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# Form **990**

### **Return of Organization Exempt From Income Tax**

2

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

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

_	ror the	ZUII Cale	endar year, or tax year beginning , 2011, and end			, 20	
В	Check if	applicable	C Name of organization American Association of Neuromuscular & Electrod	D Employer identification number			
	Address change Name change		Doing Business As		41-6036691		
			Number and street (or P O box if mail is not delivered to street address) Room/s	suite	E Telephone number		
	_ '		2621 Superior Dr NW			507-288-0100	
	Termina	ted	City or town, state or country, and ZIP + 4				
	Amende	d return	Rochester, MN 55901-8350		<b>G</b> Gross re	eceipts \$	4668042
	Applicat	ion pending	F Name and address of principal officer Shirlyn Adkins	H(a) Is this	a group retum	for affiliates? 🔲 Ye	₃ 🗸 No
			same as above			ncluded? Te	_
$\overline{}$	Tax-exe	mpt status	□ 501(c)(3)	If "N	lo," attach a	a list (see instructi	ons)
J	Website		w.aanem.org	H(c) Grou	o exemption	n number ▶	
ĸ			✓ Corporation Trust Association Other ► L Year of form	ation 1953	M State	of legal domicile	MN
_	art l	Summ			<u> </u>		
	1		escribe the organization's mission or most significant activities: To in	nprove the gu	ality of pa	tient care and	dvance
	'	_	nce of neuromuscular and musculoskeletal diseases and electrodiagnostic				
92			ofessionals who care for those with muscle and nerve disorders. The mi				
Activities & Governance			n, professional standards, advocacy, communications, and research.			9	
Ver	2		is box ▶ ☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets	
Ĝ	3				3	 	10
∞ ∞	4		of independent voting members of the governing body (Part VI, line 11)				10
ţį	5		mber of individuals employed in calendar year 2011 (Part V, line 2a)		5		20
ξį	1				6		300
Ac	6		mber of volunteers (estimate if necessary)		7a		49281
	7a		related business revenue from Part VIII, column (C), line 12				
_	b	Net unre	lated business taxable income from Form 990-T, line 34	Prior Y	7b_	Current Y	30408
			tions and grants (Part VIII, line 1h) . RECEIVED service revenue (Part VIII, line \$9)	Phor to		Current	
Revenue	8		tions and grants (Part VIII, line 1h)		61548		31893
	9		service revenue (Part VIII, line 19)		2113649		2572512
ě	10	Investme	ent income (Part VIII, column (A) lines 3, 4, and 7d)	ļ	77429		174917
	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 8c, 103 and 11e)	ļ	659695		658940
	12	lotal rev	enue—add lines 8 through 11 (muştequal Part VIII, column (A), illiae (2)		2912321		3438262
	13		nd similar amounts paid (Part IX, column (A) lines 31 197.		0		0
	14		paid to or for members (Part IX, column (A) (line 4)		0		0
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	ļ	1167507		1122986
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)		0		0
9	b	Total fun	idraising expenses (Part IX, column (D), line 25) ▶0			<u> </u>	
μΩ	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		1575583		1643541
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2743090		2766527
	19	Revenue	less expenses. Subtract line 18 from line 12		169231		671735
5 9	3			Beginning of C	urrent Year	End of Y	ear
Net Assets or Fund Ralances	20	Total ass	sets (Part X, line 16)		7074049		7326558
88	21	Total liab	pilities (Part X, line 26)		1590154		1436044
2	22		ets or fund balances. Subtract line 21 from line 20		5483895		5890514
Р	art II		ture Block				
- 11	der nens	eltres of peru	uny I declare that I have been more this setum, including accompanying schedules and sta	tements, and to	the best of	my knowledge an	d belief, it is
trı	ie, correc	t, and comp	lete Declaration of preparer (either than officer) is based on all information of which prepa	rer has any know	ledge		
_		Ι.			<u> 787</u>	(19/201	2
Sig	gn	Sigr	nature of office		ate		
	ere	\ <	Sharlan Adkins, Executive Orleafor	_			
		Typ	e or print name and title	-			
_				Date	Charl	□ , PTN	
	aid	'			Check self-em		
	epare	1	name N	E <sub>1</sub> n	n's EIN ▶	<del> </del>	
Use Unity							
Ms	v the I	RS discus	ss this return with the preparer shown above? (see instructions)		one no	<u>  Y</u> e	s No
				. No. 11282Y			990 (2011)
LO	raper	MOIN MEGIL	totion were transfer are an acheriate management.				/

Part	Checklist of Required Schedules		Vaa	No.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	✓	<b>✓</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<del>-</del>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	✓	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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		<b>✓</b>
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		<b>✓</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
	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	11b		✓
	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	11c		<b>✓</b>
	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	11d 11e		1
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		<b>✓</b>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
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, Parts II and IV	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, Parts III and IV	16		1
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 (see instructions)	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		1
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 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	<b>✓</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	Щ.
		For	n <b>99</b> 0	(2011)

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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		1
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		✓
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		1
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	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	_
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	✓	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "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		✓
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	
		For	<del>, 990</del>	12011

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Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 35			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return  20 21 22 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	<b>∀</b>	
b 40	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	<b>V</b>	├
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	-16		
v	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	✓	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<b> </b> _		
	required to file Form 82827	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		-
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <del>9</del>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<b>'</b> ''		
Ū	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.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	ļ	Ė

