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Form **990** 

### **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)

OMB No 1545-0047

Department of the Treasury

Open to Public

inten		enue Service The Organization may have to use a copy of this return to satisfy s		ording requ	in Ciricinto.	mspection
<u>A</u> _	For t	ne 2009 calendar year, or tax year beginning , 2009, and				, 20
В	Check if	applicable Please C Name of organization American Association of Neuromuso	ular &	Electroc	D Employ	er identification number
	Addres	use IRS s change label or Doing Business As			41	6036691
		print or Number and street (or P O box if mail is not delivered to street address) Ro	om/suite		E Telepho	ne number
	nitial re				(507)	288-0100
	Termin:					
		I tions   Pachastar MN 55901-8350			G Gross red	cerpts \$ 3672162
		ed return				
ш,	Applicati	on pending F Name and address of principal officer				for affiliates? Yes No
_	Taylor	(many status				nciuded? LYes LNo
		tempt status			•	list (see instructions)
		ite: ▶ www.aanem.org			exemption num	· · · · ·
		forganization ☑ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of f	ormation	1953	M State of	legal domicile. MN
Pa	rt I	Summary				
	1	Briefly describe the organization's mission or most significant activities.	he mis	sion of th	ne AANEI	M is to serve
		pyhsicians who diagnose and treat patients with disorders of muscles	and ne	rves, ext	end the k	nowledge of
ဦ	l	neuromuscular & electrodiagnostic medicine, and improve the quality	of patie	ent care.	This is a	chieved through
ä		educational programs and products, certification, and distribution of a				
Activities & Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more that				····
ဇိ	1		11 20 70 01	no not abou	3	10
•ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			4	10
ţ	4	Number of independent voting members of the governing body (Part VI, III	ne 1b)	• •	· -	21
(≩	5	Total number of employees (Part V, line 2a)			. 5	
ě	6	Total number of volunteers (estimate if necessary)			. 6	300
		Total gross unrelated business revenue from Part VIII, column (C), line 12.			. 7a	44958
	b	Net unrelated business taxable income from Form 990-T, line 34,	<u> </u>		. 7b	29871
				Pnor Ye	ear	Current Year
	8	Contributions and grants (Part VIII, line 1h)			196960	123581
Revenue	9	Program service revenue (Part VIII, line 2g)	. [		2050437	2067732
Ver	_	<del>-</del>	. —		53240	(21829)
8	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	·		669168	624880
	11	Other revenue (Part VIII, column (A), lines 5 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (roust equal Part VIII, column (A), line 12	, , · ├─		969805	2794364
					.909003	2134304
	13	Grants and similar amounts paid (184 t IX, column (A) Mines ]-3)				<del></del>
<b>(</b> 0	14	Benefits paid to or for members (Part IX) column (A), line 4)	├			
Se	15	Salaries, other compensation, employee benefits (Part IX, column/(A), fines 5-10	0)		903890	996382
Expenses	16a	Professional fundraising fees (Fart IX solumn (A), line 4 le) . / 6	ļ			
ă	b	Total fundraising expenses (Part IX, column (D) Tipe 25) ▶	<del></del>	· ' , \$\tilde{\t	~ ~ ~	
	17	Other expenses (Part IX, column (A), lines that 1d, 11, 24, 15		1	593762	1510653
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).		2	2497652	2507035
	19	Revenue less expenses. Subtract line 18 from line 12			472153	287329
Ces			Beg	inning of Co	urrent Year	End of Year
SE SE	00	Total access (Dort V. June 10)	<u> </u>		713273	6416936
Assets 1 Balan	20	Total assets (Part X, line 16)	•		751889	1450454
Net /	21	Total liabilities (Part X, line 26)	·		961384	4966482
		Net assets or fund balances. Subtract line 21 from line 20	· I		3013041	4900402
F	art II		a a b a d u l a	a and atotas	nonto and to	the best of my knowledge
		Under penalties of penuty, I declare that have examined this return, including accompanying and belief, it is the correct, and complete Declaration of preparer (other than officer) is bas	ed on all	s and staten information	of which pre	sparer has any knowledge
				1 4	0112/	
Się	an ng				011011	0
He	re	Signature of offices		Date	е	
		Shirlan) Adkins, Executive Vivector				
		Type or print/name and title				
_		Prengraria Date	Check	c if		dentifying number
		Preparer's signature	self-	yed ▶ 🔲	(see instruct	ions)
Paid	t		Simple	,		
Pre	parer's	Firm's name (or yours		EIN	<del></del> -	
Use	Only	ıf self-employed),		EIN	<u></u>	1
		address, and ZiP + 4 V		Phone n	<u> </u>	<u>'</u>
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)				. Yes 🗸 No

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

Form **990** (2009)

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The mission of the AANEM is to serve physicians who diagnose and treat patients with disorders of muscles and nerves, extend the knowledge of neuromuscular and electrodiagnostic medicine, and improve the quality of patient care. This is achieved through educational programs and products, certification, and distribution of a professional journal (Muscle & Nerve).
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ including grants of \$ ) (Revenue \$ )  Member Services - The purpose of member services is to recruit and maintain membership in the association and distribute educational material and important information regarding the fields of neuromuscular and electrodiagnostic medicine and ways to improve patient care. This was achieved through a) member mailings; b) distribution of invited reviews, a professional peer reviewed journal (Muscle & Nerve), email announcements, and a quarterly newsletter; c) creation of educational podcasts, practice parameters, consensus guidelines, and position statements; and d) providing information to the members through the association website.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) Annual Meeting - The purpose of the Annual Meeting is to provide physicians with a large forum to exchange ideas and provide continuing education for updating and acquiring greater knowledge about the diagnosis and treatment of neuromuscular diseases. The meeting also offers an opportunity to learn about new diagnostic techniques to improve patient care. These were achieved through a variety of hands-on workshops, courses, expert roundtables, discussion groups, demonstration sessions, symposia, plenary talks, special interest group sessions, abstract reviews and presentations, industry forums, and an exhibit hall containing the latest equipment, supplies, books, periodicals, and pharmaceutical treatments to aid and improve patient care.
4c	(Code: ) (Expenses \$ Including grants of \$ ) (Revenue \$ )  Education and Publication - The purpose of Education and Publications services is to distribute educational materials to physicians interested in the fields of neuromuscular and electrodiagnostic medicine to increase physician competence. This purpose was achieved by providing printed educational materials, videos, DVDs, CD-ROMs, teleconferences, and brochures that educate physicians, physician-in-training, patients, and the general public. The material provides information about the field, explains the procedures used to diagnose neuromuscular diseases, and discusses treatment options. The goal is to improve patient care.
	and discusses heading to grants the goal is to improve parameter.
,	
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 2134519

