Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07/01 , 2008, and ending 06/30 , 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

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

C Name of organization NEUROLOGY ASSOCIATES OF STONY BROOK

Doing Business As

Number and street (or P O box if mail is not delivered to street address) PO BOX 1554 Room/suite

City or town, state or country, and ZIP + 4 STONY BROOK, NY 11790

D Employer identification number 11-2587430

E Telephone number (631) 444-2055

G Gross receipts $ 4,339,744.

F Name and address of principal officer PATRICIA COYLE, MD
PO BOX 1554 STONY BROOK, NY 11790

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

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

H(c) Group exemption number ▶

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

J Website: ▶ N/A

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1981 **M** State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
PROVIDE CLINICAL INSTRUCTION TO AND SUPERVISION OF MEDICAL SCHOOL STUDENTS, INTERNS AND RESIDENTS AND, INCIDENT THERETO, RENDERING PROFESSIONAL SERVICES.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	NONE
5	Total number of employees (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	NONE
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE

Revenue

		Prior Year	Current Year
8	Contribution and grants (Part VIII, line 1h)	NONE	NONE
9	Program service revenue (Part VIII, line 2g)	3,596,528.	4,336,427.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,887.	3,317.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	NONE	NONE
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,603,415.	4,339,744.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	NONE
14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,198,964.	1,392,866.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
b	Total fundraising expenses, Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,404,451.	2,611,758.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,603,415.	4,004,624.
19	Revenue less expenses. Subtract line 18 from line 12	NONE	335,120.

Net Assets or Fund Balances

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	NONE	335,120.
21	Total liabilities (Part X, line 26)	NONE	335,120.
22	Net assets or fund balances. Subtract line 21 from line 20	NONE	NONE

SCANNED JUL 12 2010

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 5-7-10

▶ Patricia Coyle, President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Christopher Bergs	Date 4-30-10	Check if self-employed ▶ ☐	Preparer's identifying number (see instructions)	
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG U.S. LLP, 5451 LAKEVIEW PKWY S DR INDIANAPOLIS, IN 46268			EIN ▶ 34-6565596	Phone no ▶ 317/280-3400

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

JSA
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08134T 3987 04/27/2010 07:26:07 V08-8.3 60019534

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 3,420,740 including grants of $ _____) (Revenue $ 4,336,427.)

THE ORGANIZATION PROVIDES SERVICES IN THE FIELD OF NEUROLOGY TO PATIENTS AND PROVIDES CLINICAL INSTRUCTION TO AND SUPERVISION OF SCHOOL OF MEDICINE STUDENTS AND HOSPITAL RESIDENTS.

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

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

4e Total program service expenses ▶ $ 3,420,740. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S Information Returns Enter -0- if not applicable	1a 1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a 16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75? .	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . .	10b		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body 1a 3			
b	Enter the number of voting members that are independent . . . . . 1b NONE			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶CLINICAL PRACTICE MGMT PLAN PO BOX 1554 STONY BROOK, NY 11790 631-444-2055

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA COYLE PRESIDENT & DIRECTOR	50.	X		X				62,993.	191,801.	44,074.
MARY ANDRIOLA SECRETARY & DIRECTOR	50.	X		X				67,794.	140,198.	37,227.
MICHAEL GUIDO DIRECTOR	50.	X						106,898.	45,500.	30,998.
ODED GERBER NEUROLOGIST	50.					X		60,558.	158,171.	39,644.
RAHMAN POURMAND NEUROLOGIST	50.					X		118,494.	79,420.	35,537.
LAUREN KRUPP NEUROLOGIST	50.					X		7,331.	186,595.	33,908.
CANDICE PERKINS NEUROLOGIST	50.					X		64,877.	95,037.	28,151.
GAIL SCHUMAN NEUROLOGIST	50.					X		105,672.	43,218.	33,588.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
1b Total ▶								594,617.	939,940.	283,127.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ NONE