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			_
<del></del>	Check if Schedule O contains a response to any question in this Part VI	<u>···</u>		. 🗸
Secti	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 10			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . Lib 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<b>-</b>
6 7a	Did the organization have members or stockholders?	6	<b>✓</b>	├─-
'a	one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u> </u>	<u> </u>	
_	stockholders, or persons other than the governing body?	7b	<b>✓</b>	
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	<b>✓</b>	<u> </u>
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	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	_	_
40-	Did the annual action have lead shorters broughts or offiliates?	10a	Yes	No /
10a b	Did the organization have local chapters, branches, or affiliates?	iva	-	<b>V</b>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	· · · ·
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>✓</b>	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	,	
42	describe in Schedule O how this was done	12c	1	
13 14	Did the organization have a written document retention and destruction policy?	14	_	1
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	_	<u> </u>
b	Other officers or key employees of the organization	15b		✓
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	16a		1
b	· · · · · · · · · · · · · · · · · · ·			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None	- FO:	(a)(a)	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	п 501	(C)(3)9	oniy)
40	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	of into	roct -	odio:
19	and financial statements available to the public during the tax year.			JUIICY,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Patrick Aldrich, 2621 Superior Drive NW Rochester, MN 55901-8350 507-288-0100	or the	3	

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COLLU	990	120111	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week	(do not che box, unless officer and		(C) Position (do not check more than box, unless person is bot officer and a director/trus			one n an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Robert T Leshner, MD										
Director 9/08-9/11	2	1						۰ ا	0	0
(2) Michael D Stubblefield, MD	<u> </u>									<del></del>
Director 9/08-9/11	2	1						1100	0	0
(3) Anthony E Chiodo, MD				T-						
Director 10/09-10/12	2	✓			ļ			950	0	0
(4) Kerry H Levin, MD				1						
Director 10/09-10/12	2	✓						о	o	0
(5) Vincent J Tranchitella, MD										
Director 10/10-10/13	2	1						0	0	0
(6) Louis H Weimer, MD		-								
Director 10/10-10/13	2	✓						0	0	0
(7) Andrew H Dubin, MD, MS									<del>-</del> ::	
Director 9/11-10/14	2	✓			l			0	0	0
(8) Vern C Juel, MD									.=	
Director 9/11-10/14	2	✓		l				0	0	0
(9) John D England, MD	]									
Past-President 10/10-9/11	2	✓		✓			<u>l</u>	<u> </u>	0	0
(10) Timothy R Dillingham, MD, MS										
President 10/10-9/11, Past-President 9/11-10/12	2	✓		1				o	0	0
(11) John C Kincaid, MD	]						Γ			
President Elect 10/10-9/11, President 9/11-10/12	2	✓		✓				0	0	0
(12) Peter A Grant, MD	.]									
Secr-Treas 9/08-9/11, President Elect 9/11-10-12	2	1		✓			L	0	0	0
(13) Kevin R Nelson, MD		1								
Secretary-Treasurer 9/11-10/14	2	· ·		✓	<u> </u>	L	_	- 0	0	0
(14) James A Leonard, Jr, MD	.]									
Historian 10/06-10/12	2			1	L	<u> </u>	<u> </u>	0	0	0

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(C)												
	(A)	(B)	(do n	ot ch		ition	than o	(D) (E)			(F)		
	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportable	Estimated			
		hours per week	<del></del>				or/trust	<u> </u>	compensation	compensation fro related	m amount of other		
		(describe	or di	nstr	Officer	₹	뺽	Former	the	organizations	compensation		
		hours for related	red i	Ĕ	ğ	9	lest	ē	organization (W-2/1099-MISC)	(W-2/1099-MISC	from the organization		
		organizations	9 2	nal		Key employee	<sup>©</sup> Si		,		and related		
		in Schedule O)	Individual trustee or director	Institutional trustee		#	Pen				organizations		
			"	8			Highest compensated employee						
(15) Sh	irlyn A Adkins		ļ <u>.</u>	-		├			<del> </del>				
2	tive Director	45				1			186447		14668		
(16)						Ė		1					
3			ŀ		ŀ								
(17)													
3													
(18)													
		l											
(19)													
(20)					ĺ								
			L	<u> </u>	_	_		L					
(21)								ļ	1				
			<u> </u>		ļ	<u> </u>		ļ	ļ				
(22)													
(00)													
(23)													
(24)							<del>                                     </del>	├	<del> </del>				
(24)								ĺ					
(25)					$\vdash$	┢	$\vdash$	╁	<del>  </del>				
32.27								l					
1b	Sub-total			٠.	•			┢	188497		0 14668		
	Total from continuation sheets to Part							▶	0		0 0		
d	Total (add lines 1b and 1c)							▶	188497		0 14668		
2	Total number of individuals (including but							e) w	ho received m	ore than \$100,	000 of		
	reportable compensation from the organi												
											Yes No		
3	Did the organization list any former of							emp	oloyee, or high	est compensa			
	employee on line 1a? If "Yes," complete							•			. 3 ✓		
4	For any individual listed on line 1a, is the	sum of re	portal	ble (	con	npe	nsatio	n a	and other comp	ensation from	the		
	organization and related organizations individual			150,						ledule J for s			
-	Did any person listed on line 1a receive of			neat					 related organia	 vation or individ	. 4 √		
5	for services rendered to the organization												
Section	on B. Independent Contractors	100, 0						-		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
1	Complete this table for your five highest	compensat	ed in	den	end	ent	contr	act	ors that receive	ed more than \$	\$100,000 of		
•	compensation from the organization. Rep												
	year.	•						•	,		· ·		
							(C)						
Name and business address Description of services Compensation						Compensation							
John Wiley & Sons - PO Box 416502 Boston, MA 02241 Journal Subscriptions 3					358584								
	San Francisco Union Square - 333 O'Farrell				١			Но	tel/Convention		202538		
Johns	on Printing Co - 1416 Valleyhigh Dr NW Roc	hester, MN	55901					Pri	inting		113194		
								$oxed{oxed}$					
		<i>r</i> • • •			_1	l ·	L	<u>L</u>		a			
2	Total number of independent contractor		_					o th		ove) wno			
	received more than \$100,000 of compen-	sauvii iivii)	uic 0	ı yal	ııı4d	iciOH			3				

