Return of Organization Exempt From Income Tax

OMB No. 1545-0047

22

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

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	e 2022 calen	dar year, or tax year beginning 01/01/2022 and ending	12/31	/2022	
в	Check if	f applicable:	C Name of organization UNITED COUNCIL FOR NEUROLOGIC SUBSPECIAL	TIES	D Empl	oyer identification number
	Address	change	Doing business as			43-2005545
	Name cl	hange	Number and street (or P.O. box if mail is not delivered to street address) Ro	om/suite	E Telep	hone number
	Initial ret	turn	201 Chicago Avenue			612-928-6100
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amende	ed return	Minneapolis, MN 55415		G Gross	s receipts \$ 1,704,305
	Applicat	ion pending	F Name and address of principal officer: Brenda Riggott	H(a) Is this a g	roup return f	or subordinates? 🗌 Yes 🗹 No
			210 Chicago Avenue, Minneapolis, MN 55415	H(b) Are all s	subordinat	tes included? 🗌 Yes 🗌 No
I	Tax-exe	mpt status:	501(c)(3) 🖌 501(c) (6) (insert no.) 🗌 4947(a)(1) or 🗌 527	If "No," attac	ch a list. S	ee instructions.
J	Website	www.ucr	is.org	H(c) Group	exemption	number
к	Form of	organization: 🗸	Corporation Trust Association Other L Year of format	on: 2003	M State	of legal domicile: MN
Ρ	art I	Summa	ry			
	1	Briefly des	cribe the organization's mission or most significant activities: The mis	sion of the U	CNS is to	o promote high quality
e		patient-cer	tered care through accreditation of training programs and certification of	physicians ir	n neurol	ogic subspecialties.
Activities & Governance						
/en	2	Check this	box [] if the organization discontinued its operations or disposed of	more than 2	5% of it	s net assets.
50	3	Number of	voting members of the governing body (Part VI, line 1a)		3	9
જ	4	Number of	independent voting members of the governing body (Part VI, line 1b)		4	9
ies	5		per of individuals employed in calendar year 2022 (Part V, line 2a)		5	5
livi	6		per of volunteers (estimate if necessary)		6	127
Aci	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11		7b	0
				Prior Yea	ar	Current Year
¢	8	Contributio	ons and grants (Part VIII, line 1h)		7,500	77,500
Revenue	9	Program s	ervice revenue (Part VIII, line 2g)	1,	160,020	1,341,090
eve	10	Investmen	income (Part VIII, column (A), lines 3, 4, and 7d)		264,541	24,631
£	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) \ldots .		81	134
	12	Total reven	ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) $\car{1}$	1,	432,142	1,443,355
	13	Grants and	I similar amounts paid (Part IX, column (A), lines 1–3)		0	0
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4) \ldots		0	0
S	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5–10) $\bigg [$		649,721	694,785
nse	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)		0	0
Expenses	b	Total fundr	aising expenses (Part IX, column (D), line 25) 0			
ш	17	Other expe	enses (Part IX, column (A), lines 11a–11d, 11f–24e)		317,911	392,624
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		967,632	1,087,409
_	19	Revenue le	ess expenses. Subtract line 18 from line 12		464,510	355,946
or Ses			E	eginning of Cur	rent Year	End of Year
Net Assets or Fund Balances	20	Total asset	rs (Part X, line 16)	2,	634,255	2,920,592
t As: d Ba	21	Total liabili	ties (Part X, line 26)		366,993	440,139
Fund	22		or fund balances. Subtract line 21 from line 20	2,	267,262	2,480,453
Pa	art II	Signatu	re 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	Signature of officer				Date		
Here	Brenda Riggott, I						
	Type or print name a	and title					
Paid	Print/Type prepar	er's name	Preparer's signature	Date		Check if	PTIN
Preparer	Sarah Reichlin	g				self-employed	P01587996
Use Only		CliftonLarsonAllen LLP			Firm's	s EIN	41-0746749
	Firm's address	220 S 6th Street Suite 30	00, Minneapolis, MN 55402		Phone	e no. 6	12-397-3066
May the IRS	S discuss this re	eturn with the preparer s	shown above? See instructions				🖌 Yes 🗌 No
							- 000

For Paperwork Reduction Act Notice, see the separate instructions.

	90 (2022) Page
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: To promote high quality patient-centered care through accreditation of training programs and certification of physicians in
	neurologic subspecialties.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 l expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	ACCREDITATION:UCNS-accredited programs demonstrate that they meet the standards of graduate medical education excellence set by the UCNS and the subspecialty experts of each of the UCNS-recognized subspecialties. The peer-reviewed accreditation process is overseen by the Accreditation Council, a standing committee reporting to the UCNS Board of Directors. As of the end of 2022, United Council for Neurologic Subspecialties (UCNS) has accredited 234 programs in nine subspecialties.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$) INITIAL CERTIFICATION:UCNS offers high-stakes certification examinations for eight neurologic subspecialties. Physicians through this certification process demonstrate that they meet the standards of medical education excellence set by the UCNS and the subspecialty experts of each of the UCNS-recognized subspecialties. The peer-reviewed accreditation process is overseen by the Accreditation Council, a standing committee reporting to the UCNS Board of Directors. In 2022, certification examinations were
	offered for the neurologic subspecialties of Autonomic Disorders, Behavioral Neurology & Neuropsychiatry, Headache Medicine, and Interventional Neurology. As of the end of 2022 there are 3,134 UCNS-certified physicians.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$
	in good standing of the ABMS, AOA, or RCPSC, pay the annual C-cert administrative fee, read annual designated subspecialty journal articles, and pass an annual online knowledge assessment quiz.
4-1	Other program convices (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses 0

