Check	PTIN
Pai	d	ADAM WATSON ADAM WATSON	(06/12/24 if self-employs	P01367206
	parer	Firm's name BBD, LLP		Firm's EIN 2	3-2896692
Use	Only	Firm's address 1835 MARKET STREET, SUITE 300			
		PHILADELPHIA, PA 19103		Phone no.21	5-567-7770
		RS discuss this return with the preparer shown above? See instructions			X Yes No
LH/	A For	Paperwork Reduction Act Notice, see the separate instructions. 332001 1	12-21-23		Form 990 (2023)

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ADVANCING SCIENCE, EDUCATION, AND CAREERS TO IMPROVE NEUROLOGIC HEALTH
	FOR ALL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations 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	
	GENERAL MANAGEMENT AND MAINTENANCE OF THE AMERICAN NEUROLOGICAL
	ASSOCIATION INCLUDING ANNUAL MEETINGS, SCIENTIFIC AND EDUCATIONAL
	PURPOSE, AND FOR THE ADVANCEMENT OF NEUROLOGICAL SCIENCE WITH AN
	APPROXIMATE MEMBERSHIP OF 2,248.
4b	(Code:) (Expenses \$ 947,725 • including grants of \$ 150,000 •) (Revenue \$ 1,866,319 •)
40	PRODUCTION OF MANUSCRIPT AND EDITORIAL CONTENT FOR THE PUBLIC IN THE
	ANNALS OF NEUROLOGY AND ANNALS OF CLINICAL AND TRANSLATIONAL NEUROLOGY
	THAT REPORTS ON THE RESEARCH IN NEUROLOGY FOR EDUCATION IN THE
	ADVANCEMENT OF NEUROLOGICAL SCIENCE.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,623,637.
_	Form 990 (2023)

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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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			
0	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
5	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b		144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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. See instructions	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2023) THE AMERICAN NEURO Part IV | Checklist of Required Schedules (continued)

	Chicamat of Heddines Continued			T
00	Did the constitution was at a second for 000 of seconds and the second for decreasing in this individuals are		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		X	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	1	1
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
214	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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			٠,
	entity (including an employee thereof) or family member of any of these persons? 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 the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash 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		Х
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, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			Х
27	If "Yes," complete Schedule R, Part V, line 2	36		 ^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	3/		1
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 61			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
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	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over,	а			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAI	R).			
5а	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 transa			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_		v
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	wiege provided t	o the never?	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a 7b		21
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w.			70		
С	to file Form 8282?	•		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	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: Cross income from members or charabalders. N / A	446				
a	Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against	11a				
b	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			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N}{A}$	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	l l				
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					v
	excess parachute payment(s) during the year?			15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	4 1		40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ιτ income?		16		Х
17	If "Yes," complete Form 4720, Schedule O. Section F01/oV21) organizations. Did the trust, or any disqualified or other person engage in any as	divities.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any action would result in the imposition of an excise tax under section 4951, 4952 or 49532		N/A	17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	n res, complete ronn coos.			_	000	(0000)

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, IL, MA, MN, NJ, NY, PA, UT, VA	,WI		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 856-380-6892			
	1120 ROUTE 73, 200, MOUNT LAUREL, NJ 08054			

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

Check if Schedule O contains a response or note to any line in this Part VII

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.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)	l		((C)		iout	(D)	(E)	(F)
Name and title	Average hours per		not c		more	than		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic	box, unless person is bo officer and a director/tru					from	from related	other
	(list any	or director						the	organizations	compensation
	hours for related	e or d	stee			Highest compensated employee		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	nal tru		oyee	ошрег		1099-NEC)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and related
	below	In dividual trustee	Institutional trustee	Officer	Key employee	hest c ployee	mer			organizations
(1) BRENDA ORFFER	line) 40.00	Pu	lns	#0	, Ke	훈゠	For			
CHIEF EXECUTIVE OFFICER	40.00	1		X				221,462.	0.	6,644.
(2) NADINE GOLDBERG	40.00							221,402.	0.	0,044.
CHIEF PROGRAM OFFICER	10.00	1				x		170,500.	0.	30,795.
(3) ELIZABETH ROSS, MD, PHD	1.00					┢		2707000		3077331
PRESIDENT (FROM OCT. 2023)		x		х				0.	0.	0.
(4) FRANCES JENSEN, MD, FACP	1.00									
PRESIDENT (UNTIL OCT. 2023)		Х		Х				0.	0.	0.
(5) FRANCES JENSEN, MD, FACP	1.00									
PAST PRESIDENT (FROM OCT. 2023)		Х		Х				0.	0.	0.
(6) JUSTIN MCARTHUR, MBBS, MPH	1.00									
PAST PRESIDENT (UNTIL OCT. 2023)		Х		Х				0.	0.	0.
(7) DIMITRI KRAINC, MD, PHD	1.00	l								
PRESIDENT-ELECT (FROM OCT. 2023)	1 00	Х		Х				0.	0.	0.
(8) ELIZABETH ROSS, MD, PHD	1.00	,,		,,				0	0	0
PRESIDENT-ELECT (UNTIL OCT. 2023)	1 00	Х		Х				0.	0.	0.
(9) ROMER GEOCADIN MD	1.00	X		x				0.	0.	0
VICE PRESIDENT	1.00	^		Λ				0.	0.	0.
(10) CLIFFORD B. SAPER, MD, PHD TREASURER	1.00	X		x				0.	0.	0.
(11) LESLI SKOLARUS, MD, MS	1.00	^		Δ				0.	0.	<u> </u>
SECRETARY (FROM OCT. 2023)	1.00	x		x				0.	0.	0.
(12) S. THOMAS CARMICHAEL, MD, PHD	1.00									
SECRETARY (UNTIL OCT. 2023)		х		х				0.	0.	0.
(13) BEAU ANCES, MD, PHD, MSC	1.00									
DIRECTOR (FROM OCT. 2023		Х						0.	0.	0.
(14) DEVIN BROWN, MD, MS	1.00									
DIRECTOR		Х						0.	0.	0.
(15) SALVADOR CRUZ-FLORES, MD, MPH	1.00									
DIRECTOR		Х						0.	0.	0.
(16) HOWARD GOODKIN, MD PHD	1.00									_
DIRECTOR (FROM OCT. 2023	1 00	Х				<u> </u>		0.	0.	0.
(17) MING GUO, MD, PHD	1.00	,,							_	_
DIRECTOR		Х						0.	0.	0.

