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# 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 **OCT 1, 2008** and ending **SEP 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type:  See Specific Instructions	<b>C</b> Name of organization <b>SOCIETY OF NUCLEAR MEDICINE</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1850 SAMUEL MORSE DRIVE</b> City or town, state or country, and ZIP + 4 <b>RESTON, VA 20190</b> <b>F</b> Name and address of principal officer: <b>VIRGINIA PAPPAS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>36-2496678</b> <b>E</b> Telephone number <b>703-708-9000</b> <b>G</b> Gross receipts \$ <b>13,189,606.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ <b>WWW.SNM.ORG</b> <b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1954</b> <b>M</b> State of legal domicile: <b>WA</b>	

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE HEALTH CARE BY ADVANCING NUCLEAR MEDICINE AND MOLECULAR IMAGING.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	<b>57</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>1,000,701.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>&lt;9,865.&gt;</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>3,411,131.</b>	<b>4,958,973.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6,810,699.</b>	<b>6,711,154.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>299,682.</b>	<b>1,645.</b>
<b>12</b>	Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>426,722.</b>	<b>604,883.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>10,948,234.</b>	<b>12,276,655.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>350,086.</b>	<b>602,799.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>4,404,693.</b>	<b>4,591,556.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>7,113,009.</b>	<b>7,320,006.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>341,902.</b>	<b>11,867,788.</b>	<b>12,514,361.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>6,946,499.</b>	<b>6,897,548.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>&lt;919,554.&gt;</b>	<b>&lt;237,706.&gt;</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>Beginning of Year</b>	<b>End of Year</b>
<b>20</b>	Total assets (Part X, line 16)	<b>9,739,474.</b>	<b>10,698,180.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>2,792,975.</b>	<b>3,800,632.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>6,946,499.</b>	<b>6,897,548.</b>

**Part II Signature Block**

<b>Sign Here</b>	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. Signature of officer: <i>Virginia Pappas</i> Date: <b>8/12/10</b> <b>VIRGINIA PAPPAS, CEO</b> Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature: <i>[Signature]</i> Date: <b>8/11/2010</b> Firm's name (or yours if self-employed), address, and ZIP + 4: <b>RSM MCGLADREY, INC.</b> <b>8000 TOWERS CRESCENT DR. STE 500</b> <b>VIENNA, VA 22182-6205</b>	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions): EIN ▶ Phone no. ▶ <b>703-336-6400</b>	

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

SCANNED SEP 09 2010

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

16

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

**A NONPROFIT INTERNATIONAL SCIENTIFIC AND PROFESSIONAL ORGANIZATION  
AIMED AT PROMOTING THE SCIENCE, TECHNOLOGY AND PRACTICAL APPLICATION  
OF NUCLEAR MEDICINE AND MOLECULAR IMAGING.**

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 \$ 2,584,216. including grants of \$ ) (Revenue \$ 2,044,213. )

**PUBLICATIONS - JOURNAL OF NUCLEAR MEDICINE AND JOURNAL OF NUCLEAR  
MEDICINE TECHNOLOGY PROVIDE MEMBERSHIP WITH UP-TO-DATE INFORMATION ON  
CURRENT DEVELOPMENTS IN THE FIELD.**

4b (Code: ) (Expenses \$ 1,852,788. including grants of \$ ) (Revenue \$ 3,785,472. )

**MEETINGS - PROVIDE SCIENTIFIC AND CLINICAL EDUCATION IN THE NUCLEAR  
MEDICINE AND MOLECULAR IMAGING FIELDS. EXHIBITS HELP KEEP MEMBERS  
ABREAST OF THE LATEST DEVELOPMENTS IN THE FIELD.**

4c (Code: ) (Expenses \$ 1,584,470. including grants of \$ ) (Revenue \$ 601,568. )

**PROFESSIONAL - PROVIDES CONTINUING PROFESSIONAL EDUCATION AND OTHER  
AVENUES ENABLING PRACTITIONERS TO ADVANCE IN THE NUCLEAR MEDICINE AND  
MOLECULAR IMAGING FIELDS.**

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 3,816,919. including grants of \$ 602,799. ) (Revenue \$ 543,847. )

4e Total program service expenses ► \$ 9,838,393. (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)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<b>X</b>	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<b>N/A</b>	
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? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
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? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>X</b>	
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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>X</b>	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		<b>X</b>
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.? <i>If "Yes," complete Schedule F, Part I</i>	<b>X</b>	
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? <i>If "Yes," complete Schedule F, Part II</i>		<b>X</b>
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? <i>If "Yes," complete Schedule F, Part III</i>	<b>X</b>	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>X</b>	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<b>X</b>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
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? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
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? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> 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)? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> 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>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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>		X

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	175	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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	57	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	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)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country <b>CANADA</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	N/A	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter <b>N/A</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter <b>N/A</b>		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>	12b	

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**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, processes, or changes in Schedule O. See instructions.		
<b>1a</b> Enter the number of voting members of the governing body	13	
<b>1b</b> Enter the number of voting members that are independent	13	
<b>2</b> 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?		X
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?	X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10</b> 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	X	
<b>11</b> 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		X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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:		
<b>a</b> The organization's CEO, Executive Director, or top management official?	X	
<b>b</b> Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	X	
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

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

**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. **►**  
**VINCENT A. PISTILLI (CFO) - 703-708-9000**  
**1850 SAMUEL MORSE DRIVE, RESTON, VA 20190**