Par	t VIII	Statement of Reve	enue			_		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	s <u>1a</u>					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .						
S, C	С	Fundraising events .	1c					
Gift lar	d	Related organizations						
ž įE	е	Government grants (con						
tio S re	f	All other contributions, g						
ĕĕ		and similar amounts not inc	ــــــــــــــــــــــــــــــــــــــ	31893				,
ă ă	g	Noncash contributions include						
	h	Total. Add lines 1a-1	<u>f.,</u>		31893			
Program Service Revenue	_			- Business Code				
e e	2a	Membership dues		813920	1115415	1115415		
ď	b	Annual Meeting fees		813920	707625	707625		
Š	С	Examination/Maintena	nce fees	813920	283938	283938		
ℬ	d	Accreditation fees		813920	50100	50100		
ä	е	Corporate Support/Sp		813920	415434	415434		
ē.	f	All other program ser						
	g	Total. Add lines 2a-2			2572512			
	3	Investment income and other similar amo	ounts)	•	154821			154821
	5	Royalties	•	•				
			(i) Real	(ii) Personal				
	6a	Gross rents						
	ь	Less: rental expenses		. "				
	С	Rental income or (loss)						
	d	Net rental income or	(loss)	<b>&gt;</b>				
	7a	Gross amount from sales of	(i) Secunties	(ii) Other				· :
		assets other than inventory	1116533					
	b	Less: cost or other basis						
		and sales expenses .	1096437					
	c	Gain or (loss)	20096				•	
	d	Net gain or (loss) .		<u> </u>	20096			20096
evenue	8a	Gross income from fu	undraising					•
Other Rev		of contributions reporte See Part IV, line 18	ed on line 1c).					
¥	b	Less: direct expenses	s <b>b</b>	)				
_		Net income or (loss) f		events . ►				
	9a	Gross income from ga	-					
		See Part IV, line 19 .	$\cdot$ $\cdot$ $\cdot$ $\cdot$ a					
	b	Less: direct expenses						
	С	Net income or (loss) f		ivities ▶				
	10a	Gross sales of in						:
		returns and allowance	<del>-</del>					
	b	Less: cost of goods s						
	<u>c</u>	Net income or (loss) f			130638	130638		
		Miscellaneous F		Business Code				
	11a	Muscle & Nerve Journ	nal Royalties	813920	306766	306766		-
	b	Career Center		813920	85125	42562	42563	
	C	Exhibit Booths		813920	111213			
	d	All other revenue .		813920	25198	18480	6718	
	10 e	Total. Add lines 11a-			528302		40001	474047
	12	Total revenue. See in	HSTRUCTIONS	🟲	3438262	3182171	49281	174917

### Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX							
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and						
	organizations in the United States. See Part IV, line 21						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16						
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	211178	178431	32747			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	752852	648024	104828			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34569	28977	5592			
9	Other employee benefits	65042	54521	10521	_		
10	Payroll taxes	59345	49745	9600			
11	Fees for services (non-employees):						
а	Management						
b	Legal	11231	7983	3248			
C	Accounting	7100		7100	<u> </u>		
d	Lobbying						
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	16653		16653			
	Other	27049	9098	17951			
g 12	Advertising and promotion	13749	10778	2971			
13	Office expenses	147809	128391	19418			
14	Information technology	58633	14579	44054			
15	Royalties				-		
16	Occupancy	116524	87393	29131			
17	Travel	91973	82286	9687			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings .	563135	552842	10293			
20	Interest						
21	Payments to affiliates			<del></del>			
22	Depreciation, depletion, and amortization .	118796	89097	29699			
23	Insurance	54563	39891	14672			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O.)						
а	Muscle & Nerve Journal Subscriptions	358584	358584				
b	Membership Dues to Other Organizations	19752	18622	1130			
C	Federal & MN UBIT	7541	7541				
d	Contribution to Affiliate	25000	25000				
е	All other expenses	5449	2488	2961			
25	Total functional expenses. Add lines 1 through 24e	2766527	2394271	372256			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720)						

