



AMERICAN BRAIN FOUNDATION
 Finance Committee
 October 19, 2021
 1:00 p.m. CST
 Video Conference Call

| | |
|-------------------|--|
| Committee Members | Jim Essey, Chair; Martin Shenkman, CPA; Ben Lenail; Ken Shubin Stein, MD; Charles Flippen II, MD |
| Excused Members | |
| Staff | Jane Ransom, ED; Kevin Myren, CFO; Noah Zak, Kim Howard |

| | AGENDA ITEM <i>*Indicates Board Action Needed</i> | PRESENTED BY |
|-----------|---|--------------------------|
| 1:00 p.m. | Call to Order Approval of the April 27, 2021 Meeting Minutes Draft | Jim Essey, Chair |
| 1:05 | Q3 Financial Statements for period ending September 30, 2021 | Jim Essey Kevin Myren |
| 1:25 | 2020 990 Form Review | Jim Essey Kevin Myren |
| 1:35 | 2022 Draft Budget Review | Jim Essey Kevin Myren |
| 1:50 | Development Report for September 30, 2021 | Jane Ranson |
| 2:00 | Adjourn | |

Meeting Materials:
 Meeting Minutes from April 27, 2021 (Draft) - page 2
 Q3 Financial Statements ending September 30, 2021 - page 6
 990 Form (Draft) - page 13
 2022 Budget (Draft) - page 61
 Development Report for September 30, 2021 - page 62



**American Brain Foundation
Finance Committee Meeting
April 27, 2021
9:00 a.m. CT
Video Conference Call**

In attendance: James Essey, Chair; Martin Shenkman, CPA; Ben Lenail, David Dodick, MD

Excused: James Erwin, James Stevens, MD

Staff: Jane Ransom, ED; Kevin Myren, CFO; Lindsey Taveren; Kim Howard, Jessica Chase

Jim Essey, Chair, called the meeting to order at 9:02 a.m. CT.

The minutes of the February 9, 2021 meeting were approved unanimously.

2020 Audit Report (Lindsey Taveren, Sr. Accountant)

Ms. Taveren provided a summary report on the full audit presentation that was reviewed by the Joint Audit Committee on April 13, 2021. Highlights:

- There were no changes in scope and no new standards were adopted.
- The unaudited 2020 financials presented to the Board in February were identical to those in the Audit statement—i.e., no adjustment were made.
- There were no difficulties, disagreement, or adjustments.

The auditors had conversations with AAN IT Dept recommending a review of best practices for Information Technology due to remote work and no problems were identified. The ABF received an unmodified opinion which is the highest opinion possible on an audit. The Joint Audit Committee accepted the audit as presented.

The 2020 IRS 990 is drafted and under review by our external legal counsel, the draft will be reviewed in June by the Joint Audit Committee. Finance Committee provided some feedback on the draft, and the final version will be shared with the Board at their October 30, 2021 meeting. We have filed for an extension, so the due date is November 15, 2021. This has been delayed for strategic reasons related to the functional expense ratio which was not as ideal in 2020 as it will be in 2021. We plan to file the 2021 IRS 990 early so there is less time that the 2020 results are available. These results can positively or negatively affect our ratings with Charity Navigator, Guidestar, and others. Charity Navigator uses a three-year average.

Financial Statements ending March 31, 2020 (Lindsey Taveren)

The committee reviewed the financial statements, with these highlights presented:

Statement of Operations

Operating Revenue - \$3M

- \$3.5M was achieved in the first quarter, which exceeded the YTD goal by 48%. This is also 55% of the total 2021 fundraising goal.
- On the release from restrictions line in the GAAP adjustment section there is a negative variance of \$180K due to timing of pending grants from the MS Society and the American Heart Association.

- Total operating funds raised is \$2.9M

Mr. Essey pointed out that ABF is receiving \$250K less support this year from AAN, and that we are still doing well despite that decrease.

Operating Expenses – \$2.1M

- Natural expenses are under budget by 8% that include the following variances:
 - Salaries & benefits is over by \$25K due to staff elections that are larger than originally budgeted for. This will be adjusted on the mid-year forecast in July.
 - Professional services are under by \$105K due to delays in billing, primarily related to Commitment to Cures.
 - Grants & Awards are under by \$76K, that is tied to the timing issue with the American Heart Association.
 - Management fee is under by \$30K, due to the ABF reducing the amount of leased space at the AAN, this will result in a total savings of \$121K in 2021.

Net Operating Increase - \$884K, 9% ahead of budget driven by timing of expenses.

Long Term Investments - \$407K, in contrast to March 2020, negative \$1.1M.

- Kevin Myren clarified that long-term investments includes interest, dividends, the realized gains/losses and the unrealized gains/losses and they are put below the line because they are not part of the operating results.

Statement of Financial Position

Two changes have been made on the balance sheet that include adding more breakouts to make it more clear on how the investments are being handled:

- Under Current Assets we added a short-term investment breakout that used to be combined with cash and cash equivalents so you can really see the short-term investment balance verses what we are using for daily operations.
- Under Long Term Assets we have split long-term investments into two rows, investment reserves that includes prior year surpluses and investment endowments that include restricted endowments that are permanently invested and interest earnings.

Total Assets - \$19.3M

\$2.95M cash and short-term investments

\$6.7M in grants receivable

\$9.6M in long-term investments

Liabilities - \$2.8M - 96% is in grants payable.

Net Assets - \$16.5M - 62% of net assets are restricted by donors.

There was some discussion about the large \$5M variance in net assets. Ms. Taveren confirmed that \$1.5M of the variance in assets with donor restrictions comes from the Michael J Fox Foundation grant and \$400K represents donations to the new Peter Goadsby Headache Research Fund, in addition to a few smaller restricted donations. Jim Essey has requested a breakdown of the \$5M dollar variance in total net assets and Lindsey will provide that to the committee.

Business Plan Update (Jane Ransom)

Mr. Essey introduced the updated business plan project and said it was a good exercise due to many changes that have taken place. After reviewing and revising the assumptions in the business plan and updating revenue and expenses accordingly, we found little change over the next three years. At the highest level, the plan still makes sense, despite adjustments to a few components. There is no material change to the overall impact.

Ms. Ransom said it was important to refresh the plan because 2020 was an unusual year. We exceeded our fundraising goals, planned to invest more in marketing, and developed some new ways of working, so wanted to make sure that the assumptions in the original plan were correct. The refreshed plan forecasts better fundraising results and increased research grants to AAN than in the original plan written in 2019. The biggest driver is that, by agreement with AAN, the ABF can now raise money from pharma and medical device companies. The highlights of the refreshed plan compared to the original plan are as follows, you can reference the details in the materials:

- Fundraising Forecast – 12% Overall Increase
 - Restricted Fundraising – 26% higher
 - Unrestricted Fundraising- 15% lower
- Grants & Awards Expense – \$1.3M Increase
 - Total Grants & Awards – 7% higher
 - Grants & Awards going to the AAN – 4% higher
- Operational Expense Savings - \$2.8M Decrease
 - Personnel - \$220K
 - Software - \$229K
 - Occupancy - \$450K
 - Travel - \$1.9M
- Marketing & Advertising - \$2.2M Increase
 - Large investment made in marketing to support the ambitious public awareness goals laid out in the original plan. Hired marketing firm Yakkety-Yak to support that effort.

Mr. Essey reminded everyone that the original plan was very aggressive and we have reaffirmed that we can deliver on it. We are getting the ROI that justifies the unrestricted support we are receiving from AAN.

There was a brief discussion of how we measure success with this major investment in marketing with Yakkety Yak. Ms. Ransom said that ABF receives quarterly and monthly reports from Yakkety Yak reviewing metrics on website visits, social media interaction, and events like C2C. These shared with the Board and reflected on our scorecard.

Dr. Dodick mentioned that over the next few years brain disease will be much more visible than ever before because the World Health Organization for the first time in its history has separated out neurological diseases from mental health. In 2022 there will be global campaigns and initiatives that are going to try to raise awareness of these neurological diseases, so we need to be ready to capitalize and exploit that.

Jim Essey reiterated that it is a massive achievement that ABF has can actually delivered on the business plan numbers that were somewhat aspirational. We now feel confident that we can deliver.

Meeting adjourned at 9:43 a.m. CT

DRAFT



Date: Tuesday, October 19th, 2021

To: ABF Finance Committee

From: Kevin Myren, CPA Chief Financial Officer
Jane Ransom, Executive Director
Noah Zak, Staff Accountant

Subject: 2021 Q3 Financial Reports, 2020 990, and 2022 Budget

The enclosed materials present the financial performance of the American Brain Foundation for September 2021.