**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			
MICHAEL M. GRAHAM, MD PRESIDENT	2.00	X		X				0.	0.	0.
ROBERT W. ATCHER, PHD IMMEDIATE PAST PRESIDENT	2.00	X						0.	0.	0.
DOMINIQUE DELBEKE, MD PRESIDENT-ELECT	2.00	X		X				0.	0.	0.
GEORGE M. SEGALL, MD VICE PRESIDENT-ELECT	2.00	X		X				0.	0.	0.
RICHARD B. NOTO, MD SECRETARY/TREASURER	2.00	X		X				0.	0.	0.
CYBIL J. NIELSEN, MBA PRESIDENT SNMTS	2.00	X						0.	0.	0.
KATHY E. HUNT, MS, CNMT PRESIDENT-ELECT SNMTS	2.00	X						0.	0.	0.
ALAN H. MAURER, MD SPEAKER OF THE HOUSE	2.00	X						0.	0.	0.
DANNY A. BASSO, CNMT DIRECTOR-AT-LARGE	2.00	X						0.	0.	0.
BENNETT S. GREENSPAN, MD DIRECTOR-AT-LARGE	2.00	X						0.	0.	0.
PETER HERSCOVITCH, MD DIRECTOR-AT-LARGE	2.00	X						0.	0.	0.
ANTHONY W. KNIGHT, CNMT DIRECTOR-AT-LARGE	2.00	X						0.	0.	0.
JEFFREY P. NORENBURG DIRECTOR-AT-LARGE	2.00	X						0.	0.	0.
DAVID K. SHELTON, MD DIRECTOR-AT-LARGE	2.00	X						0.	0.	0.
FREDERIC H. FAHEY, DSC EX-OFFICIO MEMBER	2.00	X						0.	0.	0.
PETER T. KIRCHNER, MD EX-OFFICIO MEMBER	2.00	X						0.	0.	0.
MARTIN P. SANDLER, MD EX-OFFICIO MEMBER	2.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week	(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			
VIRGINIA M. PAPPAS, CAE EX-OFFICIO / CEO	40.00	X		X				234,931.	0.	43,634.
VINCENT A. PISTILLI, CPA CFO	40.00			X				154,431.	0.	30,772.
LYNN BARNES DIR. OF EDUCATION	40.00					X		145,347.	0.	28,345.
HUGH C. CANNON DIR. OF HEALTH POLICY	40.00					X		140,303.	0.	26,420.
REBECCA MAXEY DIR. OF COMMUNICATIONS	40.00					X		109,895.	0.	19,060.
<b>1b Total</b>								<b>784,907.</b>	<b>0.</b>	<b>148,231.</b>

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **5**

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

**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 **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization <span style="float: right;"><b>0</b></span>		

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	2,527,862.				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,431,111.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			4958973.			
	<b>Program Service Revenue</b>	<b>2 a</b> <u>TRADE SHOW/CONFERENCE</u>	<b>Business Code</b>		3964065.	2423195.	
<b>b</b> <u>PUBLICATIONS</u>		541800		2035156.	1238930.	796,226.	
<b>c</b> <u>MEETINGS SPONSORSHIPS</u>				711,933.			711,933.
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				6711154.			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)			109,198.		
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			136,462.			136,462.
	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses			878127.	7,746.	
		<b>c</b> Gain or (loss)			<99807.>	<7,746.>	
		<b>d</b> Net gain or (loss)			<107,553.>		<107553.>
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	<b>a</b>					
		<b>b</b> Less direct expenses					
		<b>c</b> Net income or (loss) from fundraising events					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
		<b>b</b> Less direct expenses					
		<b>c</b> Net income or (loss) from gaming activities					
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>			291024.		
		<b>b</b> Less cost of goods sold			27,078.		
		<b>c</b> Net income or (loss) from sales of inventory			263,946.	263,946.	
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> <u>WEB BANNER ADS</u>		900004		204,475.		204,475.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d				204,475.			
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				12,276,655.	3926071.	1,000,701.	2,390,910.