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Page 8

Part VII Section A. Officers, Directors, 1	Гrustees, Key Em	ploy	ees	, and	d Hi	ghe	st C	compensated Employe	es (continued)	117 Tage 0
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer an	ss pe	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) ROY HAMILTON, MD, MS	1.00	37						0	0	0
DIRECTOR (FROM OCT. 2023	1 00	Х						0.	0.	0.
(19) JUN LI, MD, PHD DIRECTOR (UNTIL OCT. 2023)	1.00	х						0.	0.	0.
(20) ELISABETH MARSH, MD DIRECTOR	1.00	х						0.	0.	0.
(21) M. MARAL MOURADIAN, MD DIRECTOR (UNTIL OCT. 2023)	1.00	х						0.	0.	0.
(22) AVINDRA NATH, MD DIRECTOR	1.00	х						0.	0.	0.
(23) RAJIV RATAN, MD, PHD DIRECTOR	1.00	х						0.	0.	0.
(24) ERIK ROBERSON, MD, PHD DIRECTOR (UNTIL OCT. 2023)	1.00	х						0.	0.	0.
(25) KEVIN SHETH, MD DIRECTOR (UNTIL OCT. 2023)	1.00	х						0.	0.	0.
(26) CAROLINE TANNER, MD, PHD DIRECTOR (FROM OCT. 2023	1.00	х						0.	0.	0.
1b Subtotal								391,962.	0.	37,439.
c Total from continuation sheets to Pard Total (add lines 1b and 1c)								0. 391,962.	0.	0. 37,439.

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

			Yes	No
3	Did the organization list any former officer, director, 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	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PHILADELPHIA MARRIOTT DOWNTOWN	2023 ANNUAL MEETING	
1201 MARKET STREET, PHILADELPHIA, PA 19107	HOTEL	677,254.
HYATT REGENCY CHICAGO	2022 ANNUAL MEETING	
151 EAST WACKER DRIVE, CHICAGO, IL 60601	HOTEL	636,273.
THE GLOBAL EVENT TEAM	MEETING MANAGEMENT	
PO BOX 811103, BOCA RATON, FL 33481	SERVICES	420,820.
ASSOCIATION HEADQUARTERS, 1120 ROUTE 73,		
SUITE 200, MOUNT LAUREL, NJ 08054	MANAGEMENT SERVICES	335,442.
JOHN WILEY AND SONS		
PO BOX 416558, BOSTON, MA 02441	JOURNAL PUBLISHER	189,625.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization 7		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 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 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 407,860 1f g Noncash contributions included in lines 1a-1f 1g |\$ 407,860 h Total. Add lines 1a-1f **Business Code** 2 a PUBLICATION REVENUE 1,866,319 Program Service Revenue 900099 1,848,061 18,258 b MEMBERSHIP DUES 900099 473,396 473,396 ANNUAL MEETING 900099 409,122 409,122 f All other program service revenue 2,748,837 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 294,542 294,542 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b **c** Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 1,391,287 assets other than inventory 7a b Less: cost or other basis Other Revenue 1,073,824 7b and sales expenses 317,463. c Gain or (loss) 317,463. 317,463. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a OTHER REVENUE 900099 202,685 202,685 b d All other revenue 202,685 e Total. Add lines 11a-11d ... 3,971,387 18,258. 612,005. Total revenue. See instructions 2,933,264 12

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do no	Check if Schedule O contains a response tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 (Grants and other assistance to domestic organizations		·		·
a	and domestic governments. See Part IV, line 21	170,000.	170,000.		
2 (Grants and other assistance to domestic				
i	ndividuals. See Part IV, line 22	38,192.	38,192.		
3 (Grants and other assistance to foreign				
C	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members				
	Compensation of current officers, directors,	222 125		4.54 0.50	
	rustees, and key employees	228,106.	57,027.	171,079.	
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	205 204	400 000		
	Other salaries and wages	207,921.	130,000.	77,921.	
	Pension plan accruals and contributions (include	E 045	2 524	2 4 4 4	
	section 401(k) and 403(b) employer contributions)	5,845.	3,731.	2,114.	
	Other employee benefits	64,609.	27,892.	36,717.	
	Payroll taxes	34,190.	14,760.	19,430.	
	Fees for services (nonemployees):	205 404		205 401	
	Management	205,401.		205,401.	
	_egal	17,686.		17,686.	
	Accounting				
	_obbying				
	Professional fundraising services. See Part IV, line 17	20 000		20 000	
	nvestment management fees	30,000.		30,000.	
-	Other. (If line 11g amount exceeds 10% of line 25,	C74 F44	407 573	106 071	
	column (A), amount, list line 11g expenses on Sch 0.)	674,544.	487,573.	186,971.	
	Advertising and promotion	19,849.	10 /21	/10	
	Office expenses		19,431.	418.	
	nformation technology	140,620.	18,170.	122,450.	
	Royalties				
	Decupancy	55,792.	23,449.	32,343.	
	[ravel	33,792.	43,443.	34,343.	
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	892,720.	853,122.	39,598.	
	Conferences, conventions, and meetings	092,720.	055,122.	39,390.	
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	11,371.		11,371.	
	nsurance	11,3/1.		11,3/1.	
a	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
I	ine 24e amount exceeds 10% of line 25, column (A),				
1	Imount, list line 24e expenses on Schedule 0.) PUBLICATION EXPENSES	753,725.	753,725.		
	NON-COMPETE RELEASE PAY	275,000.	133,143.	275,000.	
7	MISCELLANEOUS	104,621.	19,812.	84,809.	
	BANK AND CREDIT CARD FE	26,802.	6,753.	20,049.	
-		10,070.	0,133.	10,070.	
	All other expenses Fotal functional expenses Add lines 1 through 24e	3,967,064.	2,623,637.	1,343,427.	0
	Fotal functional expenses. Add lines 1 through 24e	3,701,004.	2,023,037•	1,373,441.	0
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	12-21-23				Form 990 (202

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 210,548. 492,657. Cash - non-interest-bearing 1 1,348,069. 773,806. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 11,255. 138,176. 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use 8 71,004. 5,398. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 65,890. basis. Complete Part VI of Schedule D _____ 10a 29,282. 58,569. 36,608. b Less: accumulated depreciation 10b 10c 8,687,753. 9,368,483. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 10,603,701. 10,598,625. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 879,900. 27,619. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 848,857. 19 805,990. 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,728,757. 833,609. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 8,270,556. 9,083,444. Net assets without donor restrictions 27 27 604,388. 681,572. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29

Form **990** (2023)

9,765,016.

10,598,625.

30

31

32

33

8,874,944.

10,603,701.

30 31

32

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,97			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,96			
3	Revenue less expenses. Subtract line 2 from line 1	3			23.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,87			
5	Net unrealized gains (losses) on investments	5	88	5,7	49.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	9,76	5,0	16.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 on Sch	nedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b			
			Form	990	(2023)	

SCHEDULE A

(Form 990)

Total

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.