Part X	Balance Sheet	(A)	T	(B)
		Beginning of year		End of year
1	Cash-non-interest-bearing	148811	1	30032
2	Savings and temporary cash investments	704052	2	49076
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	227654	4	17267
5	Receivables from current and former officers, directors, trustees, key			
	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)), persons described in section 4958(c)(3)(B), and contributing			
1	employers and sponsoring organizations of section 501(c)(9) voluntary			
·	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	43055	9	3437
10a				
	other basis. Complete Part VI of Schedule D 10a 1928228			
b		1593238		151452
11	Investments—publicly traded securities	4357239	11	481389
12	Investments—other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	7074049	16	73265
17	Accounts payable and accrued expenses	249379	17	20573
18	Grants payable	500040	18	50504
19	Deferred revenue	522349	19	52536
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
22	Secured mortgages and notes payable to unrelated third parties	818426	23	70494
23	Unsecured notes and loans payable to unrelated third parties	818420	24	7043-
25	Other liabilities (including federal income tax, payables to related third			
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	1590154	_	143604
+	Organizations that follow SFAS 117, check here ▶ ✓ and complete			
}	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	5483895	27	58905
28	Temporarily restricted net assets		28	_
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ▶ □ and			
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds .		32	
27 28 29 30 31 32 33	Total net assets or fund balances	5483895	33	589051
34	Total liabilities and net assets/fund balances	7074049	34	732655

D	4	2
Page	ı	4

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01111 00	2011)				.gc •=
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				$\checkmark$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		343	8262
2	Total expenses (must equal Part IX, column (A), line 25)	2		276	6527
3	Revenue less expenses. Subtract line 2 from line 1	3		67	1735
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		548	3895
5	Other changes in net assets or fund balances (explain in Schedule O)	5		(26	5116)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	1			
	column (B))	6		589	0514
Part					
	Check if Schedule O contains a response to any question in this Part XII				
				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," exp	lain in			
	Schedule O.		•		البيد
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		<b>✓</b>
b	Were the organization's financial statements audited by an independent accountant?		2b	<b>/</b>	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over			,	
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	<b>∀</b>	
	If the organization changed either its oversight process or selection process during the tax year, exp. Schedule O.	iain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yea issued on a separate basis, consolidated basis, or both:	were			
٥-	Separate basis Consolidated basis Both consolidated and separate basis  As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in			
3a	the Single Audit Act and OMB Circular A-133?	J. (11 III	За		1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ao the	_ <u>54</u>		<del>                                     </del>
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3ь		
				n <b>99</b> 0	(2011)
			. 0		,,,

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

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

മെ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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

		that have NOT filed Form 5768 (electio			•
	-	" to Form 990, Part Ⅳ, line 5 (Proxy ໄ	Tax) or Form 990-E	Z, Part V, line 35c (Proxy Ta	ax), then
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			N/L
	of organization			Employer ider	ntification number
		uscular & Electrodiagnostic Medicin			41-6036691
		e organization is exempt und			organization.
1	•	the organization's direct and indire			
2	•				) 
3	Volunteer nours		• • • • •		
Part		e organization is exempt und			··
1		excise tax incurred by the organiza			
2		excise tax incurred by organization			
3	•	ed a section 4955 tax, did it file Fo	•		
4a					Yes No
b	If "Yes," describe in Part	IV.		\ F04	(-)(0)
	I-C Complete if the	e organization is exempt und	er section 501(	c), except section 501	(C)(3).
1		ly expended by the filing organiz			
2	Enter the amount of the	filing organization's funds contrib	uted to other org	anizations for section	
	527 exempt function acti	vities		🕨 \$	
3	Total exempt function e	expenditures. Add lines 1 and 2	Enter here and	on Form 1120-POL,	
4	Did the filing organization	n file Form 1120-POL for this year	7		🔲 Yes 📋 No
5	Enter the names, address	ses and employer identification nui	mber (EIN) of all se	ection 527 political organi	zations to which the filing
		ents. For each organization listed,			
		ontributions received that were pro			
	as a separate segregated	fund or a political action committee	ee (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0	contributions received and promptly and directly
				lunus ii none, enter -o	delivered to a separate
					political organization If none, enter -0-
	·				mono, onto
(1)		<b></b>			
				<del></del>	
(2)		 		]	
(3)					
(4)					
 (5)					
(6)			ł	l .	1

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P;	'n	A	2

Schedule C (Form 990 or 990-EZ) 2011

SCITE	Edule C (FOITH 990 OF 990-EZ) 2011					raye 🕰
	rt II-A Complete if the organization section 501(h)).					
	Check ► ☐ if the filing organization belo name, address, EIN, expens	ses, and shar	e of excess lobb	ying expenditu	res).	up member's
В	Check ▶ ☐ if the filing organization check			rol" provisions a	apply.	
	Limits on Lobby				(a) Filing	(b) Affiliated
	(The term "expenditures" mea				organization's totals	group totals
1	, , ,					
	<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			))		
	c Total lobbying expenditures (add lines 1a	and 1b) .				
	<b>d</b> Other exempt purpose expenditures					
	<ul> <li>Total exempt purpose expenditures (add I</li> </ul>					
	f Lobbying nontaxable amount. Enter th columns.	ne amount fr	om the following	table in both		<del> </del>
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
	Not over \$500,000	20% of the arr	ount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000				
	g Grassroots nontaxable amount (enter 25%	•				
	h Subtract line 1g from line 1a. If zero or les	s, enter -0-				
	i Subtract line 1f from line 1c. If zero or less					
	j If there is an amount other than zero or reporting section 4911 tax for this year?		1h or line 1i, did			Yes No
	(Some organizations that mad columns below. So	le a section 5 ee the instruc	tions for lines 2a	not have to com through 2f on p		
	Lobbying I	<b>Expenditures</b>	During 4-Year Av	eraging Period	<del></del>	
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					···
	f Grassroots lobbying expenditures					