Statement of Operations

- Operating Revenues of \$4.1M
- Operating Expenses are \$3.7M
- Net Operating Increase is \$943K
- Long Term Investments are \$427K

Revenue

ABF has raised \$4.8M as of Q3, exceeding the YTD goal by 69%, and achieving 78% of the total 2021 fundraising goal. The \$4.8M raised includes the \$1.25M AAN operating grant and a \$1.5M restricted grant from the Michael J. Fox Foundation for the LBD project.

In the GAAP Adjustment section of the Income Statement, Releases from Restrictions have a negative budget variance of (\$98K) primarily due to:

- (\$53K) fewer Commitment to Cures Sponsorships compared to budget
- (\$41K) fewer new Public Awareness grants compared to budget

Expenses

Natural Expenses are 10% under budget, but there is some variation within the different expense areas:

- Salaries & Benefits are over budget by (\$19K) or (-3%) due to staff benefit elections that are larger than originally budgeted for, an internship position, and staff salary increase percentages exceeding budget.
- General Office expenses under by \$31K or 33% comprised primarily of the following:
 - \$26K positive variance in printing and postage
 - \$6K positive variance in professional development

- \$3K negative variance in credit card fees due to more credit card donations than expected
- Technology expense is under budget by \$156K or 48% due to the lower cost of the new CRM implementation than budgeted.
- Professional Expenses are under \$77K or 16%. The variance is made up primarily of the following:
 - \$35K positive variance in Commitment to Cures due to timing of Yakkety Yak expense and general cost savings
 - \$28K positive variance in Public Awareness due to timing of expenses and general cost savings
 - \$9K positive variance in Research Grants due to lack of need for research initiatives support.
 - \$19K negative variance in Annual Fundraising due to use of Yakkety Yak in fundraising that was not budgeted for.
- Advertising Expenses are over budget by (\$9K) or (11%) due to using Yakkety Yak for advertising more than expected.
- Meetings & Travel Expenses are under budget by \$31K or 76% due to the lack of in-person meeting in 2021
- Management Fee is under by \$90K or 35% due to the ABF reducing the amount of space being rented at the AAN, which will result in total savings of \$121K in 2021.

Statement of Financial Position

- The Foundation ended Q2 with total assets of \$17.4M, which includes:
 - \$2.2M in cash and short-term investments
 - \$4.3M in grants receivable
 - \$10.8M in long-term investments, of which 46% represents restricted Endowments and Donor Advised Funds
- Liabilities are \$1.2M
 - \$1.1M or 94% is in Grants Payable
- Net Assets total \$16.1M
 - \$10.3M or 64% of net assets are restricted by donors

2021 Forecasted Operating Reserve

ABF's Operating Reserve Policy establishes a reserve equal to 75% of the average of the last two years actual expenses and the succeeding years operating budget excluding any grants with donor restrictions and noncash items. The reserve calculation below has been updated to include the 2022 budget figures as part of the average calculation:

\$1,790,171 Minimum Required Operating Reserve
\$4,905,413 Forecasted Year End 2021 Unrestricted Net Assets Balance
 \$3,115,241 Unrestricted Assets exceeding the Minimum Required Operating Reserve

2020 990

The Form 990 is the primary annual return filed with the Internal Revenue Service for organizations that are exempt from federal corporate income tax by virtue of being described in section 501(c) of the IRS Code. It is an “information return” and does not calculate liability for any income or excise tax. The Form requires a description of how the Form 990 is shared with the Board prior to its filing.

Why is the Form 990 important?

- Available not only to IRS and for state regulatory purposes, but to members and the public.
- Posted on the ABF website and third party sites such as Guidestar.org
- What’s disclosed?
 - Compensation of Board members, Officers and Key Employees
 - Program accomplishments
 - Related party transactions
 - Intercompany transactions
 - Governance questions and disclosures
 - List of Board members

Fiscal impact: Approval has no impact on the financial position of Foundation.

Legal implications. Part VI of the IRS Form 990, Section B, Question 11b asks, “Was a copy of the Form 990 provided to the organization’s governing body before it was filed?” The process for ABF Board review of the Form 990 is described in Schedule O, in response to Question 11b.

Changes on 2020 990

- At the advice of external council, we have added a new note for Part VI, Section A, Line 1a explaining Executive Committee responsibilities
- On Schedule A, Public Support percentage increased by 10% compared to 2019 due to the five-year revenue trending upwards year over year
- A new note was added to Part IX, Line 25 explaining the variation in programming expense from year to year. The full note can be found on Schedule O
- The Programming functional expense ratio went down 10% compared to 2019 due to fewer grants being awarded in 2020. To provide context, a new note for Part IX, Line 25 was added explaining the variations in programming expenses

2022 Budget

The 2022 budget proposes a surplus of \$14K which matches the 2022 strategic plan.

2022 Operating Revenue - \$6.68M

- Unrestricted fundraising goal: \$2.23M
The goal includes a \$1.25M grant from the AAN, and the full plan is detailed in the development portion of the materials.
- Release from Restrictions: \$ 4.45M

2022 Operating Expenses - \$6.67M

Expenses were formed using the following assumptions:

- Increase to 9 FTEs
- Increase of in-person meetings in 2022
- Awarding more grants in 2022

Provided in the following pages are:

- Q3 YTD Income Statement
- 2021 Budget/Forecast Income Statement
- Q3 Balance Sheet
- 2020 990 Draft
- 2022 Budget

American Brain Foundation
YTD Operating Statement
Sep 2021 YTD

| | Sep 2020 YTD Actuals | Sep 2021 YTD Actuals | Sep 2021 YTD Budget | Actuals to Budget Favorable (Unfavorable) | Actuals to Budget Favorable (Unfavorable) |
|--|-------------------------|-------------------------|------------------------|---|---|
| REVENUE | | | | | |
| GRANTS & GIFTS RAISED | | | | | |
| AANI Support Grant | 1,500,000 | 1,250,000 | 1,250,000 | - | 0% |
| Unrestricted | 612,338 | 567,122 | 544,354 | 22,768 | 4% |
| Funds Raised for Future Years - Research | 1,947,387 | 2,970,175 | 2,371,726 | 598,449 | 25% |
| Funds Raised for Future Years - Awards | 135,950 | 69,644 | 50,000 | 19,644 | 39% |
| Funds Raised for Future Years - Public Awareness | 9,500 | 23,798 | | 23,798 | |
| Total Funds Raised | 4,205,175 | 4,880,739 | 4,216,080 | 664,659 | 69% |
| GAAP ADJUSTMENT | | | | | |
| Funds Raised for Future Years Released from Restrictions | (2,092,837) | (3,063,617) | (2,421,726) | (641,890) | 27% |
| | 2,230,782 | 1,938,815 | 2,037,470 | (98,655) | -5% |
| Total GAAP Adjustment | 137,945 | (1,124,802) | (384,256) | (740,546) | 22% |
| Net Operating Funds Raised | 4,343,120 | 3,755,937 | 3,831,824 | (75,887) | -2% |
| OTHER REVENUE | | | | | |
| Gift in Kind Revenue | 69,283 | 355,695 | - | 355,695 | |
| Interest Revenue | 13,002 | 2,728 | 6,003 | (3,275) | -55% |
| Other Revenue | 1,216 | 485 | 608 | (123) | -20% |
| | | | | - | |
| Total Revenue | 4,426,621 | 4,114,845 | 3,838,435 | 276,410 | 7% |
| EXPENSES | | | | | |
| NATURAL EXPENSES | | | | | |
| Salaries & Benefits | 723,772 | 710,553 | 691,101 | (19,452) | -3% |
| General Office | 47,309 | 62,749 | 93,991 | 31,242 | 33% |
| Technology | 171,824 | 172,863 | 329,237 | 156,374 | 47% |
| Professional Services | 222,031 | 415,494 | 493,046 | 77,552 | 16% |
| Advertising | 7,203 | 92,838 | 83,675 | (9,163) | -11% |
| Meetings & Travel | 79,744 | 9,951 | 41,705 | 31,754 | 76% |
| Grants & Awards | 1,953,472 | 1,696,008 | 1,712,000 | 15,992 | 1% |
| Depreciation | 30,934 | 28,012 | 28,008 | (4) | 0% |
| Management Fee | 254,250 | 171,000 | 261,777 | 90,777 | 35% |
| Total Natural Expenses | 3,490,539 | 3,359,468 | 3,734,541 | 375,072 | 10% |
| OTHER EXPENSES | | | | | |
| Gift in Kind Expense | 69,283 | 355,695 | - | (355,695) | |
| Total Expense | 3,559,822 | 3,715,163 | 3,734,541 | 19,377 | 1% |
| Net Operating Increase (Decrease) | 866,799 | 399,681 | 103,894 | 295,787 | 285% |
| Long Term Investment Earnings | (215,932) | 427,823 | - | 427,823 | |
| CHANGE IN UNRESTRICTED NET ASSETS | 650,867 | 827,504 | 103,894 | 723,610 | 696% |