Open to Public Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection **Employer identification number**

OMB No. 1545-0047

Name of the organization THE AMERICAN NEIROLOGICAL ASSOCIATION

		THE	AMERICAN N	EUROLOGICAL	ASSOC	IATIO	N	4	1-1488447
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete tl	his part.) S	See instruction	S.	
The	The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
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 gov	vernment or governn	mental unit described in s	section 17	70(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). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org				ed in conju	unction with a	and-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or
		university:							
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membersh	nip fees, a	nd gross receipts from
		activities related to its exen							
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	uired by the org	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, and	l 12g.	
а			anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), t	ypically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
	_	organization. You must o	complete Part IV, Se	ections A and B.					
b			anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	n(s), by ha	iving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С			egrated. A supporting	g organization operated	in connec	tion with,	and functional	y integrat	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d								-	
		that is not functionally int			•		•	l an attent	iveness
		requirement (see instruct	•	•					
е		☐ Check this box if the orga					a Type I, Type	II, Type III	
		functionally integrated, or		nally integrated support	ing organi	zation.			
		er the number of supported of							
<u>g</u>		vide the following information i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	ınization listed	(v) Amount of	monetany	(vi) Amount of other
	,	organization	(11) = 11	(described on lines 1-10	in your govern	ing document?	support (see in:	•	support (see instructions)
		g		above (see instructions))	Yes	No			,
-									

332021 12-21-23

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

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

sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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)						
_	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	•		•	•	. , . ,	
800	organization, check this box and stor						<u></u>
	etion C. Computation of Publ			(6)			
	Public support percentage for 2023 (I					15	<u>%</u>
	Public support percentage from 2022 33 1/3% support test - 2023. If the o						<u>%</u>
ioa							
h	stop here. The organization qualifies 33 1/3% support test - 2022. If the o						
D							
170	and stop here. The organization qual 10% -facts-and-circumstances tes						
17 a							
	and if the organization meets the fact meets the facts-and-circumstances to					_	
h	10% -facts-and-circumstances tes	~		• • •		 17a and line 15 is	
b	more, and if the organization meets the						1070 OI
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization						
	Titale roundation. If the organization	an alla flot officer a l	557 OH III 16 10, 10	a, 100, 17a, 01 17	D, OHOOK HIID DOX 6		(Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	ciow, picase comp	noto i ait iii)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4,7 = 0 : 0	(10) 2020	(0) = 0 = 1	(4) 2022	(0) = 0 = 0	(1) 1010.
-	membership fees received. (Do not						
	include any "unusual grants.")	397,507.	167,683.	220,278.	350,410.	407,860.	1543738.
2	Gross receipts from admissions,	,	, , , , , , , ,		,	, , , , , ,	
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	2242311.	2270973.	2632148.	2719755.	2933264.	12798451.
2	Gross receipts from activities that	22123111	22,03,31	20321101	27237331	23332010	127301311
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization'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	2639818.	2420656	2052426	2070165	22/11/1/	1 4 2 4 2 1 0 0
	Total. Add lines 1 through 5	2639818.	2438656.	2852426.	3070165.	3341124.	14342189.
7a	Amounts included on lines 1, 2, and	25 000	15 000	15 000	15 000	15 000	05 000
	3 received from disqualified persons	25,000.	15,000.	15,000.	15,000.	15,000.	85,000.
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	05 000	15 000	15 000	45 000	45 000	0.
	Add lines 7a and 7b	25,000.	15,000.	15,000.	15,000.	15,000.	
	Public support. (Subtract line 7c from line 6.)						14257189.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	2639818.	2438656.	2852426.	3070165.	3341124.	14342189.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	221,113.	162,540.	226,715.	212,413.	294,542.	1117323.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	9,450.	14,224.	14,154.	18,876.	6,012.	62,716.
	Add lines 10a and 10b	230,563.	176,764.	240,869.	231,289.	300,554.	1180039.
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2870381.	2615420.	3093295.	3301454.	3641678.	15522228.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizat	ion,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	91.85 %
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	91.74 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	23 (line 10c, colum	nn (f), divided by li	ne 13, column (f))		17	7.60 %
	Investment income percentage from 2					18	7.61 %
	33 1/3% support tests - 2023. If the					3 1/3%, and line	
	more than 33 1/3%, check this box as						X
b	33 1/3% support tests - 2022. If the	=	-	•			
_	line 18 is not more than 33 1/3%, che	· ·			•	·	
20	Private foundation. If the organizatio						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
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	10-		
	10a		
	401		
	10b	000	
dule	A (Forr	n 990)	2023

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ly member of a person described on line 11a above?	11b		
		s controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect		B. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more s	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported	-		
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
		C. Type II Supporting Organizations			
		71 11 0 0		Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
		D. All Type III Supporting Organizations			
		J1 11 0 0		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
	_	ison of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .			
· a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns)	
2		ies Test. Answer lines 2a and 2b below.	01.401.0	Yes	No
		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have organization is involvement.	2b		
		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h		e organization evergise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)							
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990) 2023

Sche	ddio / (01111 000 2020	NEUROLOGICAL A		4	1-1488447 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Sect	ion D - Distributions		, , , , , , , , , , , , , , , , , , , ,		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	9		
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2023 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
Sect	ion E - Distribution Allocations (see instructions) Distributable amount for 2023 from Section C, line 6	Excess Distributions		ns	Distributable
	<u> </u>	Excess Distributions		ns	Distributable
1	Distributable amount for 2023 from Section C, line 6	Excess Distributions		ns	Distributable
1	Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reason-	Excess Distributions		ns	Distributable
1 2 3	Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.	Excess Distributions		ns	Distributable
1 2 3 a	Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2023	Excess Distributions		ns	Distributable
1 2 3 a b	Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018	Excess Distributions		ns	Distributable
1 2 3 a b	Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019	Excess Distributions		ns	Distributable
1 2 3 a b c d	Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020	Excess Distributions		ns	Distributable
1 2 3 a b c d e	Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020 From 2021	Excess Distributions		ns	Distributable
1 2 3 a b c d e f	Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020 From 2021 From 2022	Excess Distributions		ns	Distributable

Schedule A (Form 990) 2023

i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

4 Distributions for 2023 from Section D,

Part VI. See instructions.

a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater

line 7:

and 4c.

8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

THE AMERICAN NEUROLOGICAL ASSOCIATION

Name of the organization

41-1488447

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$				
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify prequirements of Schedule B (Form 990).				