Part VIII Statement of Revenue 11-2587430

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) . . 1e				
	f All other contributions, gifts, grants, and similar amounts not included above . 1f				
	g Noncash contributions included in lines 1a-1f $				
	h **Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		**Business Code**			
	2a PATIENT SERVICE REVENUE	621111	4,336,427.	4,336,427	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f . . . . . ▶		4,336,427		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,317.		3,317
	4 Income from investment of tax-exempt bond proceeds . . . ▶		NONE		
	5 Royalties . . . . . ▶		NONE		
		(i) Real	(ii) Personal		
	6a Gross Rents				
	b Less rental expenses . . .				
	c Rental income or (loss) . .				
	d Net rental income or (loss) . . . . . ▶		NONE		
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) . . . . . ▶		NONE		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . a				
	b Less direct expenses . . . . . b				
	c Net income or (loss) from fundraising events . . . . . ▶		NONE		
	9a Gross income from gaming activities See Part IV, line 19 . . . . . a				
	b Less direct expenses . . . . . b				
	c Net income or (loss) from gaming activities . . . . . ▶		NONE		
	10a Gross sales of inventory, less returns and allowances . . . . . a				
	b Less cost of goods sold . . . . . b				
	c Net income or (loss) from sales of inventory . . . . . ▶		NONE		
	Miscellaneous Revenue	**Business Code**			
	11a				
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d . . . . . ▶		NONE		
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶		4,339,744.	4,336,427	3,317

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	NONE			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	237,685.	225,801.	11,884.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	878,909.	878,909.		
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	132,859.	132,859.		
9 Other employee benefits	55,082.	55,082.		
10 Payroll taxes	88,331.	88,331.		
11 Fees for services (non-employees)				
a Management	2,600,000.	2,028,000.	572,000.	
b Legal	NONE			
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	NONE			
12 Advertising and promotion	NONE			
13 Office expenses	NONE			
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	NONE			
17 Travel	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	NONE			
23 Insurance	1,385.	1,385.		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PENSION_ADMIN_FEES	10,355.	10,355.		
b ALL_OTHER_EXPENSES	18.	18.		
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	4,004,624.	3,420,740.	583,884.	
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	NONE	1	335,120.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sales or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost basis 10a			
	b	Less accumulated depreciation. Complete Part VI of Schedule D 10b		10c	
	11	Investments - publicly traded securities		11	
	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 34)	NONE	16	335,120.
Liabilities	17	Accounts payable and accrued expenses	NONE	17	335,120.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	NONE	26	335,120.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	NONE	34	335,120.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	**Employer identification number**
NEUROLOGY ASSOCIATES OF STONY BROOK UNIVERSITY FACULTY PRACTICE CORPORATION	11-2587430

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 (Please check only **one** organization)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

h Provide the following information about the organizations the organization supports.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . 15 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2008.** 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 "fact-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organzation meets the "facts-and-circumstances"" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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	NONE	NONE	3,379,651	3,596,528	4,336,427.	11,312,606
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 1-5	NONE	NONE	3,379,651	3,596,528.	4,336,427.	11,312,606.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	NONE	NONE	NONE	NONE	NONE	NONE
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000	NONE	NONE	187,574	183,183.	100,949	471,706
c Add lines 7a and 7b	NONE	NONE	187,574	183,183	100,949.	471,706.
8 **Public support** (Subtract line 7c from line 6)						10,840,900

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	NONE	NONE	3,379,651.	3,596,528	4,336,427	11,312,606.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	NONE	NONE	5,365	6,887.	3,317	15,569
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	NONE	NONE	5,365	6,887	3,317	15,569.
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 IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						11,328,175

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ [ ]

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

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization NEUROLOGY ASSOCIATES OF STONY BROOK UNIVERSITY FACULTY PRACTICE CORPORATION

Employer identification number 11-2587430

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)	62,477.	NONE	516.	NONE	12,282.	75,275.	41,489.
PATRICIA COYLE	(ii)	191,801.	NONE	NONE	NONE	31,792.	223,593.	104,251.
	(i)	66,270.	NONE	1,524.	NONE	12,027.	79,821.	43,030.
MARY ANDRIOLA	(ii)	140,198.	NONE	NONE	NONE	25,200.	165,398.	7,977.
	(i)	106,790.	NONE	108.	NONE	18,679.	125,577.	66,128.
MICHAEL GUIDO	(ii)	45,500.	NONE	NONE	NONE	12,319.	57,819.	24,243.
	(i)	59,766.	NONE	792.	NONE	12,147.	72,705.	NONE
ODED GERBER	(ii)	158,171.	NONE	NONE	NONE	27,497.	185,668.	NONE
	(i)	117,702.	NONE	792.	NONE	20,620.	139,114.	73,656.
RAHMAN POURMAND	(ii)	79,420.	NONE	NONE	NONE	14,917.	94,337.	42,013.
	(i)	7,055.	NONE	276.	NONE	2,783.	10,114.	NONE
LAUREN KRUPP	(ii)	186,595.	NONE	NONE	NONE	31,125.	217,720.	NONE
	(i)	64,757.	NONE	120.	NONE	12,061.	76,938.	NONE
CANDICE PERKINS	(ii)	95,037.	NONE	NONE	NONE	16,090.	111,127.	NONE
	(i)	104,880.	NONE	792.	NONE	22,362.	128,034.	61,759.
GAIL SCHUMAN	(ii)	43,218.	NONE	NONE	NONE	11,226.	54,444.	21,584.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SUPPLEMENTAL COMPENSATION INFORMATION