American Brain Foundation
Operating Statement
Prior Year to Current Year Comparison

| | 2020 Actuals | 2021 Budget | 2021 Forecast | CY Budget to CY Forecast, Favorable (Unfavorable) |
|--|--------------------|--------------------|--------------------|---|
| REVENUE | | | | |
| GRANTS & GIFTS RAISED | | | | |
| AANI Support Grant | 1,646,710 | 1,250,000 | 1,250,000 | - |
| Unrestricted | 886,138 | 717,475 | 830,699 | 113,224 |
| Funds Raised for Future Years - Research | 4,069,270 | 4,044,666 | 4,044,666 | - |
| Funds Raised for Future Years - Awards | 214,405 | 150,000 | 150,000 | - |
| Funds Raised for Future Years - Public Awareness | 9,500 | 120,000 | 120,000 | - |
| Total Funds Raised | 6,826,023 | 6,282,141 | 6,395,365 | 113,224 |
| GAAP ADJUSTMENT | | | | |
| Funds Raised for Future Years Released from Restrictions | (4,293,175) | (4,314,666) | (4,314,666) | 347,020 |
| Total GAAP Adjustment | (2,017,363) | (1,579,706) | (1,232,686) | 347,020 |
| Net Operating Funds Raised | 4,808,660 | 4,702,435 | 5,162,679 | 460,244 |
| OTHER REVENUE | | | | |
| Gift in Kind Revenue | 436,229 | - | - | - |
| Interest Revenue | 14,573 | 8,004 | 4,332 | (3,672) |
| Other Revenue | 1,216 | 608 | 485 | (123) |
| Total Revenue | 5,260,678 | 4,711,047 | 5,167,496 | 456,449 |
| EXPENSES | | | | |
| NATURAL EXPENSES | | | | |
| Salaries & Benefits | 1,094,234 | 1,017,968 | 1,093,885 | (75,917) |
| General Office | 88,936 | 132,074 | 132,807 | (733) |
| Technology | 184,634 | 346,140 | 236,041 | 110,099 |
| Professional Services | 327,401 | 607,184 | 591,184 | 16,000 |
| Advertising | 18,709 | 111,567 | 134,753 | (23,186) |
| Meetings & Travel | 82,748 | 73,465 | 40,110 | 33,355 |
| Grants & Awards | 1,976,103 | 2,297,000 | 2,714,000 | (417,000) |
| Depreciation | 40,271 | 37,344 | 37,344 | - |
| Management Fee | 339,000 | 349,036 | 228,000 | 121,036 |
| Total Natural Expenses | 4,152,036 | 4,971,778 | 5,208,124 | (236,346) |
| OTHER EXPENSES | | | | |
| Gift in Kind Expense | 436,229 | - | - | - |
| Total Expense | 4,588,265 | 4,971,778 | 5,208,124 | (236,346) |
| Net Operating Increase (Decrease) | 672,413 | (260,731) | (40,628) | 220,103 |
| Long Term Investment Earnings | 335,652 | - | (5) | (5) |
| CHANGE IN UNRESTRICTED NET ASSETS | 1,008,065 | (260,731) | (40,633) | 220,098 |



American Brain Foundation

Statement of Financial Position

9/30/2021

| | <u>9/30/2021</u> | <u>9/30/2020</u> | <u>Net Change</u> |
|-----------------------------------|--------------------------|--------------------------|-------------------------|
| ASSETS | | | |
| CURRENT ASSETS | | | |
| Cash and Cash Equivalents | \$429,209 | \$206,579 | \$222,630 |
| Short Term Investments | 1,817,350 | 2,239,481 | (422,132) |
| Grants and Gifts Receivable, Net | 1,936,675 | 1,812,406 | 124,269 |
| Accounts Receivable | 1,032 | 1,590 | (558) |
| Other Assets | 24,876 | 16,643 | 8,233 |
| Total Current Assets | <u>4,209,142</u> | <u>4,276,700</u> | <u>(67,557)</u> |
| FIXED ASSETS | | | |
| ABF Website | 213,045 | 223,770 | (10,725) |
| Less Accumulated Depreciation | <u>(191,258)</u> | <u>(164,634)</u> | <u>(26,624)</u> |
| Net Fixed Assets | <u>21,787</u> | <u>59,136</u> | <u>(37,349)</u> |
| LONG TERM ASSETS | | | |
| Investments - Reserves | 10,795,112 | 7,847,614 | 2,947,498 |
| Grants and Gifts Receivable, Net | <u>2,366,064</u> | <u>2,030,180</u> | <u>335,884</u> |
| Total Long Term Assets | <u>13,161,176</u> | <u>9,877,794</u> | <u>3,283,382</u> |
| Total Assets | <u><u>17,392,105</u></u> | <u><u>14,213,630</u></u> | <u><u>3,178,475</u></u> |
| LIABILITIES AND NET ASSETS | | | |
| CURRENT LIABILITIES | | | |
| Accounts Payable | 72,579 | 212,295 | (139,716) |
| Grants Payable | 1,069,841 | 1,286,841 | (216,999) |
| Deferred Revenue | <u>1,000</u> | <u>1,000</u> | <u>(1,000)</u> |
| Total Liabilities | <u>1,142,420</u> | <u>1,500,136</u> | <u>(357,716)</u> |
| LONG TERM LIABILITIES | | | |
| Grants Payable | <u>105,621</u> | <u>105,834</u> | <u>(213)</u> |
| NET ASSETS | | | |
| Unrestricted | 5,774,040 | 4,588,849 | 1,185,191 |
| With Donor Restrictions | <u>10,370,024</u> | <u>8,018,811</u> | <u>2,351,212</u> |
| Total Net Assets | <u>16,144,064</u> | <u>12,607,660</u> | <u>3,536,404</u> |
| Total Liabilities and Net Assets | <u><u>17,392,105</u></u> | <u><u>14,213,630</u></u> | <u><u>3,178,475</u></u> |

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **01/01/2020** and ending **12/31/2020**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization **AMERICAN BRAIN FOUNDATION**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
201 Chicago Avenue
 City or town, state or province, country, and ZIP or foreign postal code
Minneapolis, MN, 55415
F Name and address of principal officer: **Jane Ransom**
201 Chicago Avenue, Minneapolis, MN 55415

D Employer identification number
41-1717098
E Telephone number
612-928-6300
G Gross receipts \$ **5,985,296**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions
H(c) Group exemption number ▶

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

J Website: ▶ www.americanbrainfoundation.org

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1992** **M** State of legal domicile: **MN**

Part I Summary

| | | | | |
|------------------------------------|---|--|--|----------------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: <u>The American Brain Foundation believes that we will one day be able to live life without the brain diseases that now impact 1 of every 6 people-and it starts with funding (Continued on Schedule O, Statement 1)</u> | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 21 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 21 |
| | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 8 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 31 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 4,684,284 | Current Year 5,675,913 |
| | 9 | Program service revenue (Part VIII, line 2g) | 0 | 0 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,300,732 | 301,592 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -100,874 | -51,516 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 5,884,142 | 5,925,989 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 2,646,012 | 1,976,103 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 854,943 | 1,094,234 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 12,713 | 22,621 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 591,505 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 1,084,103 | 1,000,653 |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 4,597,771 | 4,093,611 | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 1,286,371 | 1,832,378 | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 13,204,924 | End of Year 15,127,777 |
| | 21 | Total liabilities (Part X, line 26) | 1,645,644 | 1,400,464 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 11,559,280 | 13,727,313 |

Part II Signature Block

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

Sign Here Signature of officer _____ Date _____
Jane Ransom, Executive Director
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____
 Firm's name ▶ _____ Firm's EIN ▶ _____
 Firm's address ▶ _____ Phone no. _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part 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:

The American Brain Foundation brings researchers and donors together to defeat brain disease. We believe that funding research across a broad spectrum of brain diseases and conditions is the best hope for reaching our vision of a world without brain disease. Founded by the American Academy of Neurology in 1992, the Foundation enjoys a dynamic research relationship with the Academy which assures that the best and brightest researchers in the world are awarded research grants.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the 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 (Code:) (Expenses \$ 1,939,900 including grants of \$ 1,783,090) (Revenue \$ 2,756,110)
GRANTS: In 2020, the American Brain Foundation funded research projects in ALS, Alzheimer's disease, cognitive aging and age-related memory loss, epilepsy, headache, Lewy body diseases, multiple sclerosis, myasthenia gravis neuromuscular disease, Parkinson's disease, stroke, and Tourette Syndrome. We co-funded these grants with our research partners: The ALS Association, Alzheimer's Association, American Academy of Neurology, American Epilepsy Society, American Heart Association, Consortium of Multiple Sclerosis Centers, Epilepsy Foundation, International Headache Society, Mary E. Groff Charitable Trust, McKnight Brain Research Foundation, Muscle Study Group, Myasthenia Gravis Foundation of America, National Multiple Sclerosis Society, Parkinson's Foundation, Society of Vascular & Interventional Neurology, and Tourette Association of America.