Par	t IV Checklist of Required Schedules	_		
		r <del>-</del>	Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>√</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? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8_		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	_
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		2	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			,
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			·\$_;
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	1.3		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		-	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			****
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1	<b> </b>	<del></del>
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<b>✓</b>

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>✓</b>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_<
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>\</b>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	201		د دست
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>√</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule $M$	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	✓	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	✓	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2.	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI	37		   <b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Tries.	
	U.S. Information Returns. Enter -0- if not applicable		_s	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		% ≱	``, <sub>,</sub> `,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	·£1°	لمخسا
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	5 7	, ,	
	Statements, filed for the calendar year ending with or within the year covered by this return 21			لنحدإ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>√</u>	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	<b>\</b>	**2 11
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<b>✓</b>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	-1-2	- 1 × 1	
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	<u> </u>	گ.وگ	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>V</b>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>V</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	# 5.	ير خام برا	- 1 A
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	· .	لگفسا
b	if "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	y	,	3 14
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	لندا
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h_		127
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			I
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	, , ,	* .	( Table )
a	Initiation fees and capital contributions included on Part VIII, line 12	1 1	2	]
5	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]		*	. ]
11	Section 501(c)(12) organizations. Enter:		3	. i
		1 (2)	. ,	_
þ	Gross income from other sources (Do not net amounts due or paid to other sources against		* "	
120	amounts due or received from them.)	12a		الد حدًا
ı∠a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	La	×	.: 1

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

Section A Governing Body and Management

Sec	tion A. Governing Body and Management		,	
		****	Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		44	
	any other officer, director, trustee, or key employee?	2		<b>√</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<b>✓</b>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	✓	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6	✓	
	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the			
•	form?	11	✓	<u> </u>
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		N.	77.74
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	✓	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	ļ		
C	describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by			A.
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b		✓
~	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
,,,,	with a taxable entity during the year?	16a		<b>✓</b>
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (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 int	erest	
	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 reco	ords o	f the	
	organization: ► Patrick Aldrich 2621 Superior Dr NW Rochester, MN 55901-8350			<b>-</b>

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 co	ompensate (B)	any o	curre			cer, d	irec	tor, or trustee.	(E)	(F)
(A) Name and Title						Reportable	Reportable	(F) Estimated		
Name and Title	hours per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Clifton L Gooch Director 10/06-10/09	2	1						0	0	0
David D Hubbell Director 10/06-10/09	2	1						0	0	0
Kathleen Kennelly Director 10/07-10/10	2	1						0	0	0
Atul T Patel Director 10/07-10/10	2	1						0	0	0
Robert T Leshner Director 9/08-9/11	2	1						0	0	0
Michael D Stubblefield Director 9/08-9/11	2	1						0	0	0
Anthony E Chiodo Director 10/09-10/12	2	1						0	0	0
Kerry H Levin Director 10/09-10/12	2	1						0	0	0
Michael T Andary President 9/08-10/09 Past-Pres 10/09-10/10	- 5			1				0	0	0
John D England Pres Elect 9/08-10/09 President 10/09-10/10	5			1				0	0	0
Peter D Donofrio Past-President 9/08-10/09	5			1				1000	0	0
Timothy R Dillingham President-Elect 10/09-10/10	5			1				0	0	0
Peter A Grant Secretary-Treasurer 9/08-9/11	5	<u> </u>		1				Û	0	0
Shirlyn A Adkins Executive Director	45			1	✓	1		157960	0	12663
				<u> </u>			L			
	_									

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees	, an	d Hig	hest	Compensate	d Employees (c	ontinued)
	(A)	(B) (C)							(D)	(E)	(F)
	Name and title	Average hours per	Position (check all that a						Reportable compensation	Reportable compensation	Estimated amount of
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation
					L						
					_						
											1
							-				
1b	Total							<b>&gt;</b>	158960		12663
2	Total number of individuals (including but r		to the	ose	liste	ed a	above	) wh	o received mo	ore than \$100,0	000 in
	reportable compensation from the organiza	ation ▶ 1									V N-
3	Did the organization list any <b>former</b> office employee on line 1a? <i>If "Yes," complete S</i>							oyee	e, or highest c	ompensated	Yes No 3 ✓
4	For any individual listed on line 1a, is the sithe organization and related organizations	um of repo	ortabl	e co	omp	ens	ation	anc con	· · · · · · · · · · · · · · · · · · ·	nsation from le J for such	
5	individual.  Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	 comp	Dens	satio	on 1	rom	any	unrelated org	anızation for	4 √ 5 √
Sec	ction B. Independent Contractors	100, 00/11/2	-		<u> </u>			<u></u>		<u> </u>	1 3 1 1 4
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt c	contra	ctor	s that received	d more than \$1	00,000 of
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation
No	ne										
_											
2	Total number of independent contractors (in more than \$100,000 in compensation from					to 1	hose	liste	ed above) who	received	_