NON-FIXED PAYMENTS

EMPLOYEES ARE REIMBURSED FOR BUSINESS EXPENSES THAT RELATE TO THE PRACTICE OF MEDICINE. THE TOTAL AMOUNT REIMBURSABLE IN A GIVEN FISCAL YEAR IS DETERMINED BY THE RESPECTIVE CHAIRPERSON. ALL REIMBURSEMENTS ARE SUBJECT TO APPROVAL BY THE CHAIRPERSON OR THEIR DESIGNEE. FOR AN EXPENSE TO BE ELIGIBLE FOR REIMBURSEMENT, IT MUST BE ALLOWABLE "IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES AND ALLOWABLE TO A PRACTITIONER AS A DEDUCTIBLE COST OR EXPENSE UNDER CURRENT FEDERAL INTERNAL REVENUE SERVICE GUIDELINES." DOCUMENTATION OF EXPENSES FOLLOWS IRS GUIDELINES. EXPENSES ARE NOT PROCESSED UNLESS THEY HAVE COMPLETE DOCUMENTATION. EXPENDITURES THAT ARE OVER $5,000, UNPRECEDENTED, OR UNUSUAL, WILL REQUIRE PRIOR APPROVAL FROM THE PURCHASING AND ASSET MANAGEMENT COMMITTEE.

Name of the organization NEUROLOGY ASSOCIATES OF STONY BROOK UNIVERSITY FACULTY PRACTICE CORPORATION

Employer identification number 11-2587430

SUPPLEMENTAL INFORMATION

FORM 990, PART VI, QUESTION 10

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990

AN ELECTRONIC VERSION OF FORM 990 WAS PROVIDED TO THE 3 OFFICERS AND DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, QUESTION 12C

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

THE PURPOSE OF THE CONFLICT OF INTEREST POLICY IS TO PROTECT THE UFPC'S INTEREST WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF AN OFFICER OR DIRECTOR OF THE UFPC OR MIGHT RESULT IN A POSSIBLE EXCESS BENEFIT TRANSACTION. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OF COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. COMPLIANCE WITH THIS POLICY IS MONITORED THROUGH INTERNAL PAYMENT

M01

Name of the organization NEUROLOGY ASSOCIATES OF STONY BROOK UNIVERSITY FACULTY PRACTICE CORPORATION | Employer identification number 11-2587430

POLICIES AND ANNUAL REPRESENTATIONS. THE REVIEWS, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS:

A. WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING.

B. WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE UFPC'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENT FOR GOODS AND SERVICES, FURTHER EDUCATIONAL PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION. A VOTING MEMBER OF THE GOVERNING BOARD WHO HAS A COMPENSATION CONFLICT IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION. IF THERE ARE VIOLATIONS TO THE POLICY, THE COMMITTEE OR GOVERNING BOARD SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, QUESTION 15A & 15B

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN

BEGAN AT INCEPTION: EACH PHYSICIAN IS A MEMBER OF THE SCHOOL OF MEDICINE'S FACULTY AND A NEW YORK STATE EMPLOYEE PROVIDING SERVICES AT THE UNIVERSITY, AND REPORTS TO THE CHAIRMAN OF HIS/HER DEPARTMENT AND THE DEAN OF THE SCHOOL OF MEDICINE, WHO IN TURN REPORTS TO THE PRESIDENT OF THE UNIVERSITY. THE DEAN OF THE SCHOOL OF MEDICINE IS RESPONSIBLE FOR HIRING AND TERMINATING EACH PHYSICIAN, DETERMINING EACH PHYSICIAN'S COMPENSATION (WHICH IS SUBJECT TO THE LIMITATIONS IN ARTICLE XVI AS DESCRIBED BELOW), AND ALSO APPOINTS THE CHAIRPERSON OF THE SCHOOL OF