**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	293,760.	293,760.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	268,083.	268,083.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	40,956.	40,956.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	467,968.	337,076.	106,010.	24,882.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,286,863.	2,381,147.	728,900.	176,816.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	294,009.	204,029.	74,845.	15,135.
9 Other employee benefits	283,571.	201,167.	68,861.	13,543.
10 Payroll taxes	259,145.	182,070.	63,226.	13,849.
11 Fees for services (non-employees).				
a Management				
b Legal	23,982.	10,597.	11,520.	1,865.
c Accounting	25,000.		25,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	13,487.		13,487.	
g Other	1,634,353.	1,446,035.	187,048.	1,270.
12 Advertising and promotion	6,472.	6,472.		
13 Office expenses	527,117.	411,396.	110,036.	5,685.
14 Information technology	102,511.		102,511.	
15 Royalties	11,545.	13,962.	<2,417.>	
16 Occupancy				
17 Travel	915,459.	865,966.	17,690.	31,803.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	679,481.	653,227.	12,607.	13,647.
20 Interest	2,646.	120.	2,526.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	292,616.		292,616.	
23 Insurance	57,192.	25,609.	31,583.	
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 <u>PRINTING AND PUBLICATION</u>	822,741.	803,206.	7,971.	11,564.
b <u>EQUIPMENT RENTAL AND MAINTENANCE</u>	488,611.	387,045.	101,296.	270.
c <u>HONORARIA</u>	403,818.	403,818.		
d <u>TEMPORARY HELP</u>	301,101.	145,868.	130,188.	25,045.
e <u>SPONSORSHIP</u>	209,384.	209,384.		
f All other expenses _____	802,490.	547,400.	248,562.	6,528.
25 <b>Total functional expenses</b> Add lines 1 through 24f	12,514,361.	9,838,393.	2,334,066.	341,902.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	147.	1	300.
	<b>2</b> Savings and temporary cash investments	844,757.	2	880,488.
	<b>3</b> Pledges and grants receivable, net	1,973,752.	3	2,512,093.
	<b>4</b> Accounts receivable, net	252,593.	4	432,451.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	<b>6</b> 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	
	<b>7</b> Notes and loans receivable, net		7	
	<b>8</b> Inventories for sale or use	115,853.	8	99,205.
	<b>9</b> Prepaid expenses and deferred charges	543,934.	9	348,329.
	<b>10a</b> Land, buildings, and equipment - cost basis	10a 4,644,662.		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D	10b 1,917,090.		
	<b>11</b> Investments - publicly traded securities	2,523,978.	10c	2,727,572.
	<b>12</b> Investments - other securities. See Part IV, line 11	3,470,460.	11	3,679,122.
	<b>13</b> Investments - program-related. See Part IV, line 11		12	
	<b>14</b> Intangible assets		13	
	<b>15</b> Other assets. See Part IV, line 11	14,000.	14	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	18,620.	15		
	9,739,474.	16	10,698,180.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	1,141,350.	17	2,235,363.
	<b>18</b> Grants payable		18	
	<b>19</b> Deferred revenue	1,370,811.	19	1,032,032.
	<b>20</b> Tax-exempt bond liabilities		20	
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D		21	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		23	
	<b>24</b> Unsecured notes and loans payable		24	
	<b>25</b> Other liabilities. Complete Part X of Schedule D	280,814.	25	533,237.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	2,792,975.	26	3,800,632.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	4,813,996.	27	4,385,455.
	<b>28</b> Temporarily restricted net assets	2,132,503.	28	2,512,093.
	<b>29</b> Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		30	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		32	
	<b>33</b> <b>Total net assets or fund balances</b>	6,946,499.	33	6,897,548.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b>	9,739,474.	34	10,698,180.

**Part XI Financial Statements and Reporting**

- 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?
- b** Were the organization's financial statements audited by an independent accountant?
- 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?
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
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

**SOCIETY OF NUCLEAR MEDICINE**

Employer identification number

**36-2496678**

**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 the 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?
- (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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(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	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2008

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3						
<b>5</b> 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)						
<b>6 Public Support.</b> 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
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,426,342.	2,440,852.	5,716,421.	3,411,131.	4,958,973.	18,953,719.
<b>2</b> 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	5,621,070.	5,707,318.	5,885,336.	5,773,885.	6,205,952.	29,193,561.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5	8,047,412.	8,148,170.	11,601,757.	9,185,016.	11,164,925.	48,147,280.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						48,147,280.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	8,047,412.	8,148,170.	11,601,757.	9,185,016.	11,164,925.	48,147,280.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	284,432.	349,175.	613,844.	290,005.	245,660.	1,783,116.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	284,432.	349,175.	613,844.	290,005.	245,660.	1,783,116.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						49,930,396.
<b>14 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	96.43 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	97.91 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	3.57 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	1.99 %

**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 ▶ ☐

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

**SOCIETY OF NUCLEAR MEDICINE**

Employer identification number

**36-2496678**

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  
☐ Yes ☐ No
- 4a Was a correction made?  
☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-



**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768  
(election under section 501(h)). See the instructions for Schedule C for details.

- A** Check ☐ if the filing organization belongs to an affiliated group
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		143,204.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		143,204.													
<b>d</b> Other exempt purpose expenditures		12398235.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		12541439.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		777,072.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		194,268.													
<b>h</b> Subtract line 1g from line 1a. Enter -0- if line g is more than line a		0.													
<b>i</b> Subtract line 1f from line 1c. Enter -0- if line f is more than line c		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2a</b> Lobbying non-taxable amount	634,800.	653,182.	743,389.	777,072.	2,808,443.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,212,665.
<b>c</b> Total lobbying expenditures	175,508.	64,784.	125,610.	143,204.	509,106.
<b>d</b> Grassroots non-taxable amount	158,700.	163,296.	185,847.	194,268.	702,111.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,053,167.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

**Part II-B** To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.


**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**SOCIETY OF NUCLEAR MEDICINE**

Employer identification number

**36-2496678**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► \_\_\_\_\_ %  
 c Term endowment ► \_\_\_\_\_ %

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

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		402,264.		402,264.
b Buildings		2,664,571.	957,416.	1,707,155.
c Leasehold improvements				
d Equipment		996,716.	652,582.	344,134.
e Other		581,111.	307,092.	274,019.
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) )				2,727,572.

Schedule D (Form 990) 2008



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,276,655.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,514,361.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<237,706.>
4	Net unrealized gains (losses) on investments	4	188,755.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	188,755.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	<48,951.>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	12,492,488.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	188,755.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	188,755.
3	Subtract line 2e from line 1	3	12,303,733.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	<27,078.>
c	Add lines 4a and 4b	4c	<27,078.>
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	12,276,655.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	12,541,439.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	12,541,439.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	<27,078.>
c	Add lines 4a and 4b	4c	<27,078.>
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	12,514,361.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD ON LINE 10B: -27078.