art	VIII	Statement of Revenue		(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
					function revenue	revenue	under sections 512, 513, or 514
ţ	1a	Federated campaigns 1a					
and other similar amounts		Membership dues 1b		-			
E		Fundraising events 1c					
<u>a</u>		Related organizations 1d					
Ē		Government grants (contributions). 1e					
<u> </u>	f	All other contributions, gifts, grants,					
튱		and similar amounts not included above 1f	123581			-	
힏		Noncash contributions included in lines 1a-1f: \$					,
В	h	Total. Add lines 1a-1f		123581			
ē.		Manakasakka dana	Business Code	4050470	4050470		
e e	2a	Membership dues	900099	1056470	1056470	<del></del>	ļ <del> </del>
ě	b	Annual Meeting fees Examination/Maintenance fees	900099	718393 292869	718393 292869		
<u>Ş</u>	С	Examination/Maintenance rees	900099	292009	292009		
Se	d		-	-			
La l	e	All other program service revenue .					
Program Service Revenue	١ ~	Total. Add lines 2a–2f		2067732	**	1-1-7-43/2	
-				2001132		- ~ ~ 0.***	
	3	Investment income (including dividend		141071			14107
		other similar amounts)				· · · · · · · · · · · · · · · · · · ·	
		Income from investment of tax-exempt bor Royalties					
	•	(i) Real	(ii) Personal			4.7	
	62	Gross Rents				- 2 L	
	-	Less: rental expenses				* .	1
		Rental income or (loss)				,	
			<b>&gt;</b>	WHITE AND THE STREET			
	72	Gross amount from sales of (i) Securities	(II) Other	-		,, , , , , ,	
	1 a	assets other than inventory 628706	6	'y ***	-	🔭	
Ì	ь	Less. cost or other basis		· · · · · · · · · · · · · · · · · · ·		2 2 .	
	-	and sales expenses . 791606		-	·	<b>*</b> ,	
	С	Gain or (loss) (162900	)				
ļ		Net gain or (loss)	<u></u>	(162900)			(162900
e	8a	Gross income from fundraising		· · · ·   · · ·   · · ·   · · · ·			•
evenue		events (not including \$		,		, , ,	
		of contributions reported on line 1c).					
<u>ت</u> ۳		See Part IV, line 18	ı				
Other R		Less: direct expenses					ļ
Ó	С	Net income or (loss) from fundraising	events ▶				
	9a	Gross income from gaming activities.					
		See Part IV, line 19					
						<u> </u>	<del> </del>
		Net income or (loss) from gaming acti	ivities ▶				<del> </del>
	10a	Gross sales of inventory, less	203386			,	
		returns and allowances					
		Less: cost of goods sold & Net income or (loss) from sales of inven		117194	117194		<u> </u>
	-	Miscellaneous Revenue	Business Code	11134	111134	·	
	44-	Musels 9 Nerve Journal	900099	297496	297496		
	11a	C C4	900099	84715	42357	42358	<u> </u>
	b	Exhibit Booths	900099	106395	106395	.2000	1
	C		900099	19080	16480	2600	İ
		All other revenue	<u>500055</u>	507686	.5.36		1
	е 12	Total. Add lines 11a–11d Total revenue. See instructions.		2794364	2647654	44958	(21829