Name of the organization NEUROLOGY ASSOCIATES OF STONY BROOK UNIVERSITY FACULTY PRACTICE CORPORATION

Employer identification number 11-2587430

MEDICINE'S DEPARTMENT OF NEUROLOGY ASSOCIATES, (I) WHO IS ONE OF THE DIRECTORS; AND (II) WHO IN TURN SELECTS ITS OTHER TWO DIRECTORS. CONSEQUENTLY, THE DIRECTORS MUST ACT IN A MANNER WHICH WILL NOT JEOPARDIZE THEIR EMPLOYMENT WITH THE MEDICAL SCHOOL AND THE UNIVERSITY IN ORDER TO REMAIN ON THE BOARD. AS A RESULT, NEW YORK STATE, THROUGH THE SUNY SYSTEM, THE UNIVERSITY, THE MEDICAL SCHOOL, AND CPMP (AS EXPLAINED BELOW) EXERCISES SUBSTANTIAL CONTROL OVER OPERATIONS, WHICH ARE ALSO SUBJECT TO ORIGINATING DOCUMENTS (I.E., CERTIFICATE OF REINCORPORATION AND BYLAWS), WHICH STATE THE PURPOSE AS FURTHERING THE UNIVERSITY'S EDUCATIONAL MISSION. ALL PHYSICIANS ENTER INTO EMPLOYMENT ARRANGEMENTS WITH THE UFPC. AS A RESULT, EACH PHYSICIAN RECEIVES COMPENSATION AND BENEFITS FROM THE UFPC AND THE STATE OF NEW YORK (BECAUSE SUCH PHYSICIAN IS ALSO A UNIVERSITY EMPLOYEE). THE DEAN OF THE SCHOOL OF MEDICINE DETERMINES EACH PHYSICIAN'S COMPENSATION, IN CONSULTATION WITH SUCH PHYSICIAN'S DEPARTMENTAL CHAIRPERSON. DOCUMENTATION REGARDING SUCH COMPENSATION DETERMINATION IS MAINTAINED BY THE DEAN'S OFFICE. EACH PHYSICIAN IS COMPENSATED BASED ON TRADITIONAL FACTORS SUCH AS TRAINING, EXPERIENCE, QUALIFICATIONS, AND GENERAL MARKET CONDITIONS. SUBJECT TO THE LIMITATIONS DESCRIBED BELOW, EMPLOYMENT AGREEMENTS WITH PHYSICIANS TYPICALLY ALLOW AN INDIVIDUAL PHYSICIAN TO RECEIVE NON-FIXED COMPENSATION, BASED ON AMOUNTS COLLECTED WHICH ARE ATTRIBUTABLE TO SUCH PHYSICIAN'S DIRECT PATIENT CARE SERVICES. THE ORGANIZATION GENERALLY DETERMINES A PHYSICIAN'S COMPENSATION TO EQUAL AN AMOUNT BETWEEN THE 50TH AND 75TH PERCENTILE OF COMPARABLE PHYSICIAN COMPENSATION, AS REPORTED IN THE ASSOCIATION OF AMERICAN MEDICAL COLLEGE'S (THE "AAMC'S") COMPENSATION DATA REFERENCE MATERIALS. EACH PHYSICIAN IS ALSO SUBJECT TO ARTICLE XVI, WHICH AT ALL TIMES GOVERNS SUCH PHYSICIAN'S COMPENSATION. UNDER THE

Name of the organization NEUROLOGY ASSOCIATES OF STONY BROOK UNIVERSITY FACULTY PRACTICE CORPORATION