**PART XIII, LINE 4B - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD ON LINE 10B: -27078.

**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

**Name of the organization**

**Employer identification number**

**SOCIETY OF NUCLEAR MEDICINE**

**36-2496678**

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

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

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region** (Use Schedule F-1 (Form 990) if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
NORTH AMERICA	0	0	PROGRAM SERVICES	ANNUAL MEETING	1,635,864.
EUROPE	0	0	PROGRAM SERVICES	AWARDS	13,200.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	AWARDS	8,600.
EAST ASIA AND THE PACIFIC	0	0	GRANTS		8,250.
NORTH AMERICA	0	0	GRANTS		4,906.
SOUTH ASIA	0	0	PROGRAM SERVICES	AWARDS	3,150.
NORTH AMERICA	0	0	PROGRAM SERVICES	AWARDS	2,600.
EUROPE	0	0	GRANTS		250.
<b>Totals</b>					<b>1,676,820.</b>

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

Schedule F (Form 990) 2008

## Part II

recipient who received more than \$5,000 Check this box if no one recipient received more than \$5,000

**Use Schedule F-1 (Form 990) if additional space is needed**

[illegible]

**2** Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

**3** Enter total number of other organizations or entities



**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16  
Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
AWARDS	EUROPE	17	13,200	CHECK/WIRE	0		
AWARDS	EAST AISA AND THE PACIFIC	11	8,600	CHECK/WIRE	0		
GRANTS	EAST AISA AND THE PACIFIC	2	8,250	CHECK/WIRE	0		
GRANTS	NORTH AMERICA	1	4,906	CHECK/WIRE	0		
AWARDS	SOUTH ASIA	4	3,150	CHECK/WIRE	0		
AWARDS	NORTH AMERICA	4	2,600	CHECK/WIRE	0		
GRANTS	EUROPE	1	250	CHECK/WIRE	0		

Schedule F (Form 990) 2008

**Part IV** Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: AWARDS RANGING FROM \$850 TO \$1,000 ARE GRANTED TO COVER ALL OR A PORTION OF TRAVEL EXPENSES INCURRED BY AN INDIVIDUAL RELATED TO THEIR ATTENDANCE AT EDUCATIONAL MEETINGS OR CONFERENCES HELD IN THE UNITED STATES. IF THE INDIVIDUAL IS UNABLE TO ATTEND THE MEETING OR CONFERENCE, THE INDIVIDUAL MAY BE DISQUALIFIED FROM RECEIVING FUTURE AWARDS. OTHER AWARDS RANGING FROM \$100 TO \$8,000 ARE GRANTED AS RECOGNITION OF INDIVIDUAL ACHIEVEMENT WITHIN THE NUCLEAR MEDICINE OR MOLECULAR IMAGING FIELD.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
► Attach to Form 990.

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Open to Public  
Inspection

Name of the organization

**SOCIETY OF NUCLEAR MEDICINE**

Employer identification number  
**36-2496678**

**Part I General information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM & WOMEN'S HOSPITAL PO BOX 3149 BOSTON, MA 02241	04-2312909	501(C)(3)	50,000.	0.			SNM MOLECULAR IMAGING RESEARCH GRANT
STANFORD UNIVERSITY P.O. BOX 44253 SAN FRANCISCO, CA 94305	94-1156365	501(C)(3)	39,466.	0.			POST-DOC MI SCHOLAR AWARD, PILOT NUCLEAR MED GRANTS
REGENTS UNIV. OF CA (LA) P.O. BOX 951735 LOS ANGELES, CA 90095	95-6006143	501(C)(3)	37,500.	0.			POST-DOC MI SCHOLAR AWARD, PILOT NUCLEAR MED GRANTS
YALE UNIV. GRANTS & CONTRACTS P.O. BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)(3)	37,500.	0.			SNM PILOT NUCLEAR MEDICINE RESEARCH GRANT
REGENTS UNIV. OF CA (DAVIS) P.O. BOX 989062 W SACRAMENTO, CA 95798	94-6036494	501(C)(3)	30,000.	0.			SNM POSTDOCTORAL MOLECULAR IMAGING SCHOLAR AWARD
VANDERBILT UNIV. MED. CENTER 1161 21ST AVE. SOUTH NASHVILLE, TN 37232	62-0476822	501(C)(3)	25,000.	0.			SNM POSTDOCTORAL MOLECULAR IMAGING SCHOLAR AWARD
<b>2</b> Enter total number of section 501(c)(3) and government organizations							10.
<b>3</b> Enter total number of other organizations							

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

Schedule I (Form 990) 2008

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RESEARCH AND TRAVEL GRANTS	15	127,938.	0.		
SCHOLARSHIP AND TRAVEL AWARDS	148	140,145.	0.		

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

SCHEDULE I, PART I, LINE 2: GRANT RECIPIENTS ARE USUALLY REQUIRED TO PROVIDE DOCUMENTATION SUPPORTING THE USE OF AWARDED FUNDS. IF REQUIRED DOCUMENTATION IS NOT PROVIDED, RECEIPT OF FUTURE AWARDS IS JEOPARDIZED.