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Part	V Checklist of Required Schedules			
	In the expension dependence in partice $E(1/2)/2$ or $40.47/2/(1)/2$ (other then a private foundation)? If "Vec "		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		~
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
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		~
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> .	4		
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	5		~
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</i> "Yes," <i>complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
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>	8		~
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>	9		~
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> .	10		~
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
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>	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
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>	11d		~
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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>	11f	~	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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? If "Yes," complete Schedule F, Parts I and IV.	14b		~
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>	15		~
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>	16		~
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.</i> See instructions	17		~
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> .	18		~
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>	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~

Form 99	0 (2022)		I	Page 4
Part	V 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>	22		~
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> .	00		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	~	<u> </u>
2-14	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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>	25b		
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>	26		~
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>	27		~
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
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>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
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>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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>	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	~	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 28 Enter the number of employees reported on Form W-3, Transmital of Wage and Tax Image and Tax	Form 990			F	Page 5
Statements, filed for the caleridar year ending with or within the year covered by this return 2 5 V 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a V 4a try vise, "has it filed a Formign county (such as a bark account, securities account, or other financial accounts (FBAR). 5a V 5a wise the organization is the difference of the organization that it was or is a party to a prohibited tax shelter transaction? 5a V 5a wise the organization in the organization that it was or is a party to a prohibited tax shelter transaction? 5a V 5a Was the organization include with every solicitation an express statement that such contributions or glifts were not tax deductible as charlable contributions or glifts were not tax deductible as charlable contributions or glifts were anot tax deductible? 6a V 7 Organization solicit any contributions full were not tax deductible as charlable contributions or glifts were apainzton recesses statement that such contribution and party for gloot and services provided? 7b 7b 7 Organization selle, any context applies or analyses organization selle, any context applies or anaisses astapressed as an orbitation or analyse as a service pare				Yes	No
3a Did the organization have unrelated business proses 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 Scheduel 0. 3b d At any time during the calendar year, did the organization have an interest in, or a signature or other authority or, a signature or other authority or, a signature or other authority or, and the organization have an interest in, or a signature or other authority or, and the organization sparty to a prohibited tax shear? 4a ✓ b If "Yes," enter the name of this foreign country is a party to a prohibite tax shear? 5a ✓ 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shear? 5a ✓ 6 Does the organization solid tary contributions that were not tax deductible as charitable contributions? 5a ✓ 7 Organizations shat may receive deductible contributions and statement that such contributions? 6b ✓ 7 Organization shat may receive deductible contributions and party for goods and services provided to the payor? 7a 7a 7 Organization shat may receive deductible contributions and property for which it was required to file form 8282? 7a 7a 7 Organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a 7a 7 To inditact the number of Forms 8282 filed during the year? <td></td> <td></td> <td>2b</td> <td>~</td> <td></td>			2b	~	
4a A any time during the calendar year, did the organization have an interest in, or a signature or other athonol year, a financial account is orgine country gues as a bank account, securities account, or other financial accounts (FBAR), 5a b If "Yes," enter the name of the foreign country guest that any time during the tax year? 5a ✓ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt transaction at any time during the tax year? 5b ✓ c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt transaction at any time during the tax year? 5b ✓ c Did the organization include with even y solicitation an express statement that such contributions or gifts were not tax deductibles charable contributions? 6a ✓ 7 Organizations notid ny contributions that mey receive deductible charable contributions and party for goods and services provided 1 the pagnization notify the donor of the value of the goods or services provided? 7a 7b 7 Did the organization notify the donor of the value of the goods or services provided? 7c 7d 7 Did the organization notify the done or the value of the goods or services provided? 7c 7d 7 Did the organization notify the done or therwise dispose of tangible personal property for which it was required to file form 8292 struthable ontribrotion statas any time during the year, pagnization ne					v