4b (Code:) (Expenses \$ 263,680 including grants of \$ 185,850) (Revenue \$ 213,646)
AWARDS: The American Brain Foundation honored and provided financial support to leaders in the fight against brain disease-both scientists and members of the public. PUBLIC LEADERSHIP IN NEUROLOGY AWARD: The award honors an individual or group outside of the medical profession known for advancing public understanding and awareness of neurological disease, being effective advocates for neuroscience research, and making significant contributions to improve patient care. The actor Emilia Clarke received the 2020 award for sharing her personal struggle with brain aneurysm with millions of people, and for beginning a charity to help people recovering from brain damage. COMMITMENT TO CURES AWARD: This award honors an individual or group outside the medical profession known for their outstanding philanthropy and advocacy for research on a neurologic disease. Sidney Crosby received the 2020 award. Based on his own experience with concussion as a professional hockey player, Crosby has been influential in changing concussion protocols within his sport and in raising public awareness about sports concussion. SCIENTIFIC BREAKTHROUGH AWARD: This award honors a scientist or team of scientists responsible for a significant research breakthrough in preventing, curing or treating a brain disease or disorder. The 2020 recipient was the Calgary
(Continued on Schedule O, Statement 2)

4c (Code:) (Expenses \$ 527,589 including grants of \$ 0) (Revenue \$ 9,500)
PUBLIC OUTREACH: The Foundation continued to invest in public awareness-building projects with the purpose of educating the public about the need for brain disease research. Due to the global COVID-19 pandemic all in-person public awareness activities were canceled. However, the Foundation increased electronic communication and virtual programming. The Foundation also produced a live-streamed event featuring the widow of Robin Williams and the producer of a new film which chronicles Williams' struggle with Lewy body dementia. It was viewed by 15,000 people, live and on YouTube. The Foundation also held monthly virtual salons for our donors on topics such as Alzheimer's disease and the neurological impact of COVID-19 which were attended by 50-150 people. In addition, ABF produced Facebook Live events with advice from neurologists on how people with diverse neurological diseases should cope with the special challenges of the COVID-19 pandemic. The Foundation increased its investment in marketing overall, with content focused on (1) the need for research, (2) patient stories, (3) brain disease information, and (4) brain health.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **▶ 2,731,169**

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I See instructions</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | ✓ | |

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 8 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | ✓ | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | ✓ |
| 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 Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | ✓ |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | ✓ | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | ✓ | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | ✓ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | ✓ |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | ✓ |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | ✓ |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? 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 | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | ✓ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | ✓ |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | ✓ |

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

Section 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 | | |
| | 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. | | |
| 1b | Enter the number of voting members included on line 1a, above, who are independent | | |
| 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? | | ✓ |
| 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? | | ✓ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | ✓ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | ✓ |
| 6 | Did the organization have members or stockholders? | | ✓ |
| 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? | | ✓ |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | ✓ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | The governing body? | ✓ | |
| 8b | Each committee with authority to act on behalf of the governing body? | ✓ | |
| 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 | | ✓ |

Section 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? | | ✓ |
| 10b | 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? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | ✓ | |
| 11b | Describe in 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 | ✓ | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | ✓ | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | ✓ | |
| 13 | Did the organization have a written whistleblower policy? | ✓ | |
| 14 | Did the organization have a written document retention and destruction policy? | ✓ | |
| 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | ✓ | |
| 15b | Other officers or key employees of the organization | | ✓ |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | ✓ |
| 16b | 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? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► [See Schedule O, Statement 3](#)
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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, and financial 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 ►
Kevin Myren, (612)928-6023

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JANE RANSOM EXECUTIVE DIRECTOR | 42.00 | | | ✓ | | | 281,328 | 0 | 44,020 | |
| DAVID D DODICK CHAIR | 0.75 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| SUSAN SCHNEIDER WILLIAMS VICE CHAIR | 0.75 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| JAMES ESSEY TREASURER | 0.75 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| SHAFALI JESTE SECRETARY | 0.75 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| KEVIN P GOODNO PAST CHAIR & TRUSTEE | 0.75 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| JAMES C STEVENS EX OFFICIO VOTING DIRECTOR | 0.75 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| DAVID EAGLEMAN TRUSTEE | 0.20 | ✓ | | | | | 0 | 0 | 0 | |
| JAMES ERWIN TRUSTEE | 0.20 | ✓ | | | | | 0 | 0 | 0 | |
| JACQUELINE FRENCH TRUSTEE | 0.40 | ✓ | | | | | 0 | 0 | 0 | |
| DAN GASBY TRUSTEE | 0.20 | ✓ | | | | | 0 | 0 | 0 | |
| ROBERT C GRIGGS TRUSTEE | 0.40 | ✓ | | | | | 0 | 0 | 0 | |
| JAMES C GROTTA TRUSTEE | 0.40 | ✓ | | | | | 0 | 0 | 0 | |
| FRANCES JENSEN TRUSTEE | 0.40 | ✓ | | | | | 0 | 0 | 0 | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| BEN LENAIL TRUSTEE | 0.10 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| CINDY MCCAIN TRUSTEE | 0.20 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| SUZANNE MILLER TRUSTEE | 0.20 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| RONALD PETERSEN TRUSTEE | 0.40 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| ALYX B PORTER TRUSTEE | 0.00 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| MARTIN SHENKMAN TRUSTEE | 0.30 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| JOSEPH I SIRVEN TRUSTEE | 0.40 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| SEAN SANSIVERI TRUSTEE | 0.20 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| 1b Subtotal | | | | | | | | 281,328 | 0 | 44,020 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 281,328 | 0 | 44,020 |

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 **▶** 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 |
|--|--------------------------------|---------------------|
| American Academy of Neurology, 201 Chicago Avenue, Minneapolis, MN 55415 | Management Services & Occu | 349,731 |
| Yakkety Yak, 216 S Jefferson St, Suite 200, Chicago, IL 60661 | Full service digital marketing | 155,833 |
| | | |
| | | |