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Employer identification number

THE AMERICAN NEUROLOGICAL ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Trumo, addi coo, and En 11	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

THE AMERICAN NEUROLOGICAL ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ <u>8,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$ <u>45,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

THE AMERICAN NEUROLOGICAL ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 23,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 13,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ 33,500.	Person X Payroll

Employer identification number

THE AMERICAN NEUROLOGICAL ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$14,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$9,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$10,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE AMERICAN NEUROLOGICAL ASSOCIATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number

THE	AMERICAN	NEUROLOGICAL	ASSOCIATION	

Part III	MERICAN NEUROLOGICAL AS		rihed in section 5			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional s	through (e) and the following haritable, etc., contributions of §	na line entry. For o	organizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
		(e) Trans	fer of gift			
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee		
(a) Na						
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
-		(e) Trans	fer of gift			
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee		
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
-		(a) Trans	fer of gift			
	Transferee's name, address, ar			elationship of transferor to transferee		
				·		
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
-		(a) Trans	for of gift			
	Transferee's name, address, ar		sfer of gift Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE AMERICAN NEUROLOGICAL ASSOCIATION

Employer identification number 41-1488447

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 2 51161 4411054 181145	(2) i dilab dila balisi debedilib
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	L	ed funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizat		,
·	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, 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 furth	nerance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			_
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2023

332051 09-28-23

Par	t III Organizations Maintaining C	Collections of A	t, Historical Tr	easures, or Oth	er Simila	ar Asse	ts (continu	ıed)						
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significant	use of its								
	collection items (check all that apply).													
а	Public exhibition	d	Loan or exc	hange program										
b	Scholarly research	е	Other											
С														
4	Provide a description of the organization's co	ollections and explain	n how they further t	ne organization's ex	empt purpo	se in Part	XIII.							
5	During the year, did the organization solicit of						-							
	to be sold to raise funds rather than to be m					<u></u>	Yes	└── No						
Par	t IV Escrow and Custodial Arran		te if the organizatior	answered "Yes" or	Form 990,	Part IV, li	ne 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													
1a		•	•				1							
	on Form 990, Part X?						Yes	└── No						
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:											
							Amount							
	Beginning balance													
	Additions during the year													
	Distributions during the year													
	Ending balance						1							
	Did the organization include an amount on F				•		Yes	∐ No						
Par	If "Yes," explain the arrangement in Part XIII.													
Fai	t V Endowment Funds Complete if	(a) Current year	(b) Prior year		(d) Three y	eare hack	(a) Four	pare hack						
4.	Designing of year halance	563,988.	685,144.	622,338.		58,755.	• •	494,831.						
	Beginning of year balance	303,300.	005,144.	022,336.	3	30,733.		494,031.						
	Contributions	78,718.	-119,156.	64,806.		64,583.		84,585.						
	Net investment earnings, gains, and losses	70,710.	-119,130.	04,000.		04,303.		04,303.						
	Grants or scholarships Other expenditures for facilities													
е		5,700.	2,000.	2,000.		1,000.		20,661.						
	and programs Administrative expenses	3,700.	2,000.	2,000.		1,000.		20,001.						
g	End of year balance	637,006.	563,988.	685,144.	6	22,338.		558,755.						
2	Provide the estimated percentage of the cur	,	· · · · · · · · · · · · · · · · · · ·	•		,,-		,						
	Board designated or quasi-endowment	Torre your one balano	%	y) Hold do.										
	Permanent endowment 100	%												
		<u></u> ,,												
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.												
За	Are there endowment funds not in the posse	· ·	ation that are held a	nd administered for	the									
	organization by:	ŭ					[·	res No						
	(i) Unrelated organizations?						3a(i)	X						
	400 D						3a(ii)	X						
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule R?				3b							
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.											
Par	t VI Land, Buildings, and Equipm	nent												
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Part >	(, line 10.									
	Description of property	(a) Cost or o	, , ,	or other (c) A	Accumulate	d	(d) Book	value						
		basis (investn	nent) basis	(other) de	epreciation									
	Land													
b	Buildings													
	Leasehold improvements													
d	Equipment			F 000	00 0									
	Other			5,890.	29,28	52.		,608.						
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 10c, column	(B))				,608.						
						Schedule	D (Form	990) 2023						

Part VII Investments - Other Securities	n Form 000 Port IV line	a 11h Can Form 000 Part V line 10	
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(b) book value	(c) Wethod of Valuation. Cost of end	1-01-year market value
(1) Financial derivatives			
(2) Char			
(3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			-
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(D))		
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		
Complete if the organization answered "Yes" of	n Form 000 Part IV line	2110 or 11f Soo Form 900 Part V line 25	:
	1111 OIIII 990, Fait IV, IIII	e Tie of Tii. Gee Form 930, Part X, line 23	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		
Totali (Oolanin (b) mast equal Form 030, Fart A, line 20, COL	(~// ·····		1

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2023

4	.1	-1	4	8	8	4	4	7	Page 4
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Pai	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per R	eturn	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				4 005 406
1	Total revenue, gains, and other support per audited financial statements			1	4,827,136.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	885,749.		
b	Donated services and use of facilities	. 2b			
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d	-30,000.		
е	Add lines 2a through 2d			2e	855,749.
3	Subtract line 2e from line 1			3	3,971,387.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,971,387.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents Wit	h Expenses per	Retu	rn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	۱.			
1	Total expenses and losses per audited financial statements			1	3,937,064.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,937,064.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	30,000.		
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	30,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,967,064.
Pa	t XIII Supplemental Information				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional infor	mation.		
PAI	RT V, LINE 4:				
	E ASSOCIATION'S ENDOWMENTS CONSIST OF AWAR	RD AND	LECTURESHI	P FU	UNDS

ESTABLISHED FOR THE PURPOSE OF PROVIDING AWARDS FOR YOUNG INVESTIGATORS AND LECTURERS.

PART X, LINE 2:

GAAP REQUIRES ENTITIES TO EVALUATE, MEASURE, RECOGNIZE AND DISCLOSE ANY UNCERTAIN INCOME TAX POSITIONS TAKEN ON THEIR TAX RETURNS. GAAP PRESCRIBES A MINIMUM THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET IN ORDER TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS. THE ASSOCIATION BELIEVES THAT IT HAD NO UNCERTAIN TAX POSITIONS AS DEFINED IN GAAP.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

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.

| 202

Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization THE AMER I	CAN NEURO	LOGICAL ASS	SOCIATION				Employer identification number $41-1488447$
Part I General Information on Grants a	and Assistance						
Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's pr	stance? ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHILD NEUROLOGY SOCIETY 1000 W. COUNTY ROAD E, SUITE 290 SAINT PAUL, MN 55126	23-7359775	501(C)(3)	150,000.	0.			AFFILIATION WITH ANNALS OF NEUROLOGY JOURNAL
2 Enter total number of section 501(c)(3)	and government o	raanizatione lieted in t	L he line 1 table	I.	<u> </u>		1.

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

3 Enter total number of other organizations listed in the line 1 table

(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 noncash assistance
PERSYST IDEAS PROFESSIONAL DEVELOPMENT AWARD	1	12,480.	0.		
DEREK DENNY-BROWN YOUNG NEUROLOGICAL SCHOLAR AWARD	3	5,800.	. 0.		
AWARDS FOR EXCELLENCE	3	3,800.	. 0.		
THE GRASS FOUNDATION - ANA AWARD IN NEUROSCIENCE	1	3,100.	0.		
IDEAS EARLY CAREER MEMBER AWARD	3	3,000.	0.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	ne 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
ANA GRANT RECIPIENTS ARE REQUIRED	TO PROVI	DE A FINAL	REPORT AN	D FINANCIAL	
RECONCILIATION OF GRANT FUNDS.					