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), b Did any traable party notify the organization that it was or is a party to a prohibited tax sheater transaction? c If "Yes," to line 5a or 5b, did the organization flat Form 886-17. b Did any traable party notify the organization that it was or is a party to a prohibited tax sheater transaction? c If "Yes," did the organization include wherey solicitation an express statement that such contributions? c If "Yes," did the organization include wherey solicitation an express statement that such contributions of the again and services provided to the payor? c Organizations that may receive daductible contributions under section 170(c). D Did the organization notify the donor of the value of the goods or services provided? c Did the organization notify the donor of the value of the goods or services provided? c Did the organization notify the donor of the value of the goods or services provided? c Did the organization notify the donor of the value of the goods or services provided? c Did the organization notify the donor of the value of the goods or services provided? c Did the organization notify the donor of the value of the goods or services provided? c Did the organization notify the donor of the value of the goods or services provided? c Did the organization notify the donor of the value of the goods or services provided? c Did the organization notify the donor of the value of the goods or services provided? c Did the organization notify the user services or other vehicles, did the organization file form 1986-07 c Did the organization make a distribution of qualified intellectual property, did the organization file form 1986-17 c Did the organization make a distribution of qualified intellectual property. dif the organization mether s			3b		
b If "Yes," enter the name of the foreign country 58 58 58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 58 58 59 Ut any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 50 60 Does the organization have annual gross receipts that are normally greater than \$100,000, and the organization notify the vorthbultes that were not tax deductible a. Charitable contributions? 60 60 7 Organization stat may receive deductible contributions and a services provided to the payor? 60 70 7 Did the organization notify the donor of the value of the goods or services provided? 70 70 7 Did the organization notify the donor of the value of the goods or services provided? 72 74 7 Did the organization notify the donor of the value of the goods or services provided? 72 74 7 Did the organization notify the service value of the good or services provided? 74 76 7 Did the organization notify the service value of the usage of the good or services provided? 74 76 7 Did the organization notify the service value of the usage of the usa			4a		~
See instructions for Hing requirements for FInCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP), Sa V 50 Was the organization aparty to a prohibited tax shelt remaxcition at my time during the tax year? 5a V 50 Did any taxable party notify the organization file Form 8866-17 5b V 50 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include where yo solicitation an express statement that such contributions? 6a V 6 0 11 *Ves." (did the organization include where yo solicitation an express statement that such contributions? 6b V 7 Organizations stat may receive deductible contributions under section 170(c). 6b V 7a 7a 7 Organization necklews apyment in excess of \$75 made party as a contribution and party for goods and services provided the payor? 7a 7a 7a 7 Did the organization necklews any funds, (directly or indirectly, on a personal benefit contract? 7c 7d			10		-
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea? 5a ✓ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b ✓ 6a Does the organization have annual gross receipts that are normally greater than \$100,000,000.000 6a ✓ 6b Does the organization controlutions that were not tax deductibles a contrabutions ontholutons? 6a ✓ 7b Torganization and tax were not tax deductibles? 6a ✓ 7c Did the organization receive a payment in excess of \$75 made party to a contribution and party for goods and services provided to the payor? 7a 7a 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7a 7a 7c Ter 7d 7a 7a 7a 7a Did the organization neeive a payment in excess blaces of tangible personal property for which it was required to file form 8282? 7a 7a 7a Ter 7d 7a 7a 7a 7a Ter 7a 7a 7a 7a 7a Ter 7a 7a 7a					
c if "Yes" to line 5 aor 5b, did the organization file Form 8866-T? 5c 6a Does the organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or glits were not tax deductible? 6a ✓ 7 Organizations that may receive deductible contributions under section 170(c). 6b ✓ 0 Did the organization receive a payment in excess of 357 made party as a contribution and partly for goods and services provided to the payor? 7a 7a b If "Yes," did tha organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d 7d 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t 7c 10 the organization receive a contribution of qualified intellectual property, did the organization file a form 1084-C? 7t 7g fit the organization nake explose dusible distributions under section 4966? 9a 9b 9b 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9b 9b 10 the organization secis for adjutinti to ta donor, donor advisor, or related person? <td></td> <td></td> <td>5a</td> <td></td> <td>~</td>			5a		~
Ge Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid and y contributions that were not tax deductible a contributions? Image: Contribution of the contributions of the contributions of gifts were not tax deductible? Image: Contribution of the contribution contrel contribution conterecontribution content contributicon contrib	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
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		If "Yes," complete Form 6069.			

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	ion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9 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.	-	Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent . 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		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		~
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6		ン ン ン
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		8a	~	
b 9	Each committee with authority to act on behalf of the governing body?	8b 9	~	~
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	~	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c	~	
13	Did the organization have a written whistleblower policy?	13	~	
14 15	Did the organization have a written document retention and destruction policy?	14	~	
а	The organization's CEO, Executive Director, or top management official	15a	~	
b	Other officers or key employees of the organization	15b		~
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	101		
Secti	ion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion {	501(c
	✓ Own website			

- **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 CPA, (612)928-6023

Form 990 (2022)