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

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|---|--|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a 0 | | | | |
| | b | Membership dues | 1b 0 | | | | |
| | c | Fundraising events | 1c 148,464 | | | | |
| | d | Related organizations | 1d 0 | | | | |
| | e | Government grants (contributions) | 1e 0 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 5,527,449 | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g \$ 881 | | | | |
| | h | Total. Add lines 1a-1f ▶ | | 5,675,913 | | | |
| | Program Service Revenue | | | Business Code | | | |
| 2a | | ----- | | | | | |
| b | | ----- | | | | | |
| c | | ----- | | | | | |
| d | | ----- | | | | | |
| e | | ----- | | | | | |
| f | | All other program service revenue | | 0 | 0 | 0 | |
| g | Total. Add lines 2a-2f ▶ | | 0 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | 301,592 | 301,592 | 0 | |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | 0 | 0 | 0 | |
| | 5 | Royalties ▶ | | 0 | 0 | 0 | |
| | 6a | Gross rents | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | 6a | | | | |
| | | | 6b | | | | |
| | b | Less: rental expenses | 6b | | | | |
| | c | Rental income or (loss) | 6c | 0 | 0 | | |
| | d | Net rental income or (loss) ▶ | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | | (ii) Other | | 0 | | |
| | | | 7a | 0 | 0 | | |
| | | | 7b | 0 | 0 | | |
| | b | Less: cost or other basis and sales expenses | 7b | 0 | 0 | | |
| c | Gain or (loss) | 7c | 0 | 0 | | | |
| d | Net gain or (loss) ▶ | | 0 | 0 | 0 | | |
| 8a | Gross income from fundraising events (not including \$ 148,464 of contributions reported on line 1c). See Part IV, line 18 | 8a | 6,575 | | | | |
| b | Less: direct expenses | 8b | 59,307 | | | | |
| c | Net income or (loss) from fundraising events ▶ | | -52,732 | 0 | -52,732 | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| b | Less: direct expenses | 9b | | | | | |
| c | Net income or (loss) from gaming activities ▶ | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | | | | |
| | | b | Less: cost of goods sold | 10b | | | |
| | | c | Net income or (loss) from sales of inventory ▶ | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| | 11a | ----- | | | | | |
| | b | ----- | | | | | |
| | c | ----- | | | | | |
| | d | All other revenue | | 1,216 | 1,216 | 0 | |
| e | Total. Add lines 11a-11d ▶ | | 1,216 | | | | |
| 12 | Total revenue. See instructions ▶ | | 5,925,989 | 302,808 | 0 | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 1,974,103 | 1,974,103 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,000 | 1,000 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 1,000 | 1,000 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 281,328 | 100,869 | 100,420 | 80,039 |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 | Other salaries and wages | 567,198 | 203,366 | 202,462 | 161,370 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 77,285 | 27,710 | 27,587 | 21,988 |
| 9 | Other employee benefits | 111,595 | 40,012 | 39,834 | 31,749 |
| 10 | Payroll taxes | 56,828 | 20,375 | 20,285 | 16,168 |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | 53,064 | 19,343 | 18,585 | 15,136 |
| b | Legal | 42,126 | 7,483 | 31,635 | 3,008 |
| c | Accounting | 119,615 | 39,098 | 49,924 | 30,593 |
| d | Lobbying | 0 | 0 | 0 | 0 |
| e | Professional fundraising services. See Part IV, line 17 | 22,621 | | | 22,621 |
| f | Investment management fees | 10,731 | 6,055 | 4,676 | 0 |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 191,519 | 128,344 | 8,857 | 54,318 |
| 12 | Advertising and promotion | 18,532 | 8,236 | 0 | 10,296 |
| 13 | Office expenses | 67,398 | 2,200 | 15,604 | 49,594 |
| 14 | Information technology | 219,557 | 24,807 | 145,712 | 49,038 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 144,132 | 52,540 | 50,480 | 41,112 |
| 17 | Travel | 33,346 | 7,307 | 23,920 | 2,119 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 | Conferences, conventions, and meetings | 45,718 | 26,151 | 19,463 | 104 |
| 20 | Interest | 770 | 0 | 770 | 0 |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization | 40,271 | 40,271 | 0 | 0 |
| 23 | Insurance | 8,048 | 0 | 8,048 | 0 |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | <u>Dues & Subscriptions</u> | 4,945 | 899 | 2,675 | 1,371 |
| b | <u>Auction Item Gifts in Kind Expense</u> | 881 | 0 | 0 | 881 |
| c | ----- | | | | |
| d | ----- | | | | |
| e | All other expenses | 0 | 0 | 0 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24e | 4,093,611 | 2,731,169 | 770,937 | 591,505 |
| 26 | 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 204,983 | 1 | 199,592 |
| | 2 Savings and temporary cash investments | 2,282,916 | 2 | 2,590,621 |
| | 3 Pledges and grants receivable, net | 2,327,336 | 3 | 3,438,362 |
| | 4 Accounts receivable, net | 84,615 | 4 | 30,280 |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 0 | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 41,596 | 9 | 23,044 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 223,770 | 10a | |
| | b Less: accumulated depreciation | 173,971 | 10b | |
| | 11 Investments—publicly traded securities | 8,173,408 | 11 | 8,796,079 |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 13,204,924 | 16 | 15,127,777 | |
| Liabilities | 17 Accounts payable and accrued expenses | 161,299 | 17 | 188,547 |
| | 18 Grants payable | 1,477,895 | 18 | 1,210,917 |
| | 19 Deferred revenue | 6,450 | 19 | 1,000 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | 0 | 25 | 0 |
| | 26 Total liabilities. Add lines 17 through 25 | 1,645,644 | 26 | 1,400,464 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 3,937,981 | 27 | 4,946,047 |
| | 28 Net assets with donor restrictions | 7,621,299 | 28 | 8,781,266 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 11,559,280 | 32 | 13,727,313 | |
| 33 Total liabilities and net assets/fund balances | 13,204,924 | 33 | 15,127,777 | |

Part 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 | 5,925,989 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,093,611 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,832,378 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 11,559,280 |
| 5 | Net unrealized gains (losses) on investments | 5 | 335,655 |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 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 | 13,727,313 |

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

| | |
|--|---|
| Name of the organization AMERICAN BRAIN FOUNDATION | Employer identification number 41-1717098 |
|--|---|

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

The organization is not a private foundation because it is: (For lines 1 through 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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2,963,961 | 4,164,036 | 3,122,906 | 4,703,334 | 5,675,913 | 20,630,150 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Total. Add lines 1 through 3 | 2,963,961 | 4,164,036 | 3,122,906 | 4,703,334 | 5,675,913 | 20,630,150 |
| 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) | | | | | | 7,702,997 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 12,927,153 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 2,963,961 | 4,164,036 | 3,122,906 | 4,703,334 | 5,675,913 | 20,630,150 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 162,367 | 207,358 | 282,695 | 249,969 | 233,645 | 1,136,034 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Total support. Add lines 7 through 10 | | | | | | 21,766,184 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | 12 | | 0 |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|-------------------------------------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | 59.39 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 49.93 % |
| 16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

| | | Yes | No |
|-----|--|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 3b | 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| 3c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| 4b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 4c | 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)? <i>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.</i> | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 5b | 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? | | |
| 5c | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| 10b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|------------|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? | 11a | |
| b A family member of a person described in line 11a above? | 11b | |
| c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | 11c | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|----------|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | |
| 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|-----------|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | |
| b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI . | 3a | |
| b Did the organization exercise 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. | 3b | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 | |
| Section 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): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | 1e | |
| 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 | |
| Section 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D—Distributions | | Current Year |
|--------------------------------|--|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide 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 the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E—Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|--|---|-------------------------------------|---|--|
| 1 | Distributable amount for 2020 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | |
| a | From 2015 | | | |
| b | From 2016 | | | |
| c | From 2017 | | | |
| d | From 2018 | | | |
| e | From 2019 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2020 distributable amount | | | |
| i | Carryover from 2015 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2020 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2020 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2016 | | | |
| b | Excess from 2017 | | | |
| c | Excess from 2018 | | | |
| d | Excess from 2019 | | | |
| e | Excess from 2020 | | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Area with horizontal dashed lines for supplemental information.

DRAFT by efile.form990.org

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

Name of the organization

AMERICAN BRAIN FOUNDATION

Employer identification number

41-1717098

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 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 that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|--|---|
| Name of organization AMERICAN BRAIN FOUNDATION | Employer identification number 41-1717098 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | Alzheimer's Association ----- 225 N Michigan Ave FI 17 Chicago, IL, 60601-7652 | \$ 1,669,999 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | American Academy of Neurology Institute ----- 201 Chicago Avenue ----- Minneapolis, MN, 55415 | \$ 1,570,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | The ALS Association ----- 1275 K Street NW Suite 1050 Washington, DC, 20005 | \$ 323,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | Morgan Stanley Gift Fund ----- 2000 Westchester Avenue Floor 2 Purchase, NY, 10577 | \$ 252,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | William Siegel Foundation ----- 58 Woodbine Road ----- Roslyn Heights, NY, 11577 | \$ 200,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization AMERICAN BRAIN FOUNDATION | Employer identification number 41-1717098 |
|--|---|

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |

| | |
|--|---|
| Name of organization AMERICAN BRAIN FOUNDATION | Employer identification number 41-1717098 |
|--|---|

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization: AMERICAN BRAIN FOUNDATION; Employer identification number: 41-1717098

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions, grants, and end of year, and Yes/No questions regarding donor advisement.