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VII in 15		All other organizations must complete colu				(C), and (D).
organizations in the U.S. See Part IV, line 21  Grants and other assistance to individuals in the U.S. See Part IV, line 22  3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustess, and key employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8) and persons described in section 4958(c)(3)(8) approving depressions (as defined under section 4958(c)(3)(8) and section 40(3)(8) employer contributions (include section 401(8)) and section 40(3)(8) employer contributions (include section 401(8) and section 40(3)(8) employer contributions (include section 40(1)(8) and section 40(3)(8) employer contributions (include section 40(1)(8) and section 40(3)(8) employer contributions (include section 40(1)(8) and sect				Program service	Management and	Fundraising
2 Grants and other assistance to Individuals in the U.S. See Part IV, line 15 and 16	1					554
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation in cliuded above, to disqualified persons (as defined under section 4958(r)(ii) and persons described in section 4958(r)(iii) and persons described in section 4958(r) and 1958	2	Grants and other assistance to individuals in				
Benefits paid to or for members   185236   145815   39421	3	organizations, and individuals outside the				
Secretar Patro of Compensation of current officers, directors, trustees, and key employees   185236   145815   39421			-		, , ,	, ~, * *,
185236	-	·				<u> </u>
persons (as defined under section 4958()(1)) and persons described in section 4958(s)(3)(8) 7 Other salanes and wages 8 Pension plan contributions (include section 401(k) and section 405(k) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal 4377 3166 1211 c Accounting 9410 9410 d Lobbying d Lobbying 12 Advertising and promotion 9196 9196 13 Office expenses 13 1996 9196 14 Information technology 1678 3 3740 15 Royalties 16 Occupancy 17 Travel 27943 9408 18535 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings insurance 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 18 Merch 25 State UBIT 8099 1910 24 Contribution to Affiliate 25000 25000 3 Muscle & Nerve Subscriptions 2414 3 Muscle & Nerve Subscriptions 29965 26161 13804 5 Footal expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 3 Muscle & Nerve Subscriptions 19132 17600 1532 Contract services 39965 26161 13804 5 Footal expenses shown on line 25 below.) 3 Muscle & Nerve Subscriptions 19132 17600 1532 Contract services 39965 26161 13804 5 Footal expenses shown on line 25 below.) 4 All other expenses 10 contribution to Affiliate 25000 25000 14 All other expenses 25 Total functional expenses 2731 2017 714 5 Joint costs. Check here 1 1 of following SOP 98-2 Complete this line only if the organization reported in column (8) joint costs from a combined eductional cannot as form a combined eductional cannot and anothers from a combined eductional cannother and as form a combined eductional expenses 5 form a combined educ	ð	trustees, and key employees	185236	145815	39421	
7 Other salanes and wages         650292         541366         108926           8 Pension plan contributions (include section 401(k) and section 405(b) employer contributions)         36711         30562         6149           9 Other employee benefits         64523         53715         10808           10 Payroll taxes         59620         49634         9986           11 Fees for services (non-employees):         49437         3166         1211           a Management         4377         3166         1211           b Legal         4377         3166         1211           c Accounting         9410         9410         9410           d Lobbying         12376         12376         12376           g Other         29265         21265         8000           12 Advertising and promotion         9196         9196         9196           13 Office expenses         133199         110055         23144           16 Nocupancy         16783         3740         13043           17 Travel         27943         9408         18535           18 Payments of travel or entertainment expenses for any federal, state, no local public officials         521744         495213         26531           10 Interest         10 Li	6	persons (as defined under section 4958(f)(1)) and				
8 Persion plan contributions (include section 401(k) and section 403(b) employer contributions). 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other 12 Advertising and promotion 13 Office expenses 133199 110055 23144 Information technology 16 Reyments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Interest 12 Payments to affiliates 29 Depreciation, depletion, and amortization 1 Insurance 1 Payments of other expenses shown on line 25 below.) 3 Muscie & Nerve Subscriptions 4 Pother expenses 1 State UBIT 6 Contribution to Affiliate 1 Contribution to Affilia	7		650292	541366	108926	
9 Other employee benefits   59620   49634   9986   10 Payroli taxes   59620   49634   9986   11 Fees for services (non-employees): a Management   4377   3166   1211   c Accounting   9410   9410   d Lobbying   Professional fundralsing services. See Part IV, line 17   linvestment management fees   12376   12376   g Other   29265   21265   8000   12 Advertising and promotion   9196   9196   13 Office expenses   133199   110055   23144   14 Information technology   16783   3740   13043   15 Royalties   127314   95485   31829   17 Travel   27943   9408   18535   18 Payments of travel or entertainment expenses for any federal, state, or local public officials   19 Conferences, conventions, and meetings   1127314   21 Payments to affiliates   22 Depreciation, depletion, and amortization   59803   44853   14950   22 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.) 3 Muscle & Nerve Subscriptions   39430   394930   4 Muscle & Nerve Subscriptions   394930   394930   5 Membership dues to other organizations   25000   25000   6 Contract services   39965   26161   33804   6 Federal & State UBIT   25000   25000   7 All other expenses   1 frough 24f   489837   465708   24129   8 Joint costs. Check here ▶	8	Pension plan contributions (include section 401(k)	36711	30562	6149	
10 Payroll taxes   59620   49634   9986   11 Fees for services (non-employees): a Management   4377   3166   1211   c Accounting   9410   9410   d Lobbying   9410   9410   d Lobbying	9		64523	53715	10808	
11 Fees for services (non-employees): a Management b Legal	10	' -	59620	49634	9986	
b Legal	11					
Description of Accounting and Lobbying e Professional fundialsing services. See Part IV, line 17 for Investment management fees 29265 21265 8000 20 for 29265 21265 21265 21265 21265 21265 21265 21265 21265 21265 21265 21265 21265 21265 21265 21265 21265 21265 21265 212	а	Management				
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 13 Office expenses 133199 110055 23144 11 Information technology 16 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 18 Insurance 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)  Muscle & Nerve Subscriptions b Membership dues to other organizations c Contract services 39965 26161 3804 489837 465708 24129  January 12376 133199 110055 23144 13043 13043 13043 13043 14853 14853 14950 159803 44853 14950 159803 44853 14950 159803 144853 14950 159803 144853 14950 159803 144853 14950 159803 144853 14950 159803 144853 14950 159803 144853 14950 159803 14950 1532 17600 17600 176	b	Legal		3166	·	
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 133199 110055 23144 Information technology 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 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.) 18 Miscele & Nerve Subscriptions 19 Membership dues to other organizations 10 Membership dues to other organizations 20 Contract services 21 Payments to affiliate 22 Contract services 23 39965 26161 2731 28079 28079 2731 28079 28079 28079 28079 28079 28120 2812765 8000 2900 133199 110055 23144 13043 14853 31829 27943 9408 18535 31829 26531 26531 26531 26531 26531 27944 295213 26531 26531 27944 295213 26531 27943 29408 295213 29631 29631 29744 29744 29744 29745 29745 29746 29747 2	С	Accounting	9410		9410	
f   Investment management fees   12376   22365   8000		, ,			· · · · · · · · · · · · · · · · · · ·	
9 Other		•	12276		12376	
12 Advertising and promotion		- 1		21265		
13 Office expenses   133199   110055   23144	_	i				
14					23144	
15 Royalties 16 Occupancy		,			13043	
16 Occupancy						
17   Travel   27943   9408   18535		•	127314	95485	31829	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 3 Insurance 4 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 Muscle & Nerve Subscriptions b Membership dues to other organizations Contract services 39965 26161 3804 Federal & State UBIT Contribution to Affiliate 25000 Footnotibution to Affiliate 25000 25000  All other expenses. Add lines 1 through 24f 25 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		· · ·	27943	9408	18535	
for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  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 Muscle & Nerve Subscriptions  b Membership dues to other organizations  c Contract services  d Federal & State UBIT  e Contribution to Affiliate  f All other expenses. Add lines 1 through 24f  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	18					
19 Contentions, convertions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 30 Contract 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 Muscle & Nerve Subscriptions b Membership dues to other organizations Contract services d Federal & State UBIT Contribution to Affiliate Contribution to Affiliate  Contribution to Affiliate  Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and						
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 Muscle & Nerve Subscriptions b Membership dues to other organizations c Contract services d Federal & State UBIT e Contribution to Affiliate 25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational expensed and more incompleted in column (B) joint costs from a combined educational expensed and more incompleted in column (B) joint costs from a combined educational expensed and more incompleted in column (B) joint costs from a combined educational expensed and more incompleted in column (B) joint costs from a combined educational expensed and more incompleted in column (B) joint costs from a combined educational expensed and more incompleted in column (B) joint costs from a combined educational expensed and more incompleted in column (B) joint costs from a combined educational expensed and more incompleted	19	Conferences, conventions, and meetings .	521744	495213	26531	
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 Muscle & Nerve Subscriptions b Membership dues to other organizations c Contract services d Federal & State UBIT e Contribution to Affiliate 25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational expensed and more incompleted in column (B) joint costs from a combined educational expensed and more incompleted in column (B) joint costs from a combined educational expensed and more incompleted in column (B) joint costs from a combined educational expensed and more incompleted in column (B) joint costs from a combined educational expensed and more incompleted in column (B) joint costs from a combined educational expensed and more incompleted in column (B) joint costs from a combined educational expensed and more incompleted in column (B) joint costs from a combined educational expensed and more incompleted	20	Interest				
Depreciation, depletion, and anioritzation   State   State   Contribution to Affiliate   Contribution to Affiliate   Contribution to Affiliate   Control under costs   Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and   State   Control under control unde	21	Payments to affiliates	50000	44050	44070	
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 Muscle & Nerve Subscriptions  b Membership dues to other organizations  c Contract services  d Federal & State UBIT  e Contribution to Affiliate  Contribution to Affiliate  25000  f All other expenses  Add lines 1 through 24f  25 Total functional expenses. Add lines 1 through 24f  SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	22	1				
covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a Muscle & Nerve Subscriptions  b Membership dues to other organizations  c Contract services  d Federal & State UBIT  e Contribution to Affiliate  f All other expenses  Total functional expenses. Add lines 1 through 24f  25 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	23	Insurance	09400	33330	14008	4
and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a Muscle & Nerve Subscriptions 394930 394930  b Membership dues to other organizations 19132 17600 1532  Contract services 39965 26161 13804  d Federal & State UBIT 8079 8079  e Contribution to Affiliate 25000 25000  f All other expenses 2731 2017 714  25 Total functional expenses. Add lines 1 through 24f 489837 465708 24129  26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	24				^- ,	` .
5% of total expenses shown on line 25 below.)  a Muscle & Nerve Subscriptions 394930 394930  b Membership dues to other organizations 19132 17600 1532  c Contract services 39965 26161 13804  d Federal & State UBIT 8079 8079  e Contribution to Affiliate 25000 25000  f All other expenses 2731 2017 714  25 Total functional expenses. Add lines 1 through 24f 489837 465708 24129  26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and			]	*		
a Muscle & Nerve Subscriptions b Membership dues to other organizations Contract services 39965 19132 17600 1532 17600 1532 26161 13804  Federal & State UBIT Contribution to Affiliate 25000 25000  f All other expenses 2731 2017 714 25 Total functional expenses. Add lines 1 through 24f SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				4.4	* .	, ,
b Membership dues to other organizations Contract services Federal & State UBIT Contribution to Affiliate Fold Interest State UBIT Fold Interest	_	· · · · · · · · · · · · · · · · · · ·	394930	394930	· · · · · · · · · · · · · · · · · · ·	
Contract services   39965   26161   13804     d   Federal & State UBIT   8079   8079     e   Contribution to Affiliate   25000   25000     f   All other expenses   2731   2017   714     25   Total functional expenses. Add lines 1 through 24f   489837   465708   24129     26   Joint costs. Check here ▶	_				1532	
d Federal & State UBiT 8079 8079 e Contribution to Affiliate 25000 25000 f All other expenses 2731 2017 714 25 Total functional expenses. Add lines 1 through 24f 489837 465708 24129  26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		***************************************				
e Contribution to Affiliate  f All other expenses  2731  2017  714  25 Total functional expenses. Add lines 1 through 24f  All other expenses. Add lines 1 through 24f  489837  465708  24129  SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	_	***********************************	8079		8079	
f All other expenses 2731 2017 714  25 Total functional expenses. Add lines 1 through 24f 489837 465708 24129  26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and			25000	25000		
25 Total functional expenses. Add lines 1 through 24f 489837 465708 24129  26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	_	All other expenses	2731			
SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		Total functional expenses. Add lines 1 through 24f	489837	465708	24129	
	26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
			2507035	2134519	372516	