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled i	Form	
	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	Ť	a)	(b)
or tne	lobbying activity.	Yes	No	Amount
1	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:		,	
а	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?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			_
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), c	or se	ction
				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 carry over lobbying and political expenditures from the prior year? .			3 /
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."		Part	
1 2	Dues, assessments and similar amounts from members		1	
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 of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?	ing '		
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Pari		<u> </u>		
Comp	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Io, complete this part for any additional information.	Part II	l-A; a	nd Part II-B, line

	Chedule C (Form 990 or 990-EZ) 2011 Page <b>4</b>			
Part IV	Supplemental Information (continued)			
	,			
***************************************		••••		

### **SCHEDULE D** (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047 2011

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

▶ Attach to Form 990. ▶ See separate instructions. Inspection Employer identification number

Americ	an Association of Neuromuscular & Electrodia	41-6036691				
Par	Organizations Maintaining Don	or Advised Funds or Other Similar Fu	nds or Accounts. Complete if the			
	organization answered "Yes" to F	form 990, Part IV, line 6.	-			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate contributions to (during year) .					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised			
	funds are the organization's property, subje	ct to the organization's exclusive legal cont	rol? Yes 🗌 No			
6	Did the organization inform all grantees, do	onors, and donor advisors in writing that gr	ant funds can be used			
	only for charitable purposes and not for th					
		<u></u>				
Part	II Conservation Easements. Com	plete if the organization answered "Yes	" to Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held	by the organization (check all that apply).				
	Preservation of land for public use (e.g.,	recreation or education)   Preservation	of an historically important land area			
	☐ Protection of natural habitat ☐ Preservation of a certified historic structure					
	☐ Preservation of open space					
2	Complete lines 2a through 2d if the organiz	ation held a qualified conservation contribut	tion in the form of a conservation			
	easement on the last day of the tax year.					
			Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation ea	sements	2b			
C	Number of conservation easements on a ce	• •				
d	Number of conservation easements inclu-		t on a			
	historic structure listed in the National Regi					
3	Number of conservation easements modifie	ed, transferred, released, extinguished, or te	rminated by the organization during the			
	tax year ►					
4	Number of states where property subject to					
5	Does the organization have a written po					
	violations, and enforcement of the conserva					
6	Staff and volunteer hours devoted to monit	oring, inspecting, and enforcing conservation	n easements during the year			
_	<u></u>					
7	Amount of expenses incurred in monitoring	, inspecting, and enforcing conservation ear	sements during the year			
_	<b>▶</b> \$	d an line O(a) above estings the requirements	of coction 170(b)/4)/P)			
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?					
_	() ( // // // //					
9	In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the	eports conservation easements in its reveni	ue and expense statement, and			
	organization's accounting for conservation		mancial statements that describes the			
Part		ections of Art, Historical Treasures, o	or Other Similar Assets			
Part		wered "Yes" to Form 990, Part IV, line 8				
10	If the organization elected, as permitted ur					
1a	works of art, historical treasures, or other					
	public service, provide, in Part XIV, the text					
h	If the organization elected, as permitted u					
U	works of art, historical treasures, or other					
	public service, provide the following amour		,			
	(i) Revenues included in Form 990, Part VI	<del>-</del>	<b>&gt;</b> \$			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works	s of art, historical treasures, or other simil	ar assets for financial gain, provide the			
_	following amounts required to be reported	under SFAS 116 (ASC 958) relating to these	items:			
а	Revenues included in Form 990, Part VIII, li					
	Assets included in Form 990, Part X					