Page 6

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(0	C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					e than c		Reportable	Reportable	Estimated amount
Name and the	hours					is both or/trust		compensation	compensation	of other
	per week					1		from the	from related	compensation
	(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	nplc	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	related	dual	ltior	Ť	mp	st c	P.	1099-NEC)	1099-NEC)	related organizations
	organizations below	r tru	nal ti		oye	omp				
	dotted line)	stee	rust		(°	bens				
			ee			Highest compensated employee				
Brenda Riggott	44.00									
Executive Director]		V				177,997	0	24,484
Lawrence R Wechsler MD	0.50									
Chair		~		~				0	0	0
Salvador Cruz-Flores MD MPH	0.50									
Vice Chair		~		~				0	0	0
Margie A Ream MD PhD	0.50									
Secretary/Treasurer		~		~				0	0	0
C Alan Anderson MD	0.50									
Director		~						0	0	0
Nancy Bass MD	0.50	ļ								
Director		~						0	0	0
Angela Hays-Shapshak MD	0.50	-								
Director		~						0	0	0
Joseph Masdeu MD PhD	0.50	-								
Director		~						0	0	0
Amy Sanders MD	0.50	-								
Director		~						0	0	0
Amaal J Starling MD	0.50	-								
Director		~						0	0	0
		-								
		-								
		1								
	+	-								

Part	VII Section A. Officers, Directors, 1	Frustees,	Key I	Emj			s, an	d⊦	lighest Compe	ensated E	Emplo	yees (c	contin	ued)
	(A) Name and title	(B) Average hours per week	box, office	unles er and	Pos neck is pe d a d	rson irect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reporta compens from rel	sation		(F) ted amo f other pensatio	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)		ns (W-2/ ISC/	fro	om the zation a	and
			-											
1b c	Subtotal	VII, Sectio	n A	•	•	 	•		177,997		0		24	1,484
d 2	Total (add lines 1b and 1c)	 	 limite	d t	o t	 hos	A list	tod	177,997	coived r	0 nore t	han \$1		1,484
	reportable compensation from the organi								1				Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s								loyee, or highes	•		3	165	NU V
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	portal an \$1	ble (150,	con 000	npei 1? <i>I</i> :	nsatio f "Yes	s,"	complete Schee					
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsat	tion	froi	m any	' un	related organiza	tion or ind		4	~	~
Secti 1	on B. Independent Contractors Complete this table for your five high compensation from the organization. Rep	nest comp	ensate	ed	inde	eper	ndent	СС	ontractors that r	received	more 1	han \$1		
	(A) Name and business add								(B) Description of service			(C) Compens		
Amer	can Academy of Neurology, 201 Chicago Av		apolis	s, M	N 55	5415		Ma	anagement Servic	es & Occı			13	5,411
2	Total number of independent contractor	ors (includi	na hi	it n	ot I	imit	ed to	h th	ose listed abov	e) who				

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 1

Part VIII Statement of Revenue

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

Total Homen Protection Utilization Provide and the standard section structure in the standard section			Oneck in Ochedule	0 00		opon					
Busice Busice<								(A) Total revenue	(B) Related or exempt function revenue		from tax under
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Bit Less: cost or other basis and sales expenses Tb 260,950 0 C Gain or (loss) <td< th=""><th></th><th></th><td></td><td>7a</td><td>24</td><td>8,259</td><td>0</td><td></td><td></td><td></td><td></td></td<>				7a	24	8,259	0				
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of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a ga Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 0 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 0 d All other revenue 134 other revenue 134 d All other revenue. See instructions 1,443,355 12 Total revenue. See instructions	hei	8a	• • •	m fu	Indraisina						
of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a 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 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 0 tioa Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b 10a c Net income or (loss) from sales of inventory 0 b Less: cost of goods sold 10b 0 c Inta Business Code 0 d All other revenue 134 0 0 d All other revenue 134 0 0 134 12 Total revenue. See instructions 1,443,355 1,341,090 0 24,765	ð				0						
b Less: direct expenses 8b c Net income or (loss) from fundraising events . 9a Gross income from gaming activities. See Part IV, line 19 9a 9a Gross income or (loss) from gaming activities . b Less: direct expenses . c Net income or (loss) from gaming activities . c Net income or (loss) from gaming activities . c Net income or (loss) from gaming activities . b Less: cost of goods sold . b Less: cost of goods sold . c Net income or (loss) from sales of inventory . b Less: cost of goods sold . t 10b . . c . . . b . . . c . . . c . . . d All other revenue . . e Total revenue. See instructions . 134 12 Total revenue. See instructions . 1,443,355			of contributions rep	porte	d on line						
c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses b Less: direct expenses 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold b Less: cost of goods sold			1c). See Part IV, line	e 18		8a					
c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses b Less: direct expenses 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold b Less: cost of goods sold		b	Less: direct expense	es.		8b					
activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 0 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 10b c Net income or (loss) from sales of inventory 0 c Net income or (loss) from sales of inventory 0 d 11a Business Code b		с	Net income or (loss)) from	n fundraisin	g eve	nts				
b Less: direct expenses		9a	Gross income f	from	gaming						
c Net income or (loss) from gaming activities . . . 10a Gross sales of inventory, less returns and allowances . . . b Less: cost of goods sold c Net income or (loss) from sales of inventory s Less: cost of goods sold c Net income or (loss) from sales of inventory s 11a Business Code b c 			activities. See Part I	IV, lin	e19.	9a					
10a Gross sales of inventory, less returns and allowances 10a Image: state of goods sold 10b b Less: cost of goods sold 10b Image: state of goods sold 10b Image: state of goods sold Image: stat		b	Less: direct expense	es.		9b					
returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory . so Business Code		С	Net income or (loss)) from	n gaming ad	tivitie	es				
b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 11a b c d All other revenue		10a			ory, less						
c Net income or (loss) from sales of inventory . Business Code Image: Code Business Code Image: C			returns and allowan	ces		10a					
Snop Business Code Business Code b		b	Less: cost of goods	sold		10b					
11a		С	Net income or (loss)) from	n sales of in	vento	pry				
Image: Total Add lines fragment definition Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions	s						Business Code				
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Image: Total Add lines fragment definition Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions	ent	b									
Image: Total Add lines fragment definition Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions	le v	С									
Image: Total Add lines fragment definition Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions Total revenue. See instructions	Alis(d						134	0	0	134
	2	_									
		12	Total revenue. See	instr	uctions			1,443,355	1,341,090	0	