Part X	Balance Sheet			<u></u>
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	371344	1	124442
2	Savings and temporary cash investments		2	851443
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	159192	4	189781
5	Receivables from current and former officers, directors, trustees, key	1	` `	
	employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
<u>م</u> ع	Notes and loans receivable, net		7	
Assets 8 8	Inventories for sale or use		8	
8   §	Prepaid expenses and deferred charges	46417	9	29033
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		1 -	***
b	10h 20267	0 1406748	10c	1414458
11	Investments—publicly traded securities	3363469	11	3807779
12	Investments—publicly traded securities  Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11	•	13	
1		•	14	
14 15	Intangible assets	•	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			6416936
				221734
17	Accounts payable and accrued expenses		18	
18	Grants payable	C70040		304560
19	Deferred revenue		20	004000
20	Tax-exempt bond liabilities		21	
<u>ğ</u> 21	Escrow or custodial account liability. Complete Part IV of Schedule D	1 , ^ - `		
Liabilities 22 22 22 22 22 22 22 22 22 22 22 22 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	1 <u> </u>	٠ 	
-	persons. Complete Part II of Schedule L		22	024460
23	Secured mortgages and notes payable to unrelated third parties	•	23	924160
24	Unsecured notes and loans payable to unrelated third parties			
25	Other liabilities. Complete Part X of Schedule D	4==4000	25	4450454
26 8 9	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶ □ and		26	1450454
<u>ၓ</u> ၘ	complete lines 27 through 29, and lines 33 and 34.	3961384	07	4966482
호 27	Unrestricted net assets	. 3901384	<del>                                     </del>	4900402
മ് 28	Temporarily restricted net assets		28	
일 29	Permanently restricted net assets		29	1
Net Assets or Fund Balan 32 33 33 33	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		, ,	
च्छ 30	Capital stock or trust principal, or current funds		30	
9 31	Paid-in or capital surplus, or land, building, or equipment fund	.	31	
8 32	Retained earnings, endowment, accumulated income, or other funds	s	32	
₹ 33	Total net assets or fund balances	0004004	33	4966482
2 34	Total liabilities and net assets/fund balances		34	6416936

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

Form **990** (2009)

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

### **Political Campaign and Lobbying Activities**

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

• Complete if the organization is described below.

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

OMB No 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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.

• : If the	Section 501(c)(3) organizations	that have filed Form 5768 (election of that have NOT filed Form 5768 (elections," to Form 990, Part IV, line 5 (Proxenizations, Complete Part III	n under section 501	•	•		
	me of organization	anada Complete Fare III		Employ	er identification number		
Am		romuscular & Electrodiagnostic		41	6036691		
Pai		e organization is exempt und					
1		ne organization's direct and indirec		•			
2	•						
3	Volunteer hours						
Par		e organization is exempt und					
1	Enter the amount of any e	xcise tax incurred by the organiza	ation under section	n 4955 ▶ \$_			
2	Enter the amount of any e	xcise tax incurred by organization	managers under	section 4955 . 🕨 🦫	<u></u>		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?						
4a h	If "Yes." describe in Part I				· · L Yes L No		
	· · · · · · · · · · · · · · · · · · ·	e organization is exempt und	er section 501(	c), except section	501(c)(3).		
1		expended by the filing organizati					
	activities						
2	Enter the amount of the filing organization's funds contributed to other organizations for section						
	527 exempt function activities						
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b						
4		file Form 1120-POL for this year?			Yes No		
5							
•	5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which paymen were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of politic						
		were promptly and directly delivered			as a separate segregated		
	fund or a political action co	mmittee (PAC). If additional space is	s needed, provide i	nformation in Part IV.	<del></del>		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and		
				funds If none, enter -0-	promptly and directly		
					delivered to a separate political organization. If		
					none, enter -0-		
			_				
					<del> </del>		
			1				
		ļ					
	· <del></del>						
		<b>}</b>	1				