Employer identification number 11-2587430

TERMS OF ARTICLE XVI, THE MAXIMUM AMOUNT OF COMPENSATION PAYABLE TO ANY PHYSICIAN (INCLUDING COMPENSATION FROM ALL OTHER SOURCES, EXCLUSIVE OF FRINGE BENEFITS) IS NOT TO EXCEED 250% OF THAT INDIVIDUAL'S MAXIMUM STATE BASIC ANNUAL SALARY FOR HIS/HER ACADEMIC RANK (THE "250% RULE"). IN SPECIAL CIRCUMSTANCES RELATING TO RECRUITMENT, THE UNIVERSITY PRESIDENT (OR HIS/HER DESIGNEE) MAY AUTHORIZE AN PHYSICIAN TO RECEIVE GREATER THAN 250% OF THE MAXIMUM STATE BASIC ANNUAL SALARY FOR SUCH PHYSICIAN'S RANK, PROVIDED THAT SUCH COMPENSATION IS IN THE BEST INTEREST OF THE UNIVERSITY AND THE HOSPITAL. SUCH ADDITIONAL COMPENSATION SHALL NOT EXTEND BEYOND A TWO YEAR PERIOD. ALSO, WITH THE APPROVAL OF THE CHANCELLOR OF THE SUNY SYSTEM (OR HIS/HER DESIGNEE) THE MAXIMUM ALLOWABLE COMPENSATION PAYABLE TO A PHYSICIAN MAY EXCEED 275% OF SUCH INDIVIDUAL'S MAXIMUM STATE BASIC ANNUAL SALARY (E.G., IN THE CASE OF PHYSICIANS PROVIDING SERVICES IN DIFFICULT TO RETAIN SPECIALTIES). IN MAKING RECOMMENDATIONS WITH RESPECT TO SUCH EXCEPTIONS TO THE "250% RULE", THE PRESIDENT OF THE UNIVERSITY CONSIDERS THE COMPETITION FOR PHYSICIANS IN A PARTICULAR SPECIALTY AS INDICATED BY THE AAMC'S COMPENSATION DATA, AND OTHER REVENUE GENERATED BY THE PHYSICIAN'S CLINICAL ACTIVITIES. SUCH EXCEPTIONS, PURSUANT TO THE TERMS OF ARTICLE XVI, SHALL NOT EXCEED 5% OF THE TOTAL NUMBER OF PHYSICIANS ON A SYSTEM-WIDE BASIS. ALSO, SUBJECT TO THE TERMS OF ARTICLE XVI, A PORTION OF EACH PHYSICIAN'S COMPENSATION MAY BE USED TO PURCHASE A RETIREMENT BENEFIT FOR THE BENEFIT OF PHYSICIANS.

FORM 990, PART VI, QUESTION 19

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC

GOVERNING DOCUMENTS WILL NOT BE DISCLOSED OUTSIDE OF THE ORGANIZATION.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization NEUROLOGY ASSOCIATES OF STONY BROOK
UNIVERSITY FACULTY PRACTICE CORPORATION

Employer identification number
11-2587430

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SEE SCHEDULE R-1					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No
SB HLTHCARE IPA LLC 11-3499101 PO BOX 1554 STNY BRK, NY 11790	HEALTHCARE	NY	N/A					X			X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
SUFFOLK PSYCHIATRIC SERVICES PC 11-3115689 P O. BOX 1554 STONY BROOK, NY 11790	MANAGED HLTH SVC	NY	N/A	C CORP			
STONY BROOK PHYSICIANS PC 20-1611829 P.O. BOX 1554 STONY BROOK, NY 11790	MEDICAL SVCS	NY	N/A	C CORP			
HEALTHCARE MANAGEMENT SERVICES, INC 11-3247917 P.O. BOX 1554 STONY BROOK, NY 11790	MEDICAL SVCS	NY	N/A	C CORP			

Part V Transactions With Related Organizations

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

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

	(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)	STATE OF NEW YORK	K	144,346.
(2)	CLINICAL PRACTICE MANAGEMENT PLAN	L	2,600,000.
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2008