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must com

501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a response include amounts reported on lines 6b, 7b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign				(D) Fundraising
include amounts reported on lines 6b, 7b, and 10b of Part VIII.Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .Grants and other assistance to domestic individuals. See Part IV, line 22	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
include amounts reported on lines 6b, 7b, and 10b of Part VIII.Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .Grants and other assistance to domestic individuals. See Part IV, line 22	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22		Program service expenses		
and domestic governments. See Part IV, line 21 . Grants and other assistance to domestic Individuals. See Part IV, line 22	0	·		expenses
Grants and other assistance to domestic ndividuals. See Part IV, line 22	0			· ·
ndividuals. See Part IV, line 22				
Grants and other assistance to foreign	0			
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
Benefits paid to or for members	0			
Compensation of current officers, directors,	202,481			
Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
Other salaries and wages	372,008			
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	33,405			
Other employee benefits	46,874			
· · ·	40,017			
	38,628			
	0			
	55,097			
Other. (If line 11g amount exceeds 10% of line 25, column				
A), amount, list line 11g expenses on Schedule O.) .	71.006			
Advertising and promotion				
	00,000			
	25 960			
· · ·				
Payments of travel or entertainment expenses	34,000			
	10 200			
	17,209			
-	16 204			
	12,751			
above. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column				
	45,172			
All other expenses				
	1,087,409	0	0	0
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				
	bersons (as defined under section 4958(f)(1)) and bersons described in section 4958(c)(3)(B)	bersons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(B) 372,008 Other salaries and wages 372,008 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 33,405 Other employee benefits 46,874 Payroll taxes 40,017 Tees for services (nonemployees): 38,628 Anagement 38,628 egal 0 Accounting 55,097 orbitying 0 Professional fundraising services. See Part IV, line 17 0 novestment management fees 511 Namount, list line 11g expenses on Schedule 0.) 71,006 Advertising and promotion 549 Office expenses 6,814 nformation technology 66,055 Royalties 34,068 Payments of travel or entertainment expenses or any federal, state, or local public officials 19,209 Conferences, conventions, and meetings 19,209 neterest 12,951 Where expenses 12,951 Other expenses 10% of line 25, column A, amount, list line 24e expenses on Schedule O.) 1,087,409 <	persons (as defined under section 4958(f)(1)) and persons described in section 4958(r)(3)(E) 372,008 Dther salaries and wages 372,008 Persion plan accruals and contributions (include bection 401(k) and 403(b) employer contributions) 33,405 Dther employee benefits 46,874 Payroll taxes 40,017 ees for services (nonemployees): 38,628 Anagement 55,097 o 55,097 o 55,097 o 511 Other. (If line 11g amount exceeds 10% of line 25, column A), amount, list line 11g expenses on Schedule O). 71,006 Advertising and promotion 549 Office expenses 6,814 Orderal, state, or local public officials 0 Conferences, conventions, and meetings 19,209 Interest 12,951 other expenses. Itemize expenses on Schedule O.) 16,304 A), amount, list line 24e expenses on Schedule O.) 45,172 Other expenses. Itemize expenses on Schedule O.) 45,172 Other expenses. Itemize expenses on Schedule O.) 45,172 Other expenses. Add lines 1 through 24e 1,087,409 0 Iother expenses. Add lines 1 through 24e	persons (as defined under section 4958(p(1)) and beersons described in section 4958(p(3)(8). 372.008 Pher salaries and wages Pension plan accruals and contributions (include isection 401(k) and 403(b) employer contributions) 33.405 Dher employee benefits Payroll taxes Payroll taxes Anangement Again I functions Accounting 0 Accounting 0 Accounting 0 Noter the run proves benefits 0 0 0 0 0 Accounting Professional fundraising services. See Part IV, line 17 0 0 Advertising and promotion Advertising and promotion