3011	edule C (FOITH 990 OF 990-LZ) 2009					
Pa	rt II-A Complete if the organize under section 501(h)).	ation is exemp	ot under section	on 501(c)(3) and	filed Form 5768	3 (election
	Check ► ☐ if the filing organization  Check ► ☐ if the filing organization				ons apply.	
_		bbying Expend	itures		(a) Filing organization's totals	(b) Affiliated group totals
1:	Total lobbying expenditures to influe					
	Total lobbying expenditures to influe					
•						
	Other exempt purpose expenditures					
•	Total exempt purpose expenditures (	add lines 1c and	d 1d)			
f	Lobbying nontaxable amount. Enter columns.					
	If the amount on line 1e, column (a) or (b) is	s: The lobbying	nontaxable amou	int is:		
	Not over \$500,000	20% of the ar	mount on line 1e			
	Over \$500,000 but not over \$1,000,000		15% of the exces			
	Over \$1,000,000 but not over \$1,500,000		10% of the exces		- 01 4 7 4 8 4 1	in the second
	Over \$1,500,000 but not over \$17,000,00		5% of the excess	over \$1,500,000		
_	Over \$17,000,000	\$1,000,000			<u> </u>	, 5
ç	Grassroots nontaxable amount (enter					
ł	Subtract line 1g from line 1a. If zero					
į	Subtract line 1f from line 1c. If zero	or less, enter -0-		organization file Ec	rm 4720 reporting	L
j	If there is an amount other than zero section 4911 tax for this year?	on either line in	· · · · · ·	· · · · · · ·	· · · · · ·	☐ Yes ☐ No
	(Some organizations that columns below	made a section v. See the instr	uctions for lines	do not have to co 2a through 2f on	page 4.)	five
	Lobby	ing Expenditure	s During 4-Year	Averaging Period	<u>d</u>	1
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2	Lobbying nontaxable amount					
	Lobbying ceiling amount (150% of line 2a, column (e))					
_ (	C Total lobbying expenditures					
_	d Grassroots nontaxable amount					
_	Grassroots ceiling amount (150% of line 2d, column (e))	1 3 3 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		~	,,,,	
1	Grassroots lobbying expenditures				'	

	(election under section 501(h)).	(	a)	(la		)	
		Yes	No	A	moun	t	
1 a	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:  Volunteers?					, •	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	ļ	<u> </u>				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .						
j	Other activities? If "Yes," describe in Part IV	27 + 5					
j	Total. Add lines 1c through 1i			92 s	- eSala 1	- 20-	
2a	(-/(-/· (-/(-/ (-/(-/ (-/(-/	-	3.7.7	<u>*</u>	-	- 2	
b			j - 1,00				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		الإنداد في	Kai -	· Sy	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	01(0)	(5) 0			437	
Γa	501(c)(6).	U I (C)	(5), 0	i seci	1071		
					Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?			1		✓	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			_2_	✓		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 5			3		✓	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II "Yes."	I-A, I	ine 3	is an	swer	ed	
1	Dues, assessments and similar amounts from members	 Hisal					
2	expenses for which the section 527(f) tax was paid).	licai					
а	Current year		2a				
b	Carryover from last year	•	2b				
c	Total	•	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion c	f the	\$ + "A"				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lob		- -				
	and political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (see instructions)		5				
	rt IV Supplemental Information						
Pa						e 1i.	
Con	replete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, o, complete this part for any additional information.	line 5	; and	Part II-	B, line		
Con	nplete 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		
Con	replete 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		
Con	replete 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		
Con	replete 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		
Con	replete 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		
Con	replete 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		
Con	replete 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		
Con	replete 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		
Con	replete 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		
Con	replete 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		

	orm 990 or 990-EZ) 2009	Page <b>4</b>
Part IV	Supplemental Information (continued)	
		***************************************
• • • • • • • • • • • • • • • • • • • •		

### SCHEDULE D (Form 990)

### Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury

▶ Attach to Form 990. ▶ See separate instructions.

Internal Revenue Service Employer identification number American Association of Neuromuscular & Electrodiagnostic Medicine 6036691 41 : 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 Total number at end of year . . . . Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year . . . 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? . . . . . Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 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 Tax Year 2a a Total number of conservation easements . . . . . . 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . 2d Number of conservation easements included in (c) acquired after 8/17/06 . . . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► ..... Number of states where property subject to conservation easement is located ▶ ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section ☐ Yes ☐ No 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. 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 . . . 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: Assets included in Form 990, Part X . . .

n	•
⊬aqe	

Par	t III Organizations Maintainii	ng Collections	of Art, His	storica	Treasures, o	or Ot	her Similar Ass	ets (continu	ied)
3	Using the organization's acquisition, collection items (check all that apply	accession, and o							
а	Public exhibition		d		oan or exchang				
þ	Scholarly research		е	□ 0	ther	<b>-</b>			
C	Preservation for future generation	ons							
4	Provide a description of the organization Part XIV.	ation's collections	and expl	aın how	they further th	ne or	ganization's exen	npt purpose i	n
5	During the year, did the organization s assets to be sold to raise funds rather	than to be mainta	uned as pa	rt of the	organization's	colle	ction?	Yes 🗌	No
Par	Escrow and Custodial A IV, line 9, or reported an a					swer	ed "Yes" to Forn	n 990, Part	
	Is the organization an agent, trustee included on Form 990, Part X?					s or	other assets not	☐ Yes ☐	No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the	followin	ıg table:		1 Am	ount	
						4-	Ain	OUTL	
	Beginning balance					1c			
d	Additions during the year					1d		= -	
е	Distributions during the year					1e 1f			
f	Ending balance				'		<u> </u>	Yes	No
b	Did the organization include an amount "Yes," explain the arrangement in Endowment Funds. Con	Part XIV.			orad "Vas" to		m 000 Part IV		
Pal	rt V Endowment Funds. Con	(a) Current year	(b) Prior		(c) Two years ba		(d) Three years back	(e) Four years I	back
_	_ , , ,	(a) Current year	(b) Filo	year	(c) The years be	+	-		- 1
1a	Beginning of year balance				-			<u> </u>	7
b	Contributions	···			***			1 1 1 1 1 1 1 1	
	Net investment earnings, gains, and losses				3,				c.
d	Grants or scholarships	<u> </u>			1473		3.227.7	, , , , , , , , , , , , , , , , , , ,	~- <u>}</u>
е	Other expenditures for facilities and programs	<u> </u>				22			7 '3 's
f g	Administrative expenses End of year balance							. , , , , , , , , , , , , , , , , , , ,	
2	Provide the estimated percentage of			l as:					
а	Board designated or quasi-endowm		%						
þ	Permanent endowment ▶								
C	Term endowment ▶ %								
3а	Are there endowment funds not in the organization by:	e possession of th	ne organiza	ation tha	at are held and	adm	nistered for the	Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
	If "Yes" to 3a(II), are the related orga							3b	_
4	Describe in Part XIV the intended us					+ 🗸 1	ino 10		
Pai	rt VI Investments—Land, Bu							400	
	Description of investment	(a) Cost or o			st or other is (other)		ccumulated preciation	(d) Book value	
1a	Land				240802		·		802
b	Buildings				1119543		99939	1019	604
С	Leasehold improvements	.							
d	Equipment				140427		66673		3754
<u> </u>	Other		100 C-1 Y	l:	117356		37058		298
Tota	al. Add lines 1a through 1e (Column (d)	must equal Form 9	isu, Part X,	column	(B), IINE 1U(C) )	<u>.                                    </u>	•	1414	1458