JSA
8E1309 1 000

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name address and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
NEW YORK STATE 14-6013200 ONE COMMERCE PLAZA, 99 WASHING ALBANY, NY 12231	GOVERNMENT	NY	501 C 1	N/A	N/A
STONY BROOK DERMATOLOGY ASSOCIATES, UFPC 11-3011790 P.O. BOX 1554 STONY BROOK, NY 11790	HEALTHCARE	NY	501 C 3	9	NYS
STONY BROOK EMERGENCY PHYSICIANS, UFPC 11-3066770 P.O. BOX 1554 STONY BROOK, NY 11790	HEALTHCARE	NY	501 C 3	9	NYS
STONY BROOK FAMILY MEDICAL GROUP, UFPC 11-2552321 P.O. BOX 1554 STONY BROOK, NY 11790	HEALTHCARE	NY	501 C 3	9	NYS
STONY BROOK INTERNISTS, UFPC 11-2558775 P.O. BOX 1554 STONY BROOK, NY 11790	HEALTHCARE	NY	501 C 3	9	NYS
NEW YORK SPINE AND BRAIN SURGERY, UFPC 11-2645930 P.O. BOX 1554 STONY BROOK, NY 11790	HEALTHCARE	NY	501 C 3	9	NYS
UNIV ASSOC IN OBST & GYNECOLOGY, UFPC 11-2569522 P.O. BOX 1554 STONY BROOK, NY 11790	HEALTHCARE	NY	501 C 3	9	NYS
STONY BROOK PATHOLOGISTS, UFPC 11-2647243 P.O. BOX 1554 STONY BROOK, NY 11790	HEALTHCARE	NY	501 C 3	9	NYS
STONY BROOK PREVENTIVE MED SRVC, UFPC 11-2822992 P.O. BOX 1554 STONY BROOK, NY 11790	HEALTHCARE	NY	501 C 3	9	NYS
STONY BROOK OPHTHALMOLOGY, UFPC 11-2658697 P.O. BOX 1554 STONY BROOK, NY 11790	HEALTHCARE	NY	501 C 3	9	NYS
STONY BROOK ORTHOPAEDIC ASSOCIATES, UFPC 11-2593061 P.O. BOX 1554 STONY BROOK, NY 11790	HEALTHCARE	NY	501 C 3	9	NYS
STONY BROOK CHILDREN'S SERVICE, UFPC 11-2571524 P.O. BOX 1554 STONY BROOK, NY 11790	HEALTHCARE	NY	501 C 3	9	NYS
STONY BROOK PSYCHIATRIC ASSOCIATES, UFPC 11-2590096 P.O. BOX 1554 STONY BROOK, NY 11790	HEALTHCARE	NY	501 C 3	9	NYS
STONY BROOK RADIATION ONCOLOGY, UFPC 11-2664726 P.O. BOX 1554 STONY BROOK, NY 11790	HEALTHCARE	NY	501 C 3	9	NYS
STONY BROOK RADIOLOGY, UFPC 11-2548304 P.O. BOX 1554 STONY BROOK, NY 11790	HEALTHCARE	NY	501 C 3	9	NYS

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
STONY BROOK SURGICAL ASSOCIATES, UFPC 11-2552333 P.O. BOX 1554 STONY BROOK, NY 11790	HEALTHCARE	NY	501 C 3	9	NYS
STONY BROOK UROLOGY, UFPC 11-2644371 P.O. BOX 1554 STONY BROOK, NY 11790	HEALTHCARE	NY	501 C 3	9	NYS
STONY BROOK ANAESTHESIOLOGY, UFPC 11-2553515 P.O. BOX 1554 STONY BROOK, NY 11790	HEALTHCARE	NY	501 C 3	9	NYS
STONY BROOK CLIN PRACT MGMT REALTY 11-3285712 P.O. BOX 1554 STONY BROOK, NY 11790	RLTY HOLDING	NY	501 C 25	N/A	NYS
STONY BROOK SURGICAL HOLDING CORP 11-6434538 P.O. BOX 1554 STONY BROOK, NY 11790	RLTY HOLDING	NY	501 C 25	N/A	NYS
STONY BROOK UNIVERSITY PHYSICIANS, UFPC 11-3559055 P.O. BOX 1554 STONY BROOK, NY 11790	SUPPORT SVCS	NY	501 C 3	9	NYS
CLINICAL PRACTICE MANAGEMENT PLAN P.O. BOX 1554 STONY BROOK, NY 11790	MGMT ACTIVIT	NY	501 C 1	N/A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount on box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SUPPORT THE EDUCATIONAL MISSION OF THE STATE UNIVERSITY OF NEW YORK SCHOOL OF MEDICINE AT STONY BROOK (THE "MEDICAL SCHOOL") BY PROVIDING CLINICAL INSTRUCTION TO AND SUPERVISION OF MEDICAL SCHOOL STUDENTS, INTERNS AND RESIDENTS AND, INCIDENT THERETO, RENDERING PROFESSIONAL SERVICES.