Form 990 (2022)

	n 990 (2)	•			Page 11
P	art X		4 V		
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		
	1	Cash-non-interest-bearing	111,286	1	130,945
	2	Savings and temporary cash investments	1,472,133	2	1,819,387
	3	Pledges and grants receivable, net	· · ·	3	· · ·
	4	Accounts receivable, net	5,075	4	80,298
	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		5	
	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)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	6,398	9	7,282
	10a	Land, buildings, and equipment: cost or other	0,070	_	.,
		basis. Complete Part VI of Schedule D 10a 179,238			
	b	Less: accumulated depreciation 10b 178,703	16,839		535
	11	Investments – publicly traded securities	1,022,524	11	882,145
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13 14	
	14	Intangible assets		14	
	15 16	Other assets. See Part IV, line 11	2 / 24 255	16	2 020 502
	17	Accounts payable and accrued expenses	2,634,255	17	2,920,592
	18		146,953 0	18	206,999
	19		220,040	19	233,140
	20	Tax-exempt bond liabilities	220,040	20	233,140
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	0		
lide		controlled entity or family member of any of these persons	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	366,993	26	440,139
nces		Organizations that follow FASB ASC 958, check here \checkmark and complete lines 27, 28, 32, and 33.			
alan	27	Net assets without donor restrictions	2,175,509	27	2,388,700
ä	28	Net assets with donor restrictions	91,753	28	91,753
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
Net Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
∋t /	32	Total net assets or fund balances	2,267,262	32	2,480,453
ž	33	Total liabilities and net assets/fund balances	2,634,255	33	2,920,592

Form **990** (2022)

orm 99	00 (2022)				Pa	ge 12	
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					3,355	
1							
2	Total expenses (must equal Part IX, column (A), line 25)	2				7,409	
3	Revenue less expenses. Subtract line 2 from line 1	3				5,946 7,262	
-	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4						
5	Net unrealized gains (losses) on investments	5	-142,7			· · · ·	
6	Donated services and use of facilities	6				0	
7		7				0	
8	Prior period adjustments	8				0	
9 0	Other changes in net assets or fund balances (explain on Schedule O)	9				0	
U	32, column (B))	10					
ort	XII Financial Statements and Reporting	10			2,480	0,453	
arı	Check if Schedule O contains a response or note to any line in this Part XII						
		• •			 /es	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	on				
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 cor reviewed on a separate basis, consolidated basis, or both:			a		~	
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2	b	~		
	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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t of				
	the audit, review, or compilation of its financial statements and selection of an independent accounta	ant?	. 2	c	~		
	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 fo Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			a		~	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			b			

Form **990** (2022)

SCHE	DULE	D
(Form	990)	

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

2022

OMB No. 1545-0047

		Part IV. line 6. 7. 8. 9. 10), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b).	
Departm	nent of the Treasury		Attach to Form 990.		Open to Public
	Revenue Service	Go to www.irs.gov/Form99	0 for instructions and the latest information	tion.	Inspection
Name o	of the organization	•		Employe	r identification number
UNITE	ED COUNCIL FOR	R NEUROLOGIC SUBSPECIALTIES			43-2005545
Par	tl Organi	izations Maintaining Donor Advi	sed Funds or Other Similar Fund	s or Ac	counts.
	Comple	ete if the organization answered "	Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(k) Funds and other accounts
1	Total number a	at end of year			
2	Aggregate valu	ue of contributions to (during year) .			
3	Aggregate valu	ue of grants from (during year)			
4		ue at end of year			
5	•		advisors in writing that the assets he		
			organization's exclusive legal control		
6			d donor advisors in writing that grant		
	-		t of the donor or donor advisor, or for	r any oth	
					· · · L Yes L No
Par		rvation Easements.			
	•	ete if the organization answered ""			
1		conservation easements held by the o			
	_	of land for public use (for example, recrea	·		ically important land area
		of natural habitat	Preservation of	a certifi	ed historic structure
0		on of open space	d a qualified concentration contribution	in the fe	arm of a concentration
2		he last day of the tax year.	d a qualified conservation contribution		
_					Held at the End of the Tax Year
a		of conservation easements		. 2	
b	-	-			
c d			storic structure included in (a)		
ŭ				· 20	4
3		-	ferred, released, extinguished, or term		
•	tax year				y the organization daming the
4		tes where property subject to conserv	ation easement is located		
5			arding the periodic monitoring, insp	ection, I	nandling of
		enforcement of the conservation eas			· · · 🗌 Yes 🗌 No
6	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conserva	ation easements during the year
					0, 2
7	Amount of exp	enses incurred in monitoring, inspecting	g, handling of violations, and enforcing c	onservat	ion easements during the year
8			(d) above satisfy the requirements of s		
9		•	rts conservation easements in its re		•
			of the footnote to the organization's fin	nanciai s	tatements that describes the
_		accounting for conservation easemer			
Par		-	of Art, Historical Treasures, or (Other S	imilar Assets.
		ete if the organization answered "			
1 a			B ASC 958, not to report in its revenue		
			held for public exhibition, education, o its financial statements that describe		•
h	· •				
b			B ASC 958, to report in its revenue s for public exhibition, education, or res		
		llowing amounts relating to these item	-		
	-				¢
		uded in Form 990, Part Y			
2	If the organize	ation received or held works of art	historical treasures, or other similar	assets fo	. \$ pr financial gain, provide the
_					

following amounts required to be reported under FASB ASC 958 relating to these items: \$_____ .