Schedule D (Form 990) 2009	Con Form 000 Port	V line 10	rage C
Part VII Investments—Other Securities			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	
Financial derivatives			
Ole b. b - lel b. make			
Other			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Relate	d. See Form 990, Part	X, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation
	·	Cost of end-of-year ma	iket value
			<del></del>
			- <del></del>
			<del></del>
	<del></del>		
		-	
			<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Pa	ort X line 15	1 3 3 2	
Cuter Assets: Occi omi 550, 1 c	(a) Description		(b) Book value
	· · · · · · · · · · · · · · · · · · ·		
	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col.		<u> </u>	
Part X Other Liabilities. See Form 990,	Part X, line 25.		
1. (a) Description of liability	(b) Amount		
Federal income taxes			
			~
		The second secon	and the second of the second o
			s <sup>n</sup> s
		ļ	^ . · · · · · · · · · · · · · · · · · ·
	ļ	3	
	<u> </u>		
	ļ		, , , , , , , , , , , , , , , , , , ,
	<del> </del>		,
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶	1		

Sche	dule D (Form 990) 2009				Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990	to Audit	ed Financial S	tatement	S
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	2794364
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	2507035
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	287329
4	Net unrealized gains (losses) on investments			4	826865
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV.)			8	13039
9	Total adjustments (net). Add lines 4 through 8			9	839904
10	Excess or (deficit) for the year per audited financial statements. Comb  t XII Reconciliation of Revenue per Audited Financial Sta	toments	With Povenu	10	1127233
					3681416
1 2	Total revenue, gains, and other support per audited financial statemer Amounts included on line 1 but not on Form 990, Part VIII, line 12:	າເຮ			0001410
a	Net unrealized gains on investments	2a	82686	5	
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
ď	Other (Describe in Part XIV.)	2d	4994	0	
e	Add lines 2a through 2d			2e	876805
3	Subtract line 2e from line 1			3	2804611
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	1237	6	
b	Other (Describe in Part XIV.)	4b	(22623	3)	
C	Add lines <b>4a</b> and <b>4b</b>			4c	(10247)
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	2794364
Pai	t XIII Reconciliation of Expenses per Audited Financial St	atements	s With Expens	ses per F	
1	Total expenses and losses per audited financial statements			1 200000	2554183
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	<del></del>	-17-2	
b	Prior year adjustments	2b		_	
C	Other losses	2c 2d	5952		
d	Other (Describe in Part XIV.)			2e	59524
	Add lines 2a through 2d			3	2494659
3	Subtract line 2e from line 1	1 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	1237	6	
_	Investment expenses not included on Form 990, Part VIII, line 7b	41			
b	Other (Describe in Part XIV.)			4c	12376
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part i			5	2507035
Pai	t XIV Supplemental Information	, ,		. <u></u>	
	plete this part to provide the descriptions required for Part II, lines 3, 5,	and 9: Pa	art III. lines 1a ar	nd 4: Part	IV. lines 1b
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b				
	part to provide any additional information.				
Par	t XI, Line 8: The audited financial statements include the change in	net asset	s of the AANFN	/ Foundat	ion for Research
& E	ducation, which is an affiliated supporting 501(c)(3) organization wi	th the sar	ne Board of Dir	ectors.	
				• • • • • • • • • • • • • • • • • • • •	
				• • • • • • • • • • • • • • • • • • • •	
Par	t XII, Line 2d: The audited financial statements include the revenue	s, gains, a	and other supp	ort of the	AANEM
Fo	undation for Research & Education, which is an affiliated supporting	501(c)(3)	organization w	ith the sa	me Board of
Dir	ectors.				

D~	_	_	
۲a	a	е	•

Part XIV	Supplemental Information (continued)
Part XII, Lin	e 4b: Cost of Goods Sold are included on Form 990 Part VIII, line 10b but were not deducted from revenue on
the audited	financial statements.
Part XII, Lin	e 2d: The audited financial statements include the expenses and losses of the AANEM Foundation for
Research &	Education, which is an affiliated supporting 501(c)(3) organization with the same Board of Directors. In
addition, th	is amount includes the amount for Cost of Goods Sold that were included in the total audited expenses
but are incl	uded on Form 990 Part VIII, line 10b and not Form 990 Part IX, Line 25.

### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

American Association of Neuromuscular & Electrodiagnostic Medicine

OMB No 1545-0047

Open to Public Inspection

6036691

Employer identification number

41 :

Name of the organization

Department of the Treasury

Internal Revenue Service

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ Housing allowance or residence for personal use ☐ First-class or charter travel □ Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees ☐ Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) ☐ Discretionary spending account à b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 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. ☐ Written employment contract ✓ Compensation committee ☐ Independent compensation consultant ☐ Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . 4c 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. , 3m Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: 5a 5b 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: 6a a The organization?.......... 6b **b** Any related organization? . . . . . If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . . . . . . . . . . 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 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization from 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 colurnns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	+	W to amobacoa (a)	W-2 and/or 1000-MISC compensation	3C componention				
(A) Name	1	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(c) netrement and other deferred compensation	(U) Nortaxane benefits	(a)-(b)(a) (b)(d)-(c)(d)	(r) Compensation reported in prior Form 990 or Form 990-EZ
Shirlyn Adkins (i	€ €	157960	0	0	12663		170623	
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	(ii)							
							Sch	Schedule J (Form 990) 2009

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
Schedule J (Form 990) 2009

## SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

2009

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

▶ Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

41 6036691 American Association of Neuromuscular & Electrodiagnostic Medicine Part VI, Line 6: The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) is a professional medical association comprised of practitioners in the fields of neuromuscular and electrodiagnostic medicine with approximately 5300 members. Part VI, Line 7a: The AANEM has a nominating committee which on a yearly basis chooses the nominees for the positions of President-Elect, Secretary-Treasurer, and two Director positions. At the Annual Business Meeting, the membership is given the opportunity to nominate additional candidates, and then the membership casts votes for the positions. Part VI, Line 7b: If the Board of Directors decides to adopt, amend or repeal Bylaws of the corporation any changes must be voted on and approved by a vote of the membership. Part VI, Line 11A: A completed copy of Form 990 and all related schedules is emailed to the Board of Directors prior to filing with the IRS. Part VI, Line 12c: The Board of Directors and Committee Members are asked annually to disclose any conflicts of interest they may have. At each board meeting, those present are again asked to disclose any conflicts of interest both verbally and in writing for disclosure in the minutes. If someone has a conflict of interest on a topic of discussion, they are asked to either leave the room or refrain from partaking in the discussion and abstain from voting on the topic. Part VI, Line 15b: The Finance Committee headed by the Secretary-Treasurer completes an evaluation of the Executive Director and/or any other Key Employee or Officer annually. The Secretary-Treasurer gets input from key members of the organization that may include the Editor of Muscle & Nerve, the Board President, other Board Members, Committee Chairs, and staff. After completion and discussion of the evaluation, the Finance Committee reviews comparable compensation information for similarly qualified persons in functionally comparable positions at similarly situated organizations. The Finance Committee then sets the compensation and submits it to the full Board of Directors for approval.