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection thems (check all that apply):  a  Public exhibition	Part	II Organizations Maintaining						
a   Public exhibition   d   Loan or exchange programs   b   Scholarly research   e   Other   c   Preservation for future generations   4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No   Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV,   In er go, or reported an amount on Form 990, Part X, line 21.  1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not   cincluded on Form 990, Part X, line 21.  1b   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not   cincluded on Form 990, Part X, line 21.  1c   Seginning balance   1c   Amount   1c   Amount   1c   1d   Seginning balance   1d   Seginning balance   1d   1d   Seginning balance   1d   Seginning balance   1f   1d   Seginning balance   1f   Seginning balance   1f   1d   Seginning balance   1f   S	3	Using the organization's acquisition, a	accession, and otl	her records, c	neck any of th	e follov	ving that are a s	ignificant use of its
b		collection items (check all that apply):						
c	а	☐ Public exhibition		d 🗆 Lo	an or exchang	ge prog	rams	
c	b	☐ Scholarly research						
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization assests to the sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  In is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If yes No bit "Yes," explain the arrangement in Part XIV and complete the following table:  Amount  C Beginning balance 1			<b>,</b>		**********			
SIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization?      Part IV	_			and explain ho	w they further	the org	janization's exen	npt purpose in Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?					-			
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	5	During the year, did the organization	solicit or receive	donations of a	rt, historical t	reasure	s, or other simila	ar
Part IV								
line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2 Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21?  Did the organizations  (a) Ourrent year  (b) Prory year (c) Two years back (d) Three years back (e) Four	Part							
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?								, ,
Included on Form 990, Part X7		Is the organization an agent, trustee,	custodian or oth	er intermediar	y for contribut	tions or	other assets no	ot
b If "Yes," explain the arrangement in Part XIV and complete the following table:  C Beginning balance		•						_
C   Beginning balance       C	h							
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?  2b Did the organization include an amount on Form 990, Part X, line 21?  2c Did the organization include an amount on Form 990, Part X, line 21?  2d Did the organization include an amount on Form 990, Part X, line 21?  2d Did the organization include an amount on Form 990, Part X, line 21?  2d Did the organization include an amount on Form 990, Part IV, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Part V Endowment Funds and programs (a) Current year (b) Pror year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Three years back (e) Four years back (	_	The Too, explain the arrangement in the			9		A	mount
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?  2b Did the organization include an amount on Form 990, Part X, line 21?  2c Did the organization include an amount on Form 990, Part X, line 21?  2d Did the organization include an amount on Form 990, Part X, line 21?  2d Did the organization include an amount on Form 990, Part X, line 21?  2d Did the organization include an amount on Form 990, Part IV, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Part V Endowment Funds and programs (a) Current year (b) Pror year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Three years back (e) Four years back (	_	Reginging balance				10		<del></del>
Ending balance   16	_							
Ending balance		_ ·						
2a Did the organization include an amount on Form 990, Part X, line 21?							<del></del>	
Diff "Yes," explain the arrangement in Part XIV.								☐ Yes ☐ No
Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   Table   Endowment		•		art X, III 6 2 1 7		• •		050
(a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Tree ye		V Endowment Funds Complete	ate if the organiz	ation answer	ed "Yes" to I	Form 9	90 Part IV line	10
18 Beginning of year balance	r ai l	Endowment runds. Comple						
b Contributions	40	Paginning of year balance				_		
C Net investment earnings, gains, and losses	_							
cosses   (2834)   20559   34174   (58235)     d   Grants or scholarships   0   0   0   0   0     e   Other expenditures for facilities and programs   4864   6198   4412   6413     f   Administrative expenses   790   789   731   900     g   End of year balance   176872   185360   171588   142557     2   Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a   Board designated or quasi-endowment   100 %     b   Permanent endowment   0 %   0 %     Temporarily restricted endowment   0 %   0 %     The percentages in lines 2a, 2b, and 2c should equal 100%.   3a   Are there endowment funds not in the possession of the organization that are held and administered for the organization by:   (i) unrelated organizations   3a(ii)   √     d   Describe in Part XIV the intended uses of the organization's endowment funds.    Part VI   Land, Buildings, and Equipment. See Form 990, Part X, line 10.   Describe in Part XIV the intended uses of the organization's endowment funds.   Cost or other basis (b) Cost or other basis (c) Accumulated depreciation   (d) Book value   (d) Book value   (d) Book value   (d) Buildings   (								<u> </u>
d Grants or scholarships 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C		(2024)	20.	:=0	24174	(5923	
e Other expenditures for facilities and programs								
Programs   A864   6198   4412   6413	_	·			4			<u> </u>
f Administrative expenses	е		4004	_		4442	641	2
g End of year balance	_	· -						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ 100 %  b Permanent endowment ▶ 0 %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations								
a Board designated or quasi-endowment ▶ 100 %  b Permanent endowment ▶ 0 %  c Temporarily restricted endowment ▶ 0 %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	_							<u>′</u>
b Permanent endowment ▶ 0 %  C Temporarily restricted endowment ▶ 0 %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	2				ig, column (a	a)) neid	as:	
Temporarily restricted endowment ▶ 0 % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations		_		<u></u> %				
The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	þ							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	С							
organization by:  (i) unrelated organizations	_	The percentages in lines 2a, 2b, and 2	c should equal 10	10%.			luninintaunud fav th	
(ii) unrelated organizations	За		e possession of th	ne organization	that are neto	ano ao	iministered for tr	
(ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  240802  b Buildings  c Leasehold improvements  d Equipment  d Equipment  Other  138138  62205  75933		· ·						
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  240802  b Buildings		•						<del>- ''' </del>
4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value (other) (a) Equipment (d) Book value (d) Book v								
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         240802         240802         240802           b Buildings         1119543         161440         958103           c Leasehold improvements         429745         190061         239684           e Other         138138         62205         75933								30   4
Description of property   (a) Cost or other basis (other)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value								<del></del>
(investment)         (other)         depreciation           1a Land           240802         240802           b Buildings           1119543         161440         958103           c Leasehold improvements </th <th>Part</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>(0.0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-</th>	Part							(0.0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
b Buildings		Description of property						(a) Book value
c Leasehold improvements	1a	Land			240802			240802
c       Leasehold improvements	b	Buildings			1119543		161440	958103
d Equipment								
e Other		·			429745		190061	239684
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 1514522		• •			138138		62205	75933
	Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, col	umn (B), line 1	0(c).)		1514522

Part VII	Investments - Other Securities	s. See Form 990. Part )	K. line 12.	Page C
	Description of security or category     (including name of security)	(b) Book value	(c) Method of Cost or end-of-ye	
(1) Financia	I denvatives	1		<del>_</del> <del>_</del>
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)		<u></u>		
(G)				
(H)				
<u>(I)</u>				
	(b) must equal Form 990, Part X, col. (B) line 12.)	1 0 5 000 B	V II 40	
Part VIII	Investments-Program Relate			
	(a) Description of investment type	(b) Book value	(c) Method o Cost or end-of-yea	
_(1)		<u> </u>		
(2)				
(3)				
(4)				
(5)				<del></del>
(6)			<u> </u>	
(7)		<u> </u>	<del></del>	<del></del>
(8)				
<u>(9)</u> (10)	······································		<del></del>	
	(b) must equal Form 990, Part X, col. (B) line 13)	-		
Part IX	Other Assets. See Form 990, P.			
		(a) Description		(b) Book value
(1)		· · · · · · · · · · · · · · · · · · ·		
(2)		<del></del>		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	ımn (b) must equal Form 990, Part X, c		<u></u>	<u> </u>
Part X	Other Liabilities. See Form 990			
1.	(a) Description of liability	(b) Book value		
	income taxes	-		
(2)		<del> </del>		
(3)		<del>                                     </del>	_	
(5)		<u> </u>		
(6)				
(7)		· · ·		
(8)		<del>  </del>	_	
(9)	<del></del>			
(10)				
(11)		-		
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶			
	SC 740) Footnote In Part XIV provide		to the organization's financial sta	tements that reports the

Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3438262
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2766527
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	671735
4	Net unrealized gains (losses) on investments	4	(265116)
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	62152
9	Total adjustments (net). Add lines 4 through 8	9	(202964)
_10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	468771
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	3382272
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3554952
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 16653		
b	Other (Describe in Part XIV.)		4
C	Add lines 4a and 4b	4c	<del></del>
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3438262
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
1	Total expenses and losses per audited financial statements	1	2913501
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV.)		163627
e	Add lines 2a through 2d	2e	-
3	Subtract line 2e from line 1		2/496/4
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b 4a 16653		
a			
b	•	4c	16653
С 5	Add lines <b>4a</b> and <b>4b</b>	5	-
	XIV Supplemental Information		2700327
Comp Part V any a	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P (, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com diditional information.	plete	e this part to provide
Part \	/, Line 4: The American Association of Neuromuscular & Electrodiagnostic Medicine Foundation for Reseat	rcn &	Education is a related
	(3) organization through a common Board of Directors. The Foundation holds two Board-designated endo		
	sented annually for original research in neuromuscular and electrodiagnostic medicine to encourage medic		
resea	rch The second is the Olney Lectureship Endowment, which was established to fund the speaker chosen t	o pr	esent the Richard K.
Olney	Lecture at the Plenary Session at the AANEM Annual Meeting.		

Schedule D (Form 990) 2011

Part XIV S	upplemental Information (continued)
Part XI, Line 8:	The audited financial statements include the change in net assets of the American Association of Neuromuscular &
Electrodiagnost	ic Medicine Foundation for Research & Education (Foundation), which is an affiliated supporting 501(c)(3) organization with
the same Board	of Directors.
Part XII, Line 2d	The audited financial statements include the revenues, gains, and other support of the Foundation.
Part XII, Line 4b	: Cost of Goods Sold are included on Form 990, Part VIII, line 10b, but were not deducted from revenue on the audited
financial statem	ents.
Part XIII, Line 20	l: The audited financial statements include the expenses and losses of the Foundation. In addition, Cost of Goods Sold
were included in	the total audited expenses, but are included on Form 990, Part VIII, Line 10b and not on 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.

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

American Association of Neuromuscular & Electrodiagnostic Medicine

Part I Questions Regarding Compensation

Employer identification number 41-6036691

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
_	If any of the house on line to are absolved, did the exempiration follows a written policy recording payment			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
_	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	ID		
2	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
	directors, trustees, and the OEO/Executive Director, regarding the items checked in line tar	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	✓ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
	•	4a		
а	Receive a severance payment or change-of-control payment?	4b	$\vdash$	<b>V</b>
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4c		<u> </u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	40	l	<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of:			
а	The organization?	5a		
	Any related organization?	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			
U	compensation contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		$\vdash$
D	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
•	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	1	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	Ė	<del>                                     </del>	<del></del>
U	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	٣		<del>                                     </del>
9	Regulations section 53.4958-6(c)?	9		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note. The sum of columns (b)(I)—(iii) for each listed individual must equal title total arribonit of Forti 930, Fart VIII, Section A, line 14, applicable columns (b)(I)—(iii) for each listed individual.  (B) Breakdown of W-2 and/or 1099-MISC compensation	or eac	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	II VII, Section A, III E	a, applicable column	ו (כ) מוס (ב) מווסמו	S to triat markingai.
(A) Name		(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred	(b) Nontaxable benefits	(E) lotal of columns (B)(I)–(D)	(F) Compensation reported as deferred in prior Form 990
				compensation				
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							S	Schedule J (Form 990) 2011

### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2011

Open to Public

41-6036691

Department of the Treasury Internal Revenue Service Name of the organization

American Association of Neuromuscular & Electrodiagnostic Medicine

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

▶ Attach to Form 990 or 990-EZ.

Inspection Employer identification number

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, musculoskeletal, 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 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 11b: A completed copy of Form 990 and all related schedules is emailed to the Board of Directors for their approval 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 15a: 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 the professional journal 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.

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chedule O (Form 990 or 990-EZ) (2011)	Page
lame of the organization	Employer identification number
American Association of Neuromuscular & Electrodiagnostic Medicine	41-6036691
Part VI, Line 19: The AANEM's Bylaws are on the association's website or can be obtained	ed by written request; copies of the conflict of
interest policy signed by the Board and Committee members are filed in the Corporate O	ffice and are available for inspection. Financial
information is reviewed at the Annual Business Meeting with the membership, and the ar	nnual Form 990 is available for public inspection at
the Corporate Office, located at 2621 Superior Drive NW Rochester, MN 55901 or by writt	en request.
Part XI, Line 5: Other changes in net assets for the year include a net unrealized loss on	investments of (\$265116).
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# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

American Association of Neuromuscular & Electrodiagnostic Medicine

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions. ► Attach to Form 990.