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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**Inspection**

Name of the organization

Employer identification number

**SOCIETY OF NUCLEAR MEDICINE**

**36-2496678**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JOHNS HOPKINS UNIVERSITY 601 N. CAROLINE ST BALTIMORE, MD 21287	52-0595110	501(C)(3)	14,944.	0.			SNM POSTDOCTORAL MOLECULAR IMAGING SCHOLAR AWARD
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	12,500.	0.			COVIDIEN SEED GRANT FOR NUCLEAR MEDICINE RESEARCH
THE GENERAL HOSPITAL CORP 1010 HUNTINGTON AVE BOSTON, MA 02115	04-2697983	501(C)(3)	12,500.	0.			BLAHD PILOT NUCLEAR MEDICINE RESEARCH GRANT
REGENTS UNIV. OF CA (SAN DIEGO) 9500 GILMAN DRIVE LAS JOLLA, CA 92093	95-6006144	501(C)(3)	12,500.	0.			COVIDIEN SEED GRANT FOR NUCLEAR MEDICINE RESEARCH

**2** Enter total number of Section 501(c)(3) and government organizations

**3** Enter total number of other organizations

**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.

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Name of the organization

**SOCIETY OF NUCLEAR MEDICINE**

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**36-2496678**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

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

**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?

**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

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 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?
- b** Any related organization?

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?
- b** Any related organization?

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

**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

Yes No

**1b** X

**2** X

**4a** X

**4b** X

**4c** X

**5a** X

**5b** X

**6a** X

**6b** X

**7** X

**8** X

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

Schedule J (Form 990) 2008

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

[illegible]

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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Name of the organization

**SOCIETY OF NUCLEAR MEDICINE**

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**36-2496678**

**FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:**

**NEW PROGRAM SERVICES FOR FY 2009 - SNM CLINICAL TRIALS NETWORK - A**

**PROGRAM AIMED AT INCREASING THE EFFECTIVE USE OF IMAGING BIOMARKERS IN  
THERAPEUTIC CLINICAL TRIALS.**

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

**LEADERSHIP**

**EXPENSES \$ 1370173. INCLUDING GRANTS OF \$ 35852. REVENUE \$ 509013.**

**MOLECULAR IMAGING CAMPAIGN**

**EXPENSES \$ 1288692. INCLUDING GRANTS OF \$ 11950. REVENUE \$ 0.**

**GRANTS, AWARDS, AND RELATED EXPENSES**

**EXPENSES \$ 540902. INCLUDING GRANTS OF \$ 540902. REVENUE \$ 0.**

**SNM CLINICAL TRIALS NETWORK**

**EXPENSES \$ 450243. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**HEALTH POLICY AND REGULATORY AFFAIRS**

**EXPENSES \$ 88858. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**COUNCILS.**

**EXPENSES \$ 63294. INCLUDING GRANTS OF \$ 14095. REVENUE \$ 18000.**

**PET CENTER FOR EXCELLENCE AND OTHER PROGRAMS.**

**EXPENSES \$ 14757. INCLUDING GRANTS OF \$ 0. REVENUE \$ 16834.**



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
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**FORM 990, PART VI, SECTION A, LINE 6: PURSUANT TO THE BYLAWS OF THE ORGANIZATION, MEMBERSHIP CLASSIFICATIONS AND RIGHTS ARE AS FOLLOWS:**

**A. FULL MEMBERSHIP: PHYSICIANS OR SCIENTISTS POSSESSING AN ADVANCED DEGREE WHO HAVE PRESENTED CREDENTIALS INDICATING THEIR PROFESSIONAL ACTIVITY, EITHER MEDICAL, PARAMEDICAL, INVESTIGATIONAL OR EDUCATIONAL IN THE SCIENTIFIC OR CLINICAL DISCIPLINES CONCERNED WITH THE DIAGNOSTIC, THERAPEUTIC OR INVESTIGATIONAL USE OF RADIONUCLIDES, MAY JOIN THE SOCIETY AS FULL MEMBERS WITH THE RIGHT TO VOTE AND TO BE ELECTED AN OFFICER OF THE SOCIETY. THE HOUSE OF DELEGATES BY MAJORITY VOTE MAY EXTEND FULL MEMBERSHIP TO INDIVIDUALS WHO HAVE MADE EXCEPTIONAL CONTRIBUTIONS TO NUCLEAR MEDICINE, BUT WHO DO NOT OTHERWISE QUALIFY FOR FULL MEMBERSHIP.**

**B. ASSOCIATE MEMBERSHIP: SCIENTISTS, NUCLEAR MEDICINE TECHNOLOGISTS, OR OTHER HEALTH PROFESSIONALS WITH A BACCALAUREATE DEGREE OR THE EQUIVALENT QUALIFICATION AS DETERMINED BY THE COMMITTEE ON MEMBERSHIP WHO HAVE PRESENTED CREDENTIALS INDICATING THEIR PROFESSIONAL ACTIVITY, EITHER PARAMEDICAL, INVESTIGATIONAL, OR EDUCATIONAL, IN THE SCIENTIFIC OR CLINICAL DISCIPLINES CONCERNED WITH THE DIAGNOSTIC, THERAPEUTIC OR INVESTIGATIONAL USE OF RADIONUCLIDES OR OTHER RELATED FIELD MAY JOIN THE SOCIETY AS ASSOCIATE MEMBERS WITH THE RIGHT TO VOTE BUT MAY NOT BE ELECTED AN OFFICER OF THE SOCIETY.**

**C. TECHNOLOGIST MEMBERSHIP: TECHNOLOGISTS WHO HAVE PRESENTED CREDENTIALS INDICATING PROFESSIONAL ACTIVITY IN NUCLEAR MEDICINE TECHNOLOGY OR OTHER**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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RELATED FIELD MAY JOIN THE SOCIETY AS TECHNOLOGIST MEMBERS WITHOUT THE  
RIGHTS TO VOTE OR TO BE ELECTED AN OFFICER OF THE SOCIETY.