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)									
(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 noncash assistance				
F.E. BENNETT MEMORIAL LECTURESHIP AWARD	1.	2,937.	0.						
THE AUDREY PENN LECTURESHIP	1.	2,600.	0.						
DISTINGUISHED NEUROLOGY TEACHER AWARD	1.	1,600.	0.						
DISTINGUISHED NEOROEGI TEACHER AWARD	1.	1,000.							
SORIANO LECTURESHIP AWARD	1.	1,600.	0.						
EMERGING SCHOLAR AWARD	3.	750.	0.						
GEORGE W. JACOBY AWARD	1.	525.	0.						

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

THE AMERICAN NEUROLOGICAL ASSOCIATION

 $\begin{array}{c} \text{Employer identification number} \\ 41-1488447 \end{array}$

Pa	art 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 on 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 (such as 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 directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4-		Х
a	Receive a severance payment or change-of-control payment?	4a 4b		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement?	46 4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		
	The storage of lines 44.6, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	l

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (F) Compensa (B)(i)-(D) in column (
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) BRENDA ORFFER	(i)	221,462.	0.	0.	6,644.	0.	228,106.		
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) NADINE GOLDBERG	(i)	170,500.	0.	0.	5,115.	25,680.			
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public

Open to Public Inspection

Name of the organization

THE AMERICAN NEUROLOGICAL ASSOCIATION

Employer identification number 41-1488447

FORM 990, PART VI, SECTION A, LINE 3: DELEGATION OF MANAGEMENT DUTIES TO MANAGEMENT COMPANY: ANA RECEIVES VARIOUS MANAGEMENT SERVICES INCLUDING THOSE RELATED TO GENERAL ADMINISTRATION, MEETINGS AND FINANCIAL SERVICES FROM ASSOCIATION HEADQUARTERS, INC. FORM 990, PART VI, SECTION A, LINE 6: ORGANIZATION WITH MEMBERS: THE ASSOCIATION HAS ONE CLASS OF VOTING MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS POWER OF ELECTION: THE ASSOCIATION'S BOARD OF DIRECTORS IS ELECTED BY ITS MEMBERS. FORM 990, PART VI, SECTION B, LINE 11B: GOVERNING BODY REVIEW OF FORM 990: THE ASSOCIATION'S BOARD MEMBERS RECEIVED AN ELECTRONIC COPY OF THE FORM 990 PRIOR TO ITS FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: MONITORING AND ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY: THE ASSOCIATION'S CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS. EACH DIRECTOR OR OFFICER SHALL ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH THE S/HE IS INVOLVED THAT IS BELIEVED COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING. IN THE EVENT THAT A CONFLICT IS IDENTIFIED,

332211 11-14-23

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** THE AMERICAN NEUROLOGICAL ASSOCIATION 41-1488447 THE EXECUTIVE COMMITTEE WILL BE NOTIFIED TO REVIEW AND ASSESS THE CASE AND PROCEED IN ACCORDANCE WITH THE ASSOCIATION'S POLICY. FORM 990, PART VI, SECTION B, LINE 15A: PROCESS FOR DETERMINING COMPENSATION THE ASSOCIATIONS'S BOARD HIRED A CEO IN 2022 UTILIZING A CONSULTANT TO IDENTIFY COMPENSATION SINCE THEY WOULD BE PAYING DIRECTLY RATHER THAN THROUGH AN ASSOCIATION MANAGEMENT COMPANY. FORM 990, PART VI, SECTION C, LINE 19: AVAILABILITY OF OTHER DOCUMENTS: THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 487,573. MANAGEMENT AND GENERAL EXPENSES 186,971. FUNDRAISING EXPENSES 674,544. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 674,544.

** PUBLIC DISCLOSURE COPY **

Form	990-T	Exempt Organization Business Income Tax R	eturn	ON	1B No. 1545-0047
		(and proxy tax under section 6033(e))		4	2022
		For calendar year 2023 or other tax year beginning , and ending		4	2023
Departn Internal	nent of the Treasury Revenue Service	Go to www.irs.gov/Form990T for instructions and the latest information Do not enter SSN numbers on this form as it may be made public if your organization is a 5		Open 501(c)	to Public Inspection for (3) Organizations Only
Α	Check box if address changed.	Name of organization (Check box if name changed and see instructions.)	D [[]	Employer	identification number
	empt under section	Print THE AMERICAN NEUROLOGICAL ASSOCIATION			1488447
	501(c)(3) 408(e) 220(e)	Number, street, and room or suite no. If a P.O. box, see instructions. 1120 ROUTE 73, 200		see instru	
=	408A530(a) 529(a)529A	City or town, state or province, country, and ZIP or foreign postal code $ \begin{array}{ccccccccccccccccccccccccccccccccccc$	 F	Ch	eck box if
	020(a)025/(C Book value of all assets at end of year			amended return.
G C	heck organization	type X 501(c) corporation 501(c) trust 401(a) trust Other trust	Sta		ge/university
<u></u>		6417(d)(1)(A) Applicable entity		4	
	heck if filing only to	o claim Credit from Form 8941 Refund shown on Form 2439 Electivorganization filing a consolidated return with a 501(c)(2) titleholding corporation	. ,		rom Form 3800
				1	·····
		attached Schedules A (Form 990-T) was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled gr		Ye	s X No
		was the corporation a subsidiary in an almiated group of a parent-subsidiary controlled grame and identifying number of the parent corporation	սար։ ւ	16	5 111 110
	ne books are in car		er 856	-38	0-6892
		related Business Taxable Income	51 050	. 50	0 0032
1		I business taxable income computed from all unrelated trades or businesses (see instruct	ions) 1		8,610.
2					7,525
3)			8,610.
4	Charitable contrib	outions (see instructions for limitation rules)		_	0.
5		usiness taxable income before net operating losses. Subtract line 4 from line 3		_	8,610.
6		t operating loss. See instructions		_	·
7		I business taxable income before specific deduction and section 199A deduction.			
-	Subtract line 6 fro	•	7	.	8,610.
8		on (generally \$1,000, but see instructions for exceptions)		_	1,000.
9		99A deduction. See instructions		,	<u> </u>
10		s. Add lines 8 and 9	10	5	1,000.
11		ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zer			7,610.
Par	t II Tax Com			•	
1	Organizations ta	exable as corporations. Multiply Part I, line 11 by 21% (0.21)	1		1,598.
2		t trust rates. See instructions for tax computation. Income tax on the amount on			
	Part I, line 11, fro	m: Tax rate schedule or Schedule D (Form 1041)	2	:	
3	Proxy tax. See in	structions	3	3	
4	Other tax amount	ts. See instructions	4		
5		um tax		5	
6	Tax on noncomp	oliant facility income. See instructions	6	;	
_ 7		3 through 6 to line 1 or 2, whichever applies	7	,	1,598.
Par	t III Tax and	Payments			
1a	Foreign tax credit	t (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see				
С		credit. Attach Form 3800 (see instructions)			
d		ear minimum tax (attach Form 8801 or 8827) 1d			
е	Total credits. Ad	ld lines 1a through 1d			1 500
2		rom Part II, line 7	2	!	1,598.
3a	Amount due from				
b	Amount due from				
C	Amount due from				
d	Amount due from				
е		ue (see instructions) 3e			0
f	Total amounts du	ie. Add lines 3a through 3e	3	f	0.
4		nes 2 and 3f (see instructions). Check if includes tax previously deferred under			1 500
_		Enter tax amount here		_	1,598.
5		ax liability paid from Form 965-A, Part II, column (k)	5		
LHA	For Paperwork R	eduction Act Notice, see instructions. 323701 11-20-23 43		FO	rm 990-T (2023)