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

Form for Part II Conservation Easements, including questions about purpose, monitoring, and expenses, and a table for 'Held at the End of the Tax Year'.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 3,784,025 | 2,967,570 | 2,864,075 | 2,548,029 | 2,309,591 |
| b Contributions | 78,271 | 340,366 | 421,372 | 10,230 | 99,650 |
| c Net investment earnings, gains, and losses | 269,623 | 557,165 | -247,129 | 372,416 | 202,959 |
| d Grants or scholarships | 91,480 | 81,076 | 70,748 | 66,600 | 64,171 |
| e Other expenditures for facilities and programs | 0 | 0 | 0 | 0 | 0 |
| f Administrative expenses | 11,604 | 0 | 0 | 0 | 0 |
| g End of year balance | 4,028,835 | 3,784,025 | 2,967,570 | 2,864,075 | 2,548,029 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 0 %
- b** Permanent endowment 63.8 %
- c** Term endowment 36.2 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

| | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 0 | 0 | 0 | 0 |
| b Buildings | 0 | 0 | 0 | 0 |
| c Leasehold improvements | 0 | 0 | 0 | 0 |
| d Equipment | 0 | 0 | 0 | 0 |
| e Other | 223,770 | 0 | 173,971 | 49,799 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 49,799 |

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other _____ | | |
| (A) _____ | | |
| (B) _____ | | |
| (C) _____ | | |
| (D) _____ | | |
| (E) _____ | | |
| (F) _____ | | |
| (G) _____ | | |
| (H) _____ | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | 0 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 0 |

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 .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|----------|--------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 6,420,644 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | 0 | |
| b | Donated services and use of facilities | 2b | 435,348 | |
| c | Recoveries of prior year grants | 2c | 0 | |
| d | Other (Describe in Part XIII.) | 2d | 59,307 | |
| e | Add lines 2a through 2d | | | 2e 494,655 |
| 3 | Subtract line 2e from line 1 | | | 3 5,925,989 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 0 | |
| b | Other (Describe in Part XIII.) | 4b | 0 | |
| c | Add lines 4a and 4b | | | 4c 0 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | | 5 5,925,989 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|----------|--------------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 4,588,263 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 435,345 | |
| b | Prior year adjustments | 2b | 0 | |
| c | Other losses | 2c | 0 | |
| d | Other (Describe in Part XIII.) | 2d | 59,307 | |
| e | Add lines 2a through 2d | | | 2e 494,652 |
| 3 | Subtract line 2e from line 1 | | | 3 4,093,611 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 0 | |
| b | Other (Describe in Part XIII.) | 4b | 0 | |
| c | Add lines 4a and 4b | | | 4c 0 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | | 5 4,093,611 |

Part XIII Supplemental Information.

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

Schedule D, Part V, Line 4 - A portion of interest earned on endowment funds is recorded as temporary restricted funds and used to support awards and clinical research training scholarships.

Schedule D, Part X, Line 2 - The Organization follows the provisions of FASB ASC 740-10-25, which requires that a tax position be recognized or derecognized based on a "more likely than no" threshold. This applies to positions taken or expected to be taken in a tax return. The Organization does not believe its financial statements include any uncertain tax positions. The Organizations tax returns are subject to review and examination by federal authorities.

Schedule D, Part XI, Line 2d - Fundraising event expenses netted out on Schedule VIII from the Commitment to Cures gala.

Schedule D, Part XII, Line 2d - Fundraising event expenses netted out on Schedule VIII from the Commitment to Cures gala.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN BRAIN FOUNDATION

Employer identification number

41-1717098

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) Europe (including Iceland and C | 0 | 0 | Grantmaking | A neurologist residing in th | 1,000 |
| (2) North America (including Cana | 0 | 2 | Fundraising | The Toronto-based organiz | 22,621 |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | | | | | |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | 0 | 2 | | | 23,621 |

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|---|--|--|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

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Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Schedule F, Part I, Line 2 - ABF monitors the use of grant funds outside the US by requiring recipients to provide annual narrative and budget reports, which are reviewed by the Science Committee of the American Academy of Neurology for satisfactory progress towards the recipients' proposed aims. Recipients for awards given in recognition of accomplishment are vetted by the ABF Board, Research Advisory Committee, and/or relevant working committees of the American Academy of Neurology and are not monitored after they are awarded.

Schedule F, Part I, Line 3 - Part 1: A Neurologist residing in the UK received one of the Foundation's annual awards in 2020 entitled the Ted Burns Humanism in Neurology Award. Part 2: The Toronto-based organization Fluid Events Inc. was hired by the American Brain Foundation to solicit sponsorships for its annual Commitment to Cures gala that was scheduled to take place in Toronto, Canada on April 29, 2020. The in person event was cancelled, and the digital event took place on the same date. Fluid Events Inc. has been similarly contracted for the 2021 digital Commitment to Cures event.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

AMERICAN BRAIN FOUNDATION

41-1717098

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 See Schedule G, Part IV, Statement 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | 111,504 | 22,621 | 88,883 |

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

AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|--|---|-------------------------------------|--------------|------------------|--|
| | | Commitment to Cures (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | 155,039 | | | 155,039 |
| | 2 Less: Contributions | 148,464 | | | 148,464 |
| | 3 Gross income (line 1 minus line 2) | 6,575 | | | 6,575 |
| Direct Expenses | 4 Cash prizes | 0 | | | 0 |
| | 5 Noncash prizes | 0 | | | 0 |
| | 6 Rent/facility costs | 2,052 | | | 2,052 |
| | 7 Food and beverages | 0 | | 0 | 0 |
| | 8 Entertainment | 0 | | 0 | 0 |
| | 9 Other direct expenses | 57,255 | | | 57,255 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 59,307 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -52,732 | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

| | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Schedule G, Part II, Line 1 - The American Brain Foundation's annual gala Commitment to Cures became a virtual event in 2020, streamed online, that was viewed by 6,000 people.

Fundraiser Activity Information

| Name and Address | Activity | C1 | Gross Receipts | C2 | C3 |
|--|--|----|----------------|---------------|---------------|
| Fluid Events Inc 650 Queens Quay W Suite 1210 Toronto, ON M5V 3N2 Canada | The Toronto-based organization Fluid Events Inc. was hired by the American Brain Foundation to solicit sponsorships for its annual Commitment to Cures gala that was scheduled to take place in Toronto, Canada on April 29, 2020. The in person event was cancelled, and the digital event took place on the same date. Fluid Events Inc. has been similarly contracted for the 2021 digital Commitment to Cures event. | No | 111,504 | 22,621 | 88,883 |
| Total: | | | 111,504 | 22,621 | 88,883 |

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

AMERICAN BRAIN FOUNDATION

Employer identification number

41-1717098

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) Sch I, Stmt 1 | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Cat. No. 50055P

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
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| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Schedule I, Part I, Line 2 - The American Brain Foundation's (ABF) Next Generation Research Grants program funds Clinical Research Training Scholarships (CRTS) and Clinician Scientist Development Awards (CSDA) offered to neurologists and clinical investigators interested in academic careers in clinical research on brain diseases and disorders. More than 80 percent of the recipients of these ABF-funded awards have gone on to receive funding from the NIH, enabling a lifetime of research on brain disease. The ABF awards grant funding to the research programs of the American Academy of Neurology, the American Heart Association, the National Multiple Sclerosis Society and other institutions who regrant funds to early career investigators through their institutions. The administrating institutions report progress annually back to the ABF.