Name of the organization	Employer identification nu	mber
American Assoc of Neuromuscular & Electrodiagnostic Medicine	41 60366	91
Part VI, Line 19: The AANEM's Bylaws were on the website; copies of the conflict of inter-	est policies signed by	the Board
and Committee members are filed in the office and available for inspection. Financial info	ormation is reviewed at	the
Annual Business Meeting with the membership, and the annual Form 990 is available for	public inspection at th	e Corporate
Office located at 2621 Superior Dr NW; Rochester, MN 55901 or by written request.		
Part VII, Columns E&F: The AANEM Foundation for Research & Education is the only rela	ated organization and i	t did not
pay any of the Directors or Key Employees any compensation during the year. All Director	ors and Key Employees	s spent
about 0.1 average hours per week on this related organization, except for the Executive D	irector, who averaged	about one
hour per week.		••••••
Part XI, Line 2b: The financial statements were audited on a consolidated basis, as require	red by GAAP, with the	AANEM
Foundation for Research & Education, a related 501(c)(3) organization with a common Bo		
Committee assumes responsibility for the audit and selection of the independent account	tant.	
Schedule R: The American Association of Neuromuscular & Electrodiagnostic Medicine i	is a 501(c)(6) organizat	ion that is
supported in its exempt activities by the AANEM Foundation for Research & Education a	501(c)(3) organization.	
Schedule R, Part V, 2(2): The American Association of Neuromuscular & Electrodiagnost	ic Medicine assists the	AANEM
Foundation for Research & Education with fundraising solicitations by including informat	tion and appeals in its'	mailings
to members and a line on its' membership dues invoice and meeting registration form to	allow members to dona	ate money
to the AANEM Foundation for Research & Education. All funds collected by the AANEM a	are transferred to the F	oundation.
	<b></b>	
Part VI, Line 4: The American Association of Neuromuscular & Electrodiagnostic Medicin	ne membership voted to	o add
membership categories for Technologists and PhD's starting in 2010 at the Annual Busine	ess Meeting held in Oc	tober,
2009. In addition, the Laboratory Accreditation Program, in the development stages since	e 2007, started taking it	s' first
applications in March 2010.		

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

Related Organizations and Unrelated Partnerships

▼ See separate instructions.

OMB No 1545-0047
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Inspection Employer identification number Open to Public

6036691

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. 4 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) American Association of Neuromuscular & Electrodiagnostic Medicine

	(a) Name, address, and ElN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
						:
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	Complete if the organi the tax year.)	zation answered "	'Yes" to Form 990	), Part IV, line 34	because it
						!

mad one of more related tax-exempt organizations during the tax year.	ig the tax year.				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charry status (if section 501(c)(3))	(f) Direct controlling entity
AANEM Foundation for Research & Education 2621 Superior Dr NW, Rochester, MN 55901-8350	Foundation	MS	501(c)(3)	Charitable N/A	N/A

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Cat No 50135Y

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

Page 2

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Percentage ownership managing partner? Yes No General or 3 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 9 (h)
Disproportionate
allocations? ž Yes (f) Share of total income (g) Share of end-of-year Type of entity (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year.) (f) Share of total income (d) (a) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) ច (d)
(Direct controlling | Primary activity ê \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* (c)
Legal
domicile
(state or
foreign Name, address, and ElN of related organization Primary activity Name, address, and EIN of related organization ------Part IV Part III

Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

A NEM Foundation for Research & Education  A Braining of paid enployees      B. Sharing of paid enployees      B. Sharing of paid to other organization for expenses      C. Sharing and by other organization for expenses      C. Sharing of cash or property from other organization(s)      C. If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, and the answer to any of the above is "Yes," see the instructions for information on who must complete this line, and the answer to any of the above is "Yes," see the instructions for information on who must complete this line, and the answer to any of the above is "Yes," see the instructions for information on who must complete this line, and the answer to any of the above is "Yes," see the instructions for information on who must complete this line, and the answer to any of the above is "Yes," see the instructions for information on who must complete this line, and the answer to any of the above is "Yes," see the instructions for information on who must complete this line, and the answer to any of the above is "Yes," see the instructions for information on who must complete this line, and the answer to any of the above is "Yes," see the instructions for information on who must complete this line, and the answer to any of the above is "Yes," see the instructions for information on who must complete this line, and the answer to any of the above is "Yes," see the instructions for information on who must complete this line, and the answer to any of the above is "Yes," see the instructions for information on who must complete this line, and the answer to any of the above is "Yes," see the instruction on who must complete this line, and the answer to any of the above is "Yes," see the instruction of the answer to any of the any of the answer to any of the	including covered relationships and transaction thresholds.  (b)  Transaction  (b)  Transaction  (c)  Transaction  (b)  Transaction  (c)  Transaction  (d)  Transaction  (d)  Transaction  (d)	onships and trar	10 10 10 10 10 10 10 10 10 10 10 10 10 1	esholds.
AANEM Foundation for Research & Education  (2)  AANEM Foundation for Research & Education  (3)	- Z E		undeterminable 8256	minable 8256
(4) AANEM Foundation for Research & Education (5) (6)	E c			7725

# Schedule in (Form 394) zous

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

	4	3	5	-	(6)	٤	5		3
(a) Name, ac dress, and EIN of entity	Primary activity		Are all p	artners		Disproportionate		ge	eral or
		(state or foreign country)	section 501(c)(3) organizations?	on )(3) tions?	end-of-year assets	allocations	of Schedule K-1 (Form 1065)	man par	managing partner?
			Yes	e N		Yes No	0	Yes	ş
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				_					

Schedule R (Form 990) 2009