Form 990-T (2023) Page

Form 9											age 2
Part	Ш	Tax and Payments (continued)									
6 a	Payr	nents: Preceding year's overpayment cred	lited to the current year		6а		2,538	<u>•</u>			
b	Curr	ent year's estimated tax payments. Check	if section 643(g) election	า							
	appl	es			6b		2,502	<u>•</u>			
С	Tax	deposited with Form 8868			6c						
d	Fore	ign organizations: Tax paid or withheld at									
е	Bacl	cup withholding (see instructions)			6e						
f		it for small employer health insurance pre									
g		ive payment election amount from Form 3									
h		nent from Form 2439									
i		it from Form 4136									
i		r (see instructions)									
7		I payments. Add lines 6a through 6j						7		5,0	40.
8		nated tax penalty (see instructions). Chec					X] 8	3	-	
9		due. If line 7 is smaller than the total of line		unt owed				9)		
10		payment. If line 7 is larger than the total of							0	3,4	<u>42.</u>
11		r the amount of line 10 you want: Credite				42.	Refunded			-	0.
Part		Statements Regarding Certain						<u> </u>			
1	At a	ny time during the 2023 calendar year, did	the organization have ar	n interest in	or a signa	ture or	other authorit	ty		Yes	No
		a financial account (bank, securities, or of									
		EN Form 114, Report of Foreign Bank and			_		-				
	here	· · · · · · · · · · · · · · · · · · ·		,				,			X
2		ng the tax year, did the organization receiv	re a distribution from, or	was it the ar	antor of, o	or trans	feror to. a				
		gn trust?	·	ū			•				X
		es," see instructions for other forms the or									
3		r the amount of tax-exempt interest receiv	-				\$				
4		r available pre-2018 NOL carryovers here	\$				t-2017 NOL c	arrvo	ver		
-		vn on Schedule A (Form 990-T). Don't redu						•			
5		-2017 NOL carryovers. Enter the Business									
_		mounts shown below by any NOL claime	•			-					
		Business Activity Co		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ost-2017 NO		rvover	-	
					\$,,,,,,,	-	
					\$					-	
					\$					-	
					\$					-	
6 a	Rese	erved for future use									
b		erved for future use									
Part		Supplemental Information									
		additional information. See instructions.									
		Inder penalties of perjury, I declare that I have examined						owledg	ge and belief, it i	s true,	
Sign	ľ	orrect, and complete. Declaration of preparer (other than	i taxpayer) is based on all informa	ation of which pr	eparer nas a	ny knowie	· -		- IDO -II H-		
Here				PRESI	DENT				e IRS discuss the parer shown below		vitn
	3	Signature of officer	Date	Title				instruct	tions)? X Y	es	No
		Print/Type preparer's name	Preparer's signature		Date		Check	if F	PTIN		
Paid			. 5				self-employed				
	ror	ADAM WATSON	ADAM WATSON		06/12	/24	1 3		P01367	206	
Prepa		Firm's name BBD, LLP				I	Firm's EIN		23-289		2
Use (July		T STREET, SU	ITE 30	0		1				
			IA, PA 19103				Phone no.	215	5-567-7	770	
		•	<u> </u>				•				