D. MEMBERS-IN-TRAINING: PHYSICIANS, SCIENTISTS, AND TECHNOLOGISTS WHO ARE  
ENROLLED IN ACCREDITED TRAINING PROGRAMS MAY JOIN THE SOCIETY AS  
MEMBERS-IN-TRAINING WITH ALL RIGHTS AND PRIVILEGES OF MEMBERSHIP, EXCEPT  
THE RIGHTS TO VOTE AND TO BE ELECTED AN OFFICER OF THE SOCIETY.

E. AFFILIATE MEMBERSHIP: INDIVIDUALS COMMITTED TO THE ADVANCEMENT OF  
NUCLEAR MEDICINE, BUT NOT QUALIFYING FOR MEMBERSHIP IN OTHER CATEGORIES,  
MAY JOIN THE SOCIETY AS AFFILIATE MEMBERS WITH ALL RIGHTS AND PRIVILEGES OF  
MEMBERSHIP, EXCEPT THE RIGHTS TO VOTE AND TO BE ELECTED AN OFFICER OF THE  
SOCIETY.

F. HONORARY MEMBERSHIP: INDIVIDUALS WHO HAVE RENDERED OUTSTANDING SERVICE  
IN AN AREA OF NUCLEAR MEDICINE MAY BE GRANTED HONORARY MEMBERSHIP IN THE  
SOCIETY WITH ALL RIGHTS AND PRIVILEGES OF MEMBERSHIP, EXCEPT THE RIGHTS TO  
VOTE AND TO BE ELECTED AN OFFICER OF THE SOCIETY.

G. EMERITUS MEMBERSHIP: INDIVIDUALS UPON THEIR RETIREMENT AFTER AT LEAST  
TEN (10) YEARS OF CONSECUTIVE MEMBERSHIP IN THE SOCIETY MAY BE GRANTED  
EMERITUS MEMBERSHIP. EMERITUS MEMBERS HAVE THE FULL PRIVILEGES OF THE  
MEMBERSHIP CATEGORY FROM WHICH THEY ENTERED THE EMERITUS STATUS EXCEPT THE  
RIGHT TO BE ELECTED AN OFFICER OF THE SOCIETY.

FORM 990, PART VI, SECTION A, LINE 7A: SEE EXPLANATION FOR FORM 990, PART  
VI, SECTION A, LINE 6.

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide  
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FORM 990, PART VI, SECTION A, LINE 7B: PURSUANT TO THE BYLAWS OF THE  
ORGANIZATION, THE HOUSE OF DELEGATES HAS CERTAIN RIGHTS AS FOLLOWS

1. DESCRIPTION: THE HOUSE OF DELEGATES IS THE REPRESENTATIVE COMPONENT OF  
THE SOCIETY.

2. RESPONSIBILITIES:

A. TO DEVELOP AND RECOMMEND TO THE BOARD OF DIRECTORS, SOCIETY POLICIES AND  
PROGRAMS REGARDING PROFESSIONAL ISSUES AFFECTING NUCLEAR MEDICINE.

B. TO PROVIDE THE SEVEN (7) DIRECTORS-AT-LARGE, THE MAJORITY OF THE VOTING  
MEMBERS OF THE BOARD OF DIRECTORS.

C. TO APPROVE AMENDMENTS TO THE BYLAWS IN ACCORD WITH THE BYLAWS AND  
PROCEDURES.

D. TO APPROVE ESTABLISHMENT, SUSPENSION, AND DISSOLUTION OF CHAPTERS AND  
COUNCILS.

E. TO REVIEW THE STRATEGIC PLAN ANNUALLY.

F. TO OVERSEE AND MONITOR THE WORK OF THE COMMITTEES OF THE HOUSE OF  
DELEGATES.

G. TO ELECT THE SPEAKER OF THE HOUSE, THE VICE SPEAKER OF THE HOUSE, AND

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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**36-2496678**

**THE HISTORIAN.**

**H. TO ELECT THE MEMBERS-AT-LARGE OF THE COMMITTEE ON NOMINATIONS.**

**I. TO APPROVE THE SELECTION OF THE EDITOR OF THE JOURNAL OF NUCLEAR  
MEDICINE.**

**3. COMPOSITION, SELECTION, AND TERM:**

**A. THE HOUSE OF DELEGATES SHALL BE COMPOSED OF VOTING AND NONVOTING  
MEMBERS:**

**1. VOTING MEMBERS A) CHAPTER DELEGATES: TWO (2) DELEGATES FROM EACH  
GEOGRAPHICAL CHAPTER REGION B) COUNCIL DELEGATES: TWO (2) DELEGATES FROM  
EACH COUNCIL C) CENTER DELEGATES: TWO (2) DELEGATES FROM EACH CENTER D)  
TECHNOLOGIST SECTION DELEGATES: EIGHT (8) DELEGATES E) THE HISTORIAN OF THE  
SOCIETY.**

**2. NON-VOTING MEMBERS: A) THE OFFICERS OF THE SOCIETY AND THE TECHNOLOGIST  
SECTION PRESIDENT B) THE LAST FIVE (5) PAST PRESIDENTS OF THE SOCIETY.**