Schedule I, Part II, Line 1 - Further elaboration of the \$1.8M granted to the AANI in 2020: \$1.6M of those funds were distributed by the AANI to fulfill grants in the following categories: Clinical Research Training Scholarship in Tourette Syndrome awarded to Alonso Zea Vera, MD, Cincinnati Children's Hospital Medical Center; McKnight Clinical Translational Research Scholarship in Cognitive Aging and Age-Related Memory Loss awarded to Bryan Baxter, PhD, Harvard, Massachusetts General Hospital; Susan S. Spencer Clinical Research Training Scholarship in Epilepsy awarded to Colin Ellis, MD, University of Pennsylvania; Richard Olney Clinician Scientist Development Award in ALS awarded to Collin Kreple, MD, PhD, Washington University in St. Louis; Clinical Research Training Scholarship in Parkinson's Disease awarded to James Curtis, PhD, Columbia University Teachers College; Robert Katzman, MD Clinical Research Training Scholarship in Alzheimer's and Dementia Research awarded to Lawren VandeVrede, MD, PhD, University of California San Francisco; Clinical Research Training Scholarship in Lewy Body Diseases awarded to Lenora Higginbotham, MD, Emory University; Clinical Research Training Scholarship in Neuromuscular Disease awarded to Paloma Gonzalez-Perez, MD, PhD, Harvard, Massachusetts General Hospital; McKnight Clinical Translational Research Scholarship in Cognitive Aging and Age-Related Memory Loss awarded to Sarah Getz, PhD, University of Miami; Clinical Research Training Scholarship in ALS awarded to Mehdi Ghasemi, MD, University of Massachusetts School of Medicine. Of the \$1.8M granted to AANI in 2020, \$168K of those funds were distributed by the AANI to award neurologists in the following scientific award categories: Potamkin Prize for Research in Pick's, Alzheimer's, and Related Diseases; Sheila Essey Award: An Award for ALS Research; Dreifuss-Penry Epilepsy Award; Founders Award; Harold Wolff-John Graham: An Award for Headache/Facial Pain Research; John Stolk Award in Movement Disorders for Young Investigators; Neuro-oncology Investigator Award; Neuro-oncology Scientific Award; Norman Geschwind Prize in Behavioral Neurology; Michael S. Pessin Stroke Leadership Prize; Mitchell B. Max Award for Neuropathic Pain; Movement Disorders Research Award; Sleep Science Award; S. Weir Mitchell Award; Wayne A. Hening Sleep Medicine Investigator Award; Kenneth M. Viste Jr, MD, Patient Advocate of the Year Award; Neuroinfectious Disease Award.

Description of Grants and Other Assistance to Governments and Organizations in the United States

| | | Recipient EIN | Amt. of cash grant | Amt. of non- cash asst. |
|--------------------------------|---|---------------|-----------------------|----------------------------|
| Name and address | American Academy of Neurology Institute 201 Chicago Avenue Minneapolis, MN 55415 | 41-0726167 | 1,797,850 | 0 |
| IRC code section | 3 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Clinical Research Training Scholarships, Scientific Awards, and Non-scientific awards for work on diseases of the brain and nervous system. See Part IV for more details. | | | |
| Name and address | National Multiple Sclerosis Society 733 3rd Ave Third Floor New York, NY 10017 | 13-5661935 | 75,000 | 0 |
| IRC code section | 3 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Clinical Scientist Development Award in Multiple Sclerosis Grant | | | |
| Name and address | American Heart Association PO Box 84150 Dallas, TX 75284 | 13-5613797 | 72,769 | 0 |
| IRC code section | 3 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Lawrence M. Brass Awards for Cardiovascular and Stroke Research | | | |
| Name and address | SameYou Foundation 235 Montgomery Street Suite 1220 San Francisco, CA 94104 | 81-3931169 | 10,000 | 0 |
| IRC code section | 3 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | The 2020 recipient of the Public Leadership in Neurology Award | | | |

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

41-1717098

AMERICAN BRAIN FOUNDATION

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|----|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | ✓ |
| 4b | | ✓ |
| 4c | | ✓ |
| 5a | | ✓ |
| 5b | | ✓ |
| 6a | | ✓ |
| 6b | | ✓ |
| 7 | | ✓ |
| 8 | | ✓ |
| 9 | | |

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.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 | (i) | 253,617 | 26,623 | 1,088 | 27,412 | 16,608 | 325,348 | 26,623 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 3 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

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 J, Part I, Line 3 - The American Brain Foundation leases all employees from the American Academy of Neurology (AAN) through a contractual arrangement. This arrangement included, as of 2020, the Foundation's Executive Director being leased through AAN. The ABF's Board of Directors is responsible for hiring and setting the compensation for the Executive Director. The Board employs procedures (use of independent consultant, compensation survey and no involvement of any persons with conflict of interest) and last set compensation amounts in 2020.

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SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

AMERICAN BRAIN FOUNDATION

Employer identification number

41-1717098

Form 990, Part III, Line 3 - The American Brain Foundation formally ended the "Crowdfunding for Cures" program in 2020 in order to invest resources in new initiatives.

Form 990, Part VI, Section A, Line 1a - The Foundation's Executive Committee includes the Chair, Vice-Chair, Secretary, Treasurer, and no more than three other members of the Board as appointed by the Chair. The Chair of the Board is the Chair of the Executive Committee. Between meetings of the Board, the Board's power is delegated to the Executive Committee. The Executive Committee reports its activity to the Board.

Form 990, Part VI, Section B, Line 11b - The CFO undertook extensive review of the draft Form 990 as initially prepared by the Senior Accountant. Their review was thereafter augmented by exempt organizations Tax/Legal Counsel. This Form 990 was then presented to the Audit Committee by the CFO and other members of the management team. The Audit Committee reviewed the Form 990 and identified any agreed upon changes to be made. In line with Minnesota Law, the final Form 990 is presented to and approved by the Board of Directors. The Form 990 is filed subsequent to this process.

Form 990, Part VI, Section B, Line 12c - The Foundation's conflict of interest policy covers individuals serving as an officer, director, committee member, or positions of official responsibility or leadership. All covered individuals are required to complete a relationship disclosure statement annually, or as changes in personal circumstances occur. The statements are reviewed and actions determined according to the Foundation's hierarchy based on position; or by the Executive Committee if a resolution cannot be made. Potential conflicts are handled on an individual basis. Actions taken depend on the severity of the conflict which include no action required, on-going monitoring with appropriate disclosure, or withdrawal from the conflicting relationship. Conflict of interest proceedings are documented in meeting minutes or as appropriate.

Form 990, Part VI, Section B, Line 15 - The American Brain Foundation leases all employees from the American Academy of Neurology (AAN) through a contractual arrangement. This arrangement included, as of 2020, the Foundation's Executive Director being leased through AAN. The ABF's Board of Directors is responsible for hiring and setting the compensation for the Executive Director. The Board employs procedures (use of independent consultant, compensation survey and no involvement of any persons with conflict of interest) and last set compensation amounts in 2020.

Form 990, Part VI, Section C, Line 19 - The Foundation makes the most recent three years audited financial statements and IRS Form 990 available to the public on its website. The Foundation does not make its other governing documents (e.g. articles of incorporation) nor its COI policy available to the public.

Form 990, Part IX, Line 25 - The American Brain Foundation programming expense is driven by the number of research grants awarded in a given year. In some cases, a recipient is not identified for a specific grant, rendering that year's award null and void. In some cases, awards in certain disease areas are granted on a biennial basis. For both of these reasons, the grant programming expense fluctuates from year to year.

Activity Or Mission Description

Description

research. We believe that funding research across a broad spectrum of brain diseases and conditions is the best hope for reaching our vision of a world without brain disease. If we cure one brain disease, we will cure many. In 2020 the American Brain Foundation continued to increase its investment in supporting the next generation of brain disease investigators, and honored outstanding scientists and members of the public who are leading the fight to defeat brain disease. The Foundation also began new initiatives to support research on the neurological effects of COVID-19, and to address neurological health disparities.

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Second Program Service Accomplishments Description

Description

Stroke Team of Drs. Andrew Demchuck, Michael Hill, and Mayank Goyal. This team coordinated the large, multi-center ESCAPE trial, which demonstrated the superiority of mechanical thrombectomy therapy to reduce both disability and death in ischemic stroke patients. ASSOCIATION OF INDIAN NEUROLOGISTS IN AMERICA LIFETIME ACHIEVEMENT AWARD: This award is given to a North American neurologist dedicated to advancing the training of North American neurologists of Indian origin and promoting innovation and research in the field of neurology. The 2020 recipient was Prakash Kotagal, MD, MBBS, FAAN, Cleveland Clinic. MRIDHA SPIRIT OF NEUROLOGY AWARD: This humanitarian award recognizes neurologists or neuroscientists who have served a distressed, destitute, or marginalized population, or have provided care in impoverished communities of the world. The 2020 recipient was Karen L. Parko, MD, Professor of Neurology at University of California San Francisco, and National Director of the Veterans Affairs Epilepsy Centers of Excellence. TED BURNS HUMANISM IN NEUROLOGY AWARD: Newly established in 2020, this award aims to celebrate neurologists whose work embodies humanism in patient care, education, advocacy, and everyday encounters. The inaugural recipient was Jon Stone, MBChB, FRCP of the University of Edinburgh, UK. AMERICAN ACADEMY OF NEUROLOGY SCIENTIFIC AWARDS: The American Brain Foundation underwrote the American Academy of Neurology's prestigious scientific awards, including the internationally known Potamkin Prize in Pick's, Alzheimer's, and related diseases, and the Sheila Essey Award for Research in ALS. Other awards included: Dreifuss-Perry Epilepsy Award, Norman Geschwind Prize in Behavioral Neurology, Wayne A. Hening Sleep Medicine Investigator Award, Herzog Neuroendocrine Research Award, Mitchell B. Max Award for Neuropathic Pain, Movement Disorders Research Award, Michael S. Pessin Stroke Leadership Prize, Bruce S. Schoenberg International Award in Neuroepidemiology, Sleep Science Award, Jon Stolk Award in Movement Disorders for Young Investigators, Founders Award, and S. Weir Mitchell Award.