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

	ne of the organization THE AMERICAN NEUROLOGICAL ASSOCI		B Employer identification number 41-1488447				
C Un	related business activity code (see instructions) 54180	0		D Sequence	e: 1	of	1
	ADVEDUTCING	TNCC	ME EDOM TOTT	ארא ד			
	scribe the unrelated trade or business ADVERTISING	INCC					
<u>Part</u>	Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) I	Net
1a (Gross receipts or sales						
	ess returns and allowances c Balance	1c					
	Cost of goods sold (Part III, line 8)	2					
	Gross profit. Subtract line 2 from line 1c	3					
4a (Capital gain net income (attach Schedule D (Form 1041 or Form						
1	120)). See instructions	4a					
b N	let gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
c (Capital loss deduction for trusts	4c					
5 li	ncome (loss) from a partnership or an S corporation (attach						
S	tatement)	5					
6 F	Rent income (Part IV)	6					
7 (Inrelated debt-financed income (Part V)	7					
8 I	nterest, annuities, royalties, and rents from a controlled						
c	rganization (Part VI)	8					
	nvestment income of section 501(c)(7), (9), or (17)						
C	rganizations (Part VII)	9					
	exploited exempt activity income (Part VIII)	10					
	Advertising income (Part IX)	11	18,258.	9.6	48.		8,610.
11 <i>f</i>			10,230	- , .			
		12	10,230.				
2 (3]	Other income (see instructions; attach statement) Total. Combine lines 3 through 12	12	18,258.	9,6	548.	(8,610.
12 (13 <u>1</u> Part	other income (see instructions; attach statement) otal. Combine lines 3 through 12 Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in	12 13 ions fo	18,258.	9 , 6 ductions. Dec	548.	(8,610.
12 (13 Text) Part	otal. Combine lines 3 through 12 Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	12 13 ions fo	18,258. or limitations on dec	9 , 6 ductions. Dec	1	(8,610.
Part 1 (2)	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages	12 13 ions fo	18,258. or limitations on dec	9,6 ductions. Dec	ductions	(8,610.
Part 1 (2 5 3 F	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 III Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Calaries and wages Repairs and maintenance	12 13 ions fo	18,258.	9 , 6 ductions. Dec	1 2 3	(8,610.
Part 1 (2 S 3 F 4 E	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 III Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts	12 13 ions fo	18,258.	9 , 6 ductions. Dec	1 2 3 4	(8,610.
Part 1 (2 S S S S S S S S S S S S S S S S S S	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions	12 13 ions fo	18,258. or limitations on dec	9 , 6 ductions. Dec	1 2 3 4 5	(8,610.
1 (2 S S S S S S S S S S S S S S S S S S	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses	12 13 ions fo	18,258. or limitations on dec	9 , 6 ductions. Dec	1 2 3 4	(8,610.
1 (2 S S S S S S S S S S S S S S S S S S	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions	12 13 ions fo	18,258. or limitations on dec	9 , 6 ductions. Dec	1 2 3 4 5 6	(8,610.
1 (2 S 3 F 4 E 5 II 7 E 8 L	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 III Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Galaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Repreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return	12 13 ions fo	18,258. or limitations on dec	9,6	1 2 3 4 5 6 8b	(8,610.
1 (2 S S S S S S S S S S S S S S S S S S	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 III Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion	12 13 ions fo	18,258. or limitations on dec	9,6	1 2 3 4 5 6 8b 9	(8,610.
1 (2 5 5 1 1 6 7 1 6 8 L 9 1 0 (0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Repreciation (attach Form 4562). See instructions Ress depreciation claimed in Part III and elsewhere on return Repletion Contributions to deferred compensation plans	12 13 ions fo icome	18,258. or limitations on dec	9,6	1 2 3 4 5 6 8b 9 10	(8,610.
2 (3 1 Part 1 (2 5 5 1 1 6 7 1 6 1 7 1 6 1	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs	12 13 ions fo icome	18,258. or limitations on dec	9,6	1 2 3 4 5 6 8b 9 10 11	(8,610.
2 (3 1 Part 1 (2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII)	12 13 ions fo icome	18,258. or limitations on dec	9,6 ductions. Dec	1 2 3 4 5 6 8b 9 10 11 12	(8,610.
2 (3 1 Part 1 (2 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX)	12 13 ions fo icome	18,258. or limitations on dec	9,6	1 2 3 4 5 6 8b 9 10 11 12 13	(8,610.
2 (3 1 Part	Otal. Combine lines 3 through 12 Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) dialaries and wages depairs and maintenance diad debts determined (attach statement). See instructions depreciation (attach Form 4562). See instructions depreciation claimed in Part III and elsewhere on return depoletion. Contributions to deferred compensation plans depreciation contributions depreciation depreciation contributions depreciation contributions depreciation contributions depreciation cont	12 13 ions fo icome	18,258. or limitations on dec	9,6	1 2 3 4 5 6 8b 9 10 11 12 13 14	(8,610. e
1 C S S S S S S S S S S S S S S S S S S	Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) dialaries and wages depairs and maintenance depairs and licenses depreciation (attach Form 4562). See instructions depreciation (attach Form 4562). See instructions depletion deferred compensation plans depoirs expenses (Part VIII) depreciation contributions to deferred compensation plans dependence on the contributions of the contributions (Part VIII) decrease exempt expenses (Part VIII) decrease readership costs (Part IX) deferred deductions. Add lines 1 through 14	12 13 ions fo icome	18,258. or limitations on dec	9,6	1 2 3 4 5 6 8b 9 10 11 12 13	(8,610. e
1 (2 5 5 1 6 T 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6	Otal. Combine lines 3 through 12 Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) dialaries and wages Repairs and maintenance Repairs and licenses Repreciation (attach statement). See instructions Ress depreciation claimed in Part III and elsewhere on return Repletion R	12 13 ions fo icome	18,258. or limitations on deconomic limitation	9,6 ductions. Dec	1 2 3 4 5 6 8b 9 10 11 12 13 14	s must b	8,610. e
1 C 2 S 3 F 4 E 5 III 6 I E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E	Otal. Combine lines 3 through 12 Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Rad debts Interest (attach statement). See instructions Raxes and licenses Repreciation (attach Form 4562). See instructions Ress depreciation claimed in Part III and elsewhere on return Repletion Rontributions to deferred compensation plans Rescuess exempt expenses (Part VIII) Rescuess readership costs (Part IX) Rother deductions. Add lines 1 through 14 Repletion Interest (Part III) Rotal deductions. Add lines 1 through 14 Repletion Interest (Part III) Rotal deductions. Interest (Part III) Rotal deductions. Add lines 1 through 14 Repletion Interest (Part III) Repletion Interest (Part III) Rotal deductions. Add lines 1 through 14 Repletion Interest (Part III) Replet	12 13 ions fo icome	18,258. or limitations on deconomic limitation	9,6 ductions. Dec	1 2 3 4 5 6 8b 9 10 11 12 13 14 15	s must b	8,610. e
1 C S S S S S S S S S S S S S S S S S S	Otal. Combine lines 3 through 12 Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) dialaries and wages Repairs and maintenance Repairs and licenses Repreciation (attach statement). See instructions Ress depreciation claimed in Part III and elsewhere on return Repletion R	12 13 ions fo icome	18,258. or limitations on deconomic limitation	9,6 ductions. Dec	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16	s must b	0. 8,610.

P۶	10	۹	•

	ule A (Form 990-1) 2023				Page 2
Part		hod of inventory valua			
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line	2	8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	, , ,				
1	Description of property (property street address, city,	state, ZIP code). Ched	ck if a dual-use. See ins	tructions.	
	A 💹				
	в 🔛				
	c 🔲				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
•	Total rents received or accrued by property.				
С					
	Add lines 2a and 2b, columns A through D				
•	Tabel words we should an account Add the Oc. solvens	A thousands D. Fratau ba	on and an Dart I line O	l (A)	0.
3	Total rents received or accrued. Add line 2c, columns	A through D. Enter ne	re and on Part I, line 6,	column (A)	<u></u>
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
					0
5	Total deductions. Add line 4, columns A through D. E		I, line 6, column (B)		0.
Part					
1	Description of debt-financed property (street address,	city, state, ZIP code).	Check if a dual-use. Se	e instructions.	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
=	columns A through D)				
4	Amount of average acquisition debt on or allocable				
•	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
5	financed property (attach statement)				
6			<u>%</u>	%	
6	Divide line 4 by line 5		9	<u>%</u>	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6	Futankana - 1 5			0.
8	Total gross income (add line 7, columns A through D)	. ⊨nter nere and on P	art I, line /, column (A)	·····	<u> </u>
_	AU 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<u> </u>	
9	Allocable deductions. Multiply line 3c by line 6			(5)	0.
10	Total allocable deductions. Add line 9, columns A thr				0.
<u> 11</u>	Total dividends-received deductions included in line	ΙΟ			U •