|--|

Schedu	le D (Form 990) 2022									Page 2
Part	III Organizations Maintaining	g Colle	ections of A	Art, His	torical 1	Freasures	, or O	ther Similar A	Assets (co	ntinued)
3	Using the organization's acquisition, collection items (check all that apply):		sion, and ot	her reco	rds, chec	k any of th	e follov	ving that make	significant	use of its
а	Public exhibition			d	🗌 Loan	or exchang	e prog	ram		
b	Scholarly research			е	Other	-				
с	Preservation for future generations	S								
4	Provide a description of the organiza XIII.		collections a	and expla	ain how t	hey further	the org	ganization's ex	empt purpo	se in Part
5	During the year, did the organization assets to be sold to raise funds rather									s 🗌 No
Part	IV Escrow and Custodial Arra	angen	nents.							
	Complete if the organizatior 990, Part X, line 21.	n answ	vered "Yes	" on For	m 990, F	Part IV, lin	e 9, or	reported an a	amount on	Form
1 a	Is the organization an agent, trustee included on Form 990, Part X?				-				not ·	s 🗌 No
b	If "Yes," explain the arrangement in P	Part XIII	and comple	ete the fo	llowing ta	able:				
									Amount	
С	Beginning balance						10	;		
d	Additions during the year						10	ł		
е	Distributions during the year						1€	•		
f	Ending balance						11	Ŧ		
2a	Did the organization include an amou	int on F	⁻ orm 990, Pa	art X, line	e 21, for e	scrow or c	ustodia	l account liabili	ity? 🗌 Ye	s 🗌 No
	If "Yes," explain the arrangement in P	Part XIII	. Check here	e if the e	xplanatio	n has been	provid	ed on Part XIII		
Par										
	Complete if the organization	n answ	vered "Yes	" on For	m 990, F	1				
		(a) C	Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ack (e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	the cur	rent year en	id balanc	e (line 1g	ı, column (a	a)) held	as:		
а	Board designated or quasi-endowme	ent		%						
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and		•							
3a	Are there endowment funds not in th	ne poss	session of th	ne organi	zation tha	at are held	and ac	lministered for		
	organization by:									Yes No
	(i) Unrelated organizations	• •							. 3a(i)	
	.,									
b	If "Yes" on line 3a(ii), are the related o	-							. 3b	
4	Describe in Part XIII the intended use			on's ende	owment fu	unds.				
Part				. –				0 = 00		
	Complete if the organization	n answ								
	Description of property		(a) Cost or ot (investm			or other basis ther)		Accumulated epreciation	(d) Bool	value
1a	Land	.		0		0				0
b	Buildings			0		0		0		0
С	Leasehold improvements	. L		0		0		0		0
d	Equipment	. [0		0		0		0
e	Other			0		179,238		178,703		535
Total.	Add lines 1a through 1e. (Column (d) r	must e	qual Form 9	90, Part J	X, columr	n (B), line 10)c.) .			535

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part	IV. line 11b. See F	orm 990.	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Me	ethod of valuation: d-of-year market value
(1) Financia	l derivatives			-
• •	neld equity interests			
(3) Other				
(A)				
(B)				
(0)				
(D) (E)				
(F)				
(G)				
(H)		-		
Total. (Colu	mn (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 F		
	(a) Description of investment	(b) Book value		ethod of valuation: d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (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 F	- orm 990,	Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	mn (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 line 25.	IV, line 11e or 11f	. See Forr	n 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal ir	ncome taxes			0
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	mn (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.

Schedul	le D (Form 990) 2022			Page 4
Part		nue per	Return.	ŀ
	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	1,300,600
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	4 40 755		
a	Net unrealized gains (losses) on investments	-142,755		
b	Donated services and use of facilities	0		
с С	Recoveries of prior year grants 2c Other (Describe in Part XIII.) 2d	0		
d	Other (Describe in Part XIII.) <th< td=""><td>0</td><td>2e</td><td>140 755</td></th<>	0	2e	140 755
е З	Subtract line 2e from line 1		3	-142,755
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	1,443,355
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	0		
a b	Other (Describe in Part XIII.) 4b	0		
c	Add lines 4a and 4b	-	4c	0
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)		5	0 1,443,355
Part			-	
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nises pe	i netuin.	1
1	Total expenses and losses per audited financial statements		1	1,087,409
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•	1,087,409
a	Donated services and use of facilities	0		
b	Prior year adjustments	0		
c	Other losses	0		
d	Other (Describe in Part XIII.)	0		
e	Add lines 2a through 2d	0	2e	0
3	Subtract line 2e from line 1		3	1,087,409
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1,007,407
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	0		
b	Other (Describe in Part XIII.)	0		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>).		5	1,087,409
Part			-	.,,
2; Par Sched	the the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1 t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add the D, Part X, Line 2 - UCNS is exempt from income taxes under Section 501(c)(6) of the Internal F es, and generally is not subject to income tax. UCNS adopted the tax standard for uncertain tax points.	ditional in Revenue C	formation. ode and ap	plicable state
	y was recognized by UCNS as a result of the standards of implementation. The entity files as a tax			