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States Where Copy Of Return Is Filed

States

AK

AL

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CA

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DC

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MO

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**American Brain Foundation
2022 Budget Income Statement**

| | <u>2021 Budget</u> | <u>2021 Forecast</u> | <u>2022 Budget</u> | <u>2021 to 2022 Budget Favorable (Unfavorable)</u> | <u>2022 Strategic Plan</u> | <u>Budget to Strategic Plan Favorable (Unfavorable)</u> |
|--|------------------------|--------------------------|------------------------|--|--------------------------------|---|
| REVENUE | | | | | | |
| GRANTS & GIFTS RAISED | | | | | | |
| AANI Support Grant | 1,250,000 | 1,250,000 | 1,250,000 | - | 1,250,000 | - |
| Unrestricted | 717,475 | 830,699 | 976,057 | 258,582 | 1,108,103 | (132,046) |
| Funds Raised for Future Years - Research | 4,044,666 | 4,044,666 | 6,485,749 | 2,441,083 | 6,530,824 | (45,075) |
| Funds Raised for Future Years - Awards | 150,000 | 150,000 | 150,000 | - | 150,000 | - |
| Funds Raised for Future Years - Public Awareness | 120,000 | 120,000 | 110,000 | (10,000) | 112,500 | (2,500) |
| Total Funds Raised | <u>6,282,141</u> | <u>6,395,365</u> | <u>8,971,806</u> | <u>2,689,665</u> | <u>9,151,427</u> | <u>(179,621)</u> |
| GAAP ADJUSTMENT | | | | | | |
| Funds Raised for Future Years | (4,314,666) | (4,314,666) | (6,745,749) | (2,431,083) | (6,793,324) | 47,575 |
| Released from Restrictions | 2,734,960 | 3,081,980 | 4,452,000 | 1,717,040 | 3,831,750 | 620,250 |
| Total GAAP Adjustment | <u>(1,579,706)</u> | <u>(1,232,686)</u> | <u>(2,293,749)</u> | <u>(714,043)</u> | <u>(2,961,574)</u> | <u>667,825</u> |
| Net Operating Funds Raised | <u>4,702,435</u> | <u>5,162,679</u> | <u>6,678,057</u> | <u>1,975,622</u> | <u>6,189,853</u> | <u>488,204</u> |
| OTHER REVENUE | | | | | | |
| Interest Revenue | 8,004 | 4,332 | 3,900 | (4,104) | 35,000 | (31,100) |
| Other Revenue | 608 | 485 | - | (608) | 1,253 | (1,253) |
| Total Revenue | <u>4,711,047</u> | <u>5,167,496</u> | <u>6,681,957</u> | <u>1,970,910</u> | <u>6,226,106</u> | <u>455,851</u> |
| EXPENSES | | | | | | |
| NATURAL EXPENSES | | | | | | |
| Salaries & Benefits | 1,017,968 | 1,093,885 | 1,200,263 | 182,295 | 1,180,520 | (19,743) |
| General Office | 132,074 | 132,807 | 142,286 | 10,212 | 142,648 | 362 |
| Technology | 346,140 | 236,041 | 109,789 | (236,351) | 86,673 | (23,116) |
| Professional Services | 607,184 | 591,184 | 576,088 | (31,096) | 599,020 | 22,932 |
| Advertising | 111,567 | 134,753 | 82,750 | (28,817) | 131,704 | 48,954 |
| Meetings & Travel | 73,465 | 40,110 | 211,285 | 137,820 | 201,567 | (9,718) |
| Grants & Awards | 2,297,000 | 2,714,000 | 4,087,000 | 1,790,000 | 3,604,060 | (482,940) |
| Depreciation | 37,344 | 37,344 | 12,448 | (24,896) | 20,000 | 7,552 |
| Management Fee | 349,036 | 228,000 | 245,784 | (103,252) | 245,784 | (0) |
| Total Natural Expenses | <u>4,971,778</u> | <u>5,208,124</u> | <u>6,667,692</u> | <u>1,695,914</u> | <u>6,211,976</u> | <u>(455,716)</u> |
| Total Expense | <u>4,971,778</u> | <u>5,208,124</u> | <u>6,667,692</u> | <u>1,695,914</u> | <u>6,211,976</u> | <u>(455,716)</u> |
| Net Operating Increase (Decrease) | <u>(260,731)</u> | <u>(40,628)</u> | <u>14,265</u> | <u>274,996</u> | <u>14,130</u> | <u>135</u> |

DEVELOPMENT REPORT SEPTEMBER 2021

| RESTRICTED | Jan-Sept 2021 | 2021 Goal | Percent to Goal |
|--|----------------------|---------------------|------------------------|
| Next Generation Research Grants | | | |
| Foundations & Corporations | \$ 1,365,500 | | |
| Individual Donors | \$ 1,900 | | |
| Grant Admin | | | |
| Next Generation Subtotal | \$ 1,367,400 | | |
| Cure One, Cure Many | | | |
| LBD - Individual Donors | \$ 60,130 | | |
| LBD - Corp/Fdn | \$ 1,500,010 | | |
| Goadsby - Individual Donors | \$ 5 | | |
| Goadsby - Corp/Fdn | \$ 360,000 | | |
| Health Disparities - Individual Donors | | | |
| Health Disparities - Corp/Fdn | | | |
| COVID & the Brain - Individual Donors | \$ 29 | | |
| COVID & the Brain - Corp/Fdn | | | |
| Neuroinflammation - Individual Donors | | | |
| Neuroinflammation - Corp/Fdn | | | |
| Grant Admin | | | |
| Cure One, Cure Many Subtotal | \$ 1,920,174 | | |
| Other Restricted | | | |
| Foundations & Corporations | \$ 2,250 | | |
| Major Donors | \$ 99,523 | | |
| Annual Fund | \$ 34,271 | | |
| Other Restricted Subtotal | \$ 136,044 | | |
| | | | |
| RESTRICTED SUBTOTAL | \$ 3,423,618 | \$ 4,314,666 | 79% |
| UNRESTRICTED | | | |
| AAN | \$ 1,250,000 | | |
| Annual Fund | \$ 199,925 | | |
| 2021 Commitment to Cures | \$ 139,839 | | |
| Major Donors | \$ 174,735 | | |
| Core Support (10% Policy) | \$ 51,037 | | |
| Foundations & Corporations | \$ 34,646 | | |
| UNRESTRICTED SUBTOTAL | \$ 1,850,182 | \$ 2,117,475 | 87% |
| GRAND TOTAL | \$ 5,273,800 | \$ 6,432,141 | 82% |
| PLANNED GIFTS | | | |
| *The timing of the payment of Planned Gifts is unknown. Gifts are revocable and do not count towards the bottom line | \$ 168,750 | | |



2021 Grant Fundraising

Already raised:

\$172,500 – Amgen (Migraine)
\$160,000 – Myasthenia Gravis
\$100,000 – Association for FTD
\$100,000 – MSG
\$100,000 – Hearst
\$60,000 – Eisai
\$330,000 – Muscular Dystrophy
\$100,000 – Tourette
\$243,000 – AHA (Stroke)
\$1,500,000 – Michael J. Fox Foundation

Total: \$2,865,500

Expected:

\$546,000 – ALS
\$300,000 – Parkinson's
\$100,000 – Epilepsy
\$260,000 – Mary Groff Charitable Trust (LBD)
\$150,000 – Society for Peripheral Neuropathy

Total expected: \$1,356,000

Potential:

Amgen - \$172,500

AFTD - \$900,000

Mitsubishi Tanabe (ALS) - \$245,000 (anticipate will receive less if approved)

Jazz - \$172,500

Abbott (stroke) - \$100,000

Robert Wood Johnson Foundation - \$100,000

Genentech - \$200,000

EMD Serono - \$100,000

Novartis - \$100,000

Sanofi Genzyme - \$160,000

Alexion - \$92,800

UCB - \$80,000

Upsher-Smith - \$55,000

Science Philanthropy Alliance - \$1,700,000

Total potential fundraising: \$4,177,800