Part	VI Interest, Annu	uities, R	oyalties, and R	ents Fro	om Contro	olled C	Organizatio	ns (see ii	nstruct	ions)	<u> </u>	
	Exempt Controlled Organizat						nization	ıs				
 Name of controlled organization 		ntrolled 2. Employer 3. N		3. Net	. Net unrelated 4. Total		of specified 5. Part of c				6. Deductions directly	
		identification	1	ne (loss)	payn	nents made	that is inc		niza-	connected with		
			number	(see ins	structions)			tion's gr			income in column 5	
(1)												
(2)												
(3)												
<u>(4)</u>			N-) t O-							
	'. Taxable Income		Net unrelated		Controlled Or otal of specif	-	1	of column	0	44 0	aduations directly	
•	. Taxable income		net unrelated ncome (loss)	1	yments mad		that is inc	of column :luded in tl			eductions directly onnected with	
			e instructions)	ρα,	yments mad	C	controlling	. •	on's		ome in column 10	
(1)		,	· · · · · · · · · · · · · · · · · · ·				gross	income				
(2)												
(3)												
(4)												
				•			Add colum	ns 5 and	10.	Add	columns 6 and 11.	
							Enter here		,		here and on Part I,	
							line 8, C	olumn (A)	•	III	e 8, column (B).	
Totals									0.		0.	
Part			of a Section 50)1(c)(7),			nization (s	ee instruc	tions)			
	1. Desc	ription of	income		2. Amou		3. Deduction		4. Set-	asides atement	5. Total deductions and set-asides	
					1110011	10	(attach state		laciisi	atement.	(add cols 3 and 4)	
(1)												
(2)												
(3)												
(4)												
• •					Add amou						Add amounts in	
					column 2.						column 5. Enter here and on Part I,	
					line 9, colu						line 9, column (B).	
Totals						0.					0.	
Part	VIII Exploited E	xempt /	Activity Income	, Other	Than Adv	ertisir	ng Income (see instru	ctions)			
1	Description of exploite	-										
2	Gross unrelated busin									2		
3	Expenses directly con		·=									
_	line 10, column (B)									3		
4	Net income (loss) from						-					
_	lines 5 through 7									4		
5	Gross income from ac									5		
6 7	Expenses attributable Excess exempt expen									6		
′	4. Enter here and on F									7		
	T. LINE HELE AND OHF	art II, III IE	16							,		

Schedule A (Form 990-T) 2023

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals or	a consolidated bas	sis.	
	A MOVERTISING INCOME				
	В				
	С				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
	and an analysis of the second	A	В	С	D
2	Gross advertising income	10 250			
_	Add columns A through D. Enter here and or		_		18,258.
а	That dolaring Thindagh B. Enter here and or	Tarti, iiilo TT, Goldinii (V)		•••••	
3	Direct advertising costs by periodical	9.648	8.1		
а	Add columns A through D. Enter here and or	Part Llino 11 column (R)	· •		9,648.
а	Add coldinins A through b. Linter here and or	raiti, iiile 11, coluitiii (b)			370101
4	Advertising gain (loss). Subtract line 3 from li	20			
7	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i line 4 showing a loss or zero, do not complet				
	- · · · · · · · · · · · · · · · · · · ·		1		
_	lines 5 through 7, and enter -0- on line 8		' •		
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
_	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7		<u> </u>	<u> </u>	
а	Add line 8, columns A through D. Enter the g	reater of the line 8a columns	total or -0- here and	lon	0
David	Part II, line 13				0.
Part	X Compensation of Officers, Di	rectors, and Trustees	(see instructions)	1	
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
(2)				%	
(3)				%	
(4)				%	
					•
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (se	e instructions)			

Department of the Treasury

Underpayment of Estimated Tax by Corporations

FORM 990-T

OMB No. 1545-0123

Internal Revenue Service

Attach to the corporation's tax return. Go to www.irs.gov/Form2220 for instructions and the latest information.

THE AMERICAN NEUROLOGICAL ASSOCIATION

Employer identification number 41-1488447

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

	mated tax penalty line of the corporation's income tax	retur	n, but do not attach F	orm 2220.				
F	Part I Required Annual Payment							
	Total tay (and instructions)						,	1,598.
'	Total tax (see instructions)						1	1,350.
2	Personal holding company tax (Schedule PH (Form 1120), lin	۵6۱ م	included on line 1	2a	I			
	Look-back interest included on line 1 under section 460(b)(2)			<u>2a</u>			-	
	contracts or section $167(g)$ for depreciation under the income			2b				
	contracts of cooler for (g) for depreciation and of the meeting	1010						
	Credit for federal tax paid on fuels (see instructions)			2c				
	Total. Add lines 2a through 2c						2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do	not c	omplete or file this form.	The corporation				
	does not owe the penalty						3	1,598.
4	Enter the tax shown on the corporation's 2022 income tax reti							
	or the tax year was for less than 12 months, skip this line and	enter	the amount from line 3 of	on line 5			4	5,018.
5	Required annual payment. Enter the $smaller\ \mbox{of line}\ \mbox{3}$ or line		· ·					
_	enter the amount from line 3						5	1,598.
F	Part II Reasons for Filing - Check the boxes belo even if it does not owe a penalty. See instructions.	w tha	t apply. If any boxes are	checked, the corp	oration	must file Form 22	220	
_								
6	The corporation is using the adjusted seasonal installr							
7	The corporation is using the annualized income install							
ĕ	The corporation is a "large corporation" figuring its firs Part III Figuring the Underpayment	st req	uired installment based o	n the prior year's	tax.			
_	riguring the Onderpayment		(a)	(b)		(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the		(a)	(0)		(6)		(u)
9	15th day of the 4th (Form 990-PF filers : Use 5th month),							
	6th, 9th, and 12th months of the corporation's tax year	9	04/15/23	06/15/	23	09/15/	′23	12/15/23
10	Required installments. If the box on line 6 and/or line 7	Ť	0 17 207 20			007 = 07		
	above is checked, enter the amounts from Sch A, line 38. If							
	the box on line 8 (but not 6 or 7) is checked, see instructions							
	for the amounts to enter. If none of these boxes are checked,							
	enter 25% (0.25) of line 5 above in each column	10	400.	3	99.	4	100.	399.
11	Estimated tax paid or credited for each period. For							
	column (a) only, enter the amount from line 11 on line 15.							
	See instructions	11	2,538.			1,2	242.	1,260.
	Complete lines 12 through 18 of one column							
	before going to the next column.							
12	Enter amount, if any, from line 18 of the preceding column	12		2,1			739.	2,581.
13	Add lines 11 and 12	13		2,1	38.	2,9	81.	3,841.
14	, 3	14	2 522					2 044
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	2,538.	2,1	38.	2,9	81.	3,841.
16	If the amount on line 15 is zero, subtract line 13 from line	ایرا			ا ہ		_	
4-	14. Otherwise, enter -0-	16			0.		0.	
17	Underpayment. If line 15 is less than or equal to line 10,							
	subtract line 15 from line 10. Then go to line 12 of the next	,						
10	column. Otherwise, go to line 18	17						
10	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	2,138.	1,7	30	2 5	81.	
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV						, o ± •	
-30	on page = to ngare the penalty. Do not go to t alt it		a.oo onaroo on mi		.5 5 11 0			

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2023)