SCHE	EDULE J	Compensation Information	OMB N	lo. 154	45-00	047
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					22)
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					Pub	olic
	ent of the Treasury Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		pec		
	f the organization	Employer identification	on numbe	er		
UNITE Part		R NEUROLOGIC SUBSPECIALTIES 43-2 ons Regarding Compensation	005545			
rait	Questio	ins negarating compensation		Y	'es	No
1a		ropriate box(es) if the organization provided any of the following to or for a person listed on For ection A, line 1a. Complete Part III to provide any relevant information regarding these items.	vrm			
	First-class	or charter travel				
	Travel for c					
		ification and gross-up payments Health or social club dues or initiation fees				
	Discretiona	ry spending account				
b		poxes on line 1a are checked, did the organization follow a written policy regarding paym nent or provision of all of the expenses described above? If "No," complete Part III				
	explain		· 1	b		
•						
2		nization require substantiation prior to reimbursing or allowing expenses incurred by tees, and officers, including the CEO/Executive Director, regarding the items checked on				
			. 2	2		
3	organization's	i, if any, of the following the organization used to establish the compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by	a			
	-	zation to establish compensation of the CEO/Executive Director, but explain in Part III.				
	•	tion committee Written employment contract It compensation consultant It compensation consultant				
	-	f other organizations				
4		ar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing r a related organization:				
а		erance payment or change-of-control payment?		-		~
b		or receive payment from a supplemental nonqualified retirement plan?				ン ン
С		or receive payment from an equity-based compensation arrangement?	. 4	C		V
	in res to any					
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.				
5		listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a contingent on the revenues of:	any			
а	-	on?				
b		ganization?	. 5	b		
6		e 5a or 5b, describe in Part III. isted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	anv			
	compensation	contingent on the net earnings of:				
a b	-	on?		-		
IJ	-	e 6a or 6b, describe in Part III.	. 0			
7		isted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfix described on lines 5 and 6? If "Yes," describe in Part III		,		
8	Were any amo	punts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," descri	t –			
				3		
9		ne 8, did the organization also follow the rebuttable presumption procedure described				
	Regulations se	ection 53.4958-6(c)?	. g)		

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 (f) Bone Sincer (file) Other compensation opportation opportendend opportation opportation opportation opporta					1099-NEC compensation				(F) Compensation
Director(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)<	(A) Name and Title			(i) Base(ii) Bonus & incentive(iii) Otherother deferredbenefitscompensationcompensationreportablecompensation		(E) Total of columns (B)(i)–(D)	in column (B) reported as deferred on prior		
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	16	(ii)							†

Schedule J (Form 990) 2022

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 - UCNS shares employees with American Academy of Neurology (AAN) through a contractual arrangement by which AAN's employees are leased to UCNS. This
arrangement included the UCNS Executive Director being leased through AAN. The UCNS 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 persons with conflicts of interests) and last set compensation
amounts in 2022.

SCHE	DULE	0
(Form	990)	

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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



Department of the Treasury Internal Revenue Service Name of the organization

UNITED COUNCIL FOR NEUROLOGIC SUBSPECIALTIES

Employer identification number 43-2005545

Form 990, Part VI, Section A, Line 1a - The United Council for Neurological Subspecialties Executive Committee includes the Chair,
Vice-Chair, Secretary/Treasurer. The Chair of the Board is the Chair of the Executive Committee. The Executive Committee shall have the authority to act on all matters delegated by the Board, but the actions of the Executive Committee shall be reaffirmed during the next
meeting of the Board.
Form 990, Part VI, Section B, Line 11b - The CFO undertook extensive review of the draft form 990 as initially prepared by their Accountant.
The UCNS Executive Director also reviewed the form 990. Their review was thereafter augmented by exempt organizations external audit
firm. The final form 990 was brought to the Board for discussion and approval at the full meeting of the Board of Directors.
Form 990, Part VI, Section B, Line 12c - The Conflict of Interest Policy covers individuals serving as Director, committee member,
consultant, or other position of official responsibility or leadership. All covered individuals are required to complete a conflict of interest
disclosure statement annually, or as changes in personal circumstances occur. The statements are reviewed, and the actions determined
according to the policy's administrative hierarchy. Board of Directors or committee members with potential conflicts of interests are required
to disclose them fully. The conflicted individual may be asked to recuse himself/herself from the discussion and/or vote on the issue in
question. Proceedings related to conflicts of interest are documented in the meeting minutes.
Form 990, Part VI, Section B, Line 15 - UCNS Executive Director was leased to UCNS through a contractual relationship with the American
Academy of Neurology (AAN). The UCNS Board of Directors are responsible for hiring and settling compensation for the Executive Director.
The Board employees procedures such as compensation surveys with board approval and last set compensation in 2022.
Form 990, Part VI, Section C, Line 19 - UCNS makes its governing documents, conflict of interest policy, and financial statements available to the public via its website and upon request.

Cat. No. 51056K