**B. SELECTION OF VOTING MEMBERS:**

**1. DELEGATES FROM CHAPTERS, COUNCILS, CENTERS, AND THE TECHNOLOGIST SECTION  
MAY BE SELECTED BY VARIOUS METHODS DEVISED BY EACH OF THOSE BODIES.**

**2. THE HISTORIAN SHALL BE ELECTED BY THE HOUSE OF DELEGATES AND IS AN  
OFFICER OF THE HOUSE OF DELEGATES.**

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide  
additional information for responses to specific questions for the  
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**C. TERM:**

1. DELEGATES FROM CHAPTERS, COUNCILS, CENTERS, AND THE TECHNOLOGIST SECTION MAY SERVE FOR SUCH TERMS AS THOSE BODIES MAY PROVIDE, BUT A DELEGATE MAY SERVE FOR A MAXIMUM OF SIX (6) CONSECUTIVE YEARS; FOLLOWING SERVICE AS A VOTING DELEGATE, AT LEAST THREE (3) YEARS MUST ELAPSE BEFORE SERVICE AS A VOTING DELEGATE IS AGAIN PERMITTED. HOWEVER, A DELEGATE ELECTED AS A DIRECTOR-AT-LARGE SHALL REMAIN A VOTING DELEGATE FOR THE DURATION OF THE TERM AS DIRECTOR-AT-LARGE, EVEN IF BY DOING SO THE DELEGATE EXCEEDS EITHER THE TERM AS DELEGATE OR TERM LIMIT. ANY THREE (3)-YEAR ABSENCE AS A VOTING DELEGATE IN THE HOUSE MAY BE FOLLOWED BY SERVICE AS A VOTING DELEGATE FOR UP TO SIX (6) YEARS.

2. THE HISTORIAN SHALL SERVE A THREE (3)-YEAR TERM AND MAY BE ELECTED TO ONE CONSECUTIVE TERM. THE HISTORIAN CAN EXCEED THE SIX (6)-YEAR TERM LIMIT TO COMPLETE THE TERM AS HISTORIAN.

**4. MEETINGS:****A. REGULAR AND ANNUAL MEETINGS:**

1. THE HOUSE OF DELEGATES SHALL HAVE AT LEAST TWO REGULAR MEETINGS EACH YEAR. ONE OF THE REGULAR MEETINGS SHALL BE DESIGNATED AS THE ANNUAL MEETING AND SHALL BE HELD IN CONJUNCTION WITH THE ANNUAL MEETING OF THE SOCIETY.

2. FORMAL NOTICE OF REGULAR AND ANNUAL MEETINGS OF THE HOUSE OF DELEGATES SHALL BE PUBLISHED.

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide  
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B. SPECIAL MEETINGS: SPECIAL MEETINGS OF THE HOUSE OF DELEGATES SHALL BE  
SUMMONED BY THE BOARD OF DIRECTORS OR THE SPEAKER OF THE HOUSE, AS  
CIRCUMSTANCES WARRANT.

C. NOTIFICATION: DELEGATES SHALL BE GIVEN AT LEAST SIXTY (60) DAYS ADVANCE  
NOTICE OF THE TWO REGULARLY SCHEDULED MEETINGS OF THE HOUSE OF DELEGATES  
AND FIVE (5) WORKING-DAYS NOTICE OF A SPECIAL MEETING OF THE HOUSE OF  
DELEGATES.

D. QUORUM: A QUORUM FOR ALL MEETINGS OF THE HOUSE OF DELEGATES IS A  
MAJORITY OF THE TOTAL VOTING DELEGATES.

5. REMOVAL OF THE ORGANIZATION'S MEMBERS FROM OFFICE:

ELECTED MEMBERS:

INDIVIDUALS HOLDING AN ELECTED OFFICE UNDER THESE BYLAWS MAY BE REMOVED  
FROM OFFICE BY A TWO-THIRDS (2/3) AFFIRMATIVE VOTE OF THE HOUSE OF  
DELEGATES.

A. FORMAL CHARGES WILL BE CIRCULATED TO ALL MEMBERS OF THE HOUSE OF  
DELEGATES AND TO THE INDIVIDUAL CHARGED AT LEAST THIRTY (30) DAYS PRIOR TO  
THE MEETING OF THE HOUSE OF DELEGATES AT WHICH THE ISSUE WILL BE ADDRESSED.

B. THE INDIVIDUAL CHARGED WILL HAVE THE RIGHT TO PERSONAL APPEARANCE AND  
DEFENSE AT A REGULAR OR SPECIAL MEETING OF THE HOUSE OF DELEGATES AT WHICH  
THE ISSUE WILL BE ADDRESSED.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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**APPOINTED MEMBERS:**

**COMMITTEE MEMBERS OR ANY OTHER APPOINTED INDIVIDUAL MAY BE REMOVED FROM OFFICE BY THE APPOINTING AUTHORITY WITH APPROVAL OF A MAJORITY OF THE HOUSE OF DELEGATES AFTER DUE PROCESS PROCEDURES HAVE BEEN COMPLETED.**

**FORM 990, PART VI, SECTION A, LINE 10: A DRAFT OF THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S CFO, CEO AND TREASURER PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE (IRS). ADDITIONALLY, A COPY OF THE COMPLETED FORM 990 IS TO BE SENT TO EVERY MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS PRIOR TO ITS FILING WITH THE IRS.**

**FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S VOTING MEMBERS OF THE HOUSE OF DELEGATES, ALL BOARD MEMBERS, ALL COUNCIL PRESIDENTS, ALL COMMITTEE/COMMISSION CHAIRS, ALL NOMINEES FOR NATIONAL OFFICES, THE EXECUTIVE BOARD OF THE TECHNOLOGIST SECTION AND ALL VOTING MEMBERS OF THE TECHNOLOGIST SECTION NATIONAL COUNCIL OF REPRESENTATIVES (COLLECTIVELY REFERRED TO AS "SNM LEADERSHIP") ARE ALL SUBJECT TO A CONFLICT OF INTEREST POLICY (COI). ANNUALLY, THE BOARD OF DIRECTORS, HOUSE OF DELEGATES, EXECUTIVE BOARD OF THE TECHNOLOGIST SECTION SHALL REVIEW THE DISCLOSURE FORMS OF THEIR MEMBERS OF THE SNM LEADERSHIP FOR ANY FINANCIAL OR NON-FINANCIAL INTERESTS OR OTHER SIGNIFICANT CONFLICTS OF INTEREST.**

**MEMBERS WILL DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST BEFORE DISCUSSING THE SUBJECT WHICH INVOLVES A POSSIBLE CONFLICT OF INTEREST AND WILL NOT PARTICIPATE IN ANY ACTION ON THAT SUBJECT UNLESS OFFICIALLY REQUESTED TO DO SO BY THE BODY WHICH IS TAKING THE ACTION.**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**SOCIETY OF NUCLEAR MEDICINE**

Employer identification number

**36-2496678**

**KEY EMPLOYEES OF THE ORGANIZATION BECOME SUBJECT TO THE COI POLICY DURING FISCAL YEAR 2010.**

**FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S CEO INCLUDES AN ANNUAL REVIEW OF JOB PERFORMANCE BY THE EXECUTIVE COMMITTEE OR ITS DESIGNEE. ADDITIONALLY, COMPARATIVE SALARY DATA IS MADE AVAILABLE TO THE EXECUTIVE COMMITTEE DURING ANY REVIEW THAT IS MADE OF THE CEO'S COMPENSATION. THE RESULTS OF SUCH REVIEW OR ANY DECISIONS ARISING FROM THE REVIEW WOULD BE DOCUMENTED.**

**THERE IS NO COMPENSATION PAID DIRECTLY TO ANY CORPORATE OFFICERS OR TO ANY BUSINESSES WHICH A CORPORATE OFFICER CONTROLS DIRECTLY OR INDIRECTLY.**

**COMPENSATION FOR ANY KEY EMPLOYEES IS SET FORTH BY THE CEO. IF REQUESTED BY THE EXECUTIVE COMMITTEE OR ITS DESIGNEE, COMPARATIVE SALARY DATA FOR ANY KEY EMPLOYEES WOULD BE PROVIDED.**

**FORM 990, PART VI, SECTION C, LINE 19: COPIES OF ALL GOVERNING DOCUMENTS OF THE ORGANIZATION, THE COI POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S BYLAWS ARE AVAILABLE TO THE PUBLIC ON THE WEBSITE.**

**FORM 990, PART XI, LINE 2C**

**THE PROCESS HAS BEEN CONSISTENT WITH PRIOR YEARS.**



▲ See separate instructions.

**Employer identification number.**  
**36-2496678**

## Part I Identification of Disregarded Entities

[illegible]

## Part II Identification of Related Tax-Exempt Organizations

[illegible]

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

[illegible][illegible]

**Part V Transactions With Related Organizations****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**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**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	
			Yes	No
(1)				<input checked="" type="checkbox"/>
(2)				<input checked="" type="checkbox"/>
(3)				<input checked="" type="checkbox"/>
(4)				<input checked="" type="checkbox"/>
(5)				<input checked="" type="checkbox"/>
(6)				<input checked="" type="checkbox"/>



# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

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

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

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

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

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

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

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>SOCIETY OF NUCLEAR MEDICINE</b>	Employer identification number <b>36-2496678</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1850 SAMUEL MORSE DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>RESTON, VA 20190</b>	

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

- |                                      |   |                                    |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-T (corporation)      | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**THE SOCIETY**

- The books are in the care of ► **1850 SAMUEL MORSE DRIVE - RESTON, VA 20190**

Telephone No. ► **703-708-9000**

FAX No. ►

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

- 1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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

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

Form **8868** (Rev. 4-2009)

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

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

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

<b>Part II</b> <b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	<b>Type or print</b>	
	Name of Exempt Organization <b>SOCIETY OF NUCLEAR MEDICINE</b>	Employer identification number <b>36-2496678</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1850 SAMUEL MORSE DRIVE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>RESTON, VA 20190</b>	

**Check type of return to be filed** (File a separate application for each return):

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

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

### THE SOCIETY

- The books are in the care of **1850 SAMUEL MORSE DRIVE - RESTON, VA 20190**

Telephone No. **703-708-9000**

FAX No.

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

- 4 I request an additional 3-month extension of time until **AUGUST 15, 2010**
- 5 For calendar year , or other tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO FILE AN ACCURATE AND COMPLETE RETURN**

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

### Signature and Verification

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

Signature **[Signature]** Title **Accountant** Date **5/6/10**

Form 8868 (Rev. 4-2009)