Related Organizations and Unrelated Partnerships

Open to Public Inspection

**Employer Identification number** 41-6036691

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2011 (f)
Direct controlling
entity 8 Identification of Related Tax-Exempt Organizations (Complete of 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.) Yes (f)
Direct controlling
entity (e) End-of-year assets Charitable N/A (e)
Public chanty status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 501(c)(3) (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c) Legal domicile (state or foreign country) (b) Primary activity Ž (b) Pnmary activity Foundation For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) AANEM Foundation for Research & Education 2621 Superior Dr NW Rochester, MN 55901-8350; 41-1826063 (a) Name, address, and EIN of disregarded entity (a)
Name, address, and EIN of related organization (1) Partl Part II € ල 9 € 9 9 8 9 8 ପ

Page 2		(k) Percentage ownership									, ≥	(h) Percentage ownership					!			990) 2011
V line 37	10, IIIE 3.	General or Promanaging o partner?	Yes No	_							990, Part	(g) Share of end-of-year assets								Schedule R (Form 990) 2011
m 990) 2011 Identification of Belated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 000. Bart IV. line 34	OIIII 990, rai	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1085)									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.)	Share of total Si income end-of	<u></u>							Sched
4 "Yes" to		Disproportonate anoual accations? Sc	S S								answered " ir.)	(e) Type of entity (C corp., S corp., or trust)								
oue were	a iswaid	(g) Share of end-of- Disprayear assets allo	Yes								ganization the tax yea									
citezinepa	ax year.)								<u> </u>		te if the or ust during t	(d) Direct controlling entity								
ote if the	uring the ta	(f) Share of total income									lst (Comple ration or tru	(c) Legal domicile (state or foreign country)								
hip (Comp	rtnership d	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)									tion or Tru as a corpo	Legs (s)								
a Darthere	ed as a ba										a Corpora	(b) Primary activity								
axahla ac	ations treat	(d) Direct controlling entity									axable as organizatio	Primé		÷						
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Total Organ	more relat	activity									ited Organ one or mo	od organization								
on of Bels	because it had one or more related organizations treated as a partnership during the tax year.)	(b) Primary activity									Indentification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization are Inc. 1). In the organization are Inc. 24 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization								
n 990) 2011	oecause it	and EIN									Identificati	ате, address, а								
[일	Part III	(a) Name, address, and EIN of related organization		(1)	(2)	(6)	(4)	(5)	(9)	(i)	Part IV	Ž	(1)	(2)	(3)	(4)	(5)	(9)	۵	

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Schedule R (Form 990) 2011

Part V Transactic

1000		<u> </u>	<u> </u>	>	>	>	>	>	<i>&gt;</i>	>		<b> </b>		<u> </u>	>	>	<b>&gt;</b>	<b>/</b>	<u>&gt;</u>	<b>/</b>	sholds.	stermining ivolved							Caba dade O VE a 000) 0044
f		1a	9	10	<b>1</b> 9	<b>1</b>	<b>÷</b>	t 6	1h	Ę		¥	<b>*</b>	=	두	Ę	10	1р	19	11	action thre	(d) Method of determining amount involved	25000 payment		18110 allocation	allocation	11658 payments		!
	in Parts II-IV?										· · ·	•		· · · · · · · · · · · · · · · · · · ·							relationships and trans	(c) Amount involved	25000	undeterminable	18110	26547	11658		•
	d organizations listed i									•	· · · ·					•					ne, including covered r	(b) Transaction type (a–t)	٥	k	ш	u	d		
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	b Gift. grant. or capital contribution to related organization(s)		d Loans or loan quarantees to or for related organization(s)		f Sale of assets to related organization(s)	g Purchase of assets from related organization(s)		i Lease of facilities equinoment or other assets to related organization(s)		i Lease of facilities equipment or other assets from related organization(s)	/ Lower of sequence or membership of fundraising solicitations for related organization(s)	Performance of services or membership or fundraising solicitations by related organization(s)	m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<b>o</b> Reimbursement paid to related organization(s) for expenses	p Reimbursement paid by related organization(s) for expenses	<b>q</b> Other transfer of cash or property to related organization(s)		2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	(a) Name of other organization	American Association of Neuromuscular & Electrodiagnostic Medicine Foundation for Research & Education (1)	American Association of Neuromuscular & Electrodiagnostic Medicine Foundation for Research & Education	American Association of Neuromuscular & Electrodiagnostic Medicine Foundation for Research & Education	American Association of Neuromuscular & Electrodiagnostic Medicine Foundation for Research & Education (4)	American Association of Neuromuscular & Electrodiagnostic Medicine Foundation for Research & Education	(9)	

# Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

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 angle and a related organization. See instructions regarding exclusion for certain investment partnerships.

or gross revenue) that was not a related organization. See instructions regarding exclusion or certain investment particles in pos-	ganization. See	Instructions re	garding exclusion		L Cel la	i iivestiiietit pa	a une simps.	3	8		$\mid$	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all pa	artners	Share of	(9) Share of	Usproportionate				(K) Percentage
			income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	on (3) tions?	total income	end-of-year assets	allocations?	of Schedule K-1 (Form 1065)	managing partner?	<del> </del>	ownership
				Yes No	S N			Yes No	٥	Yes No	9	
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									Sch	edule R (	Form 9	Schedule R (Form 990) 2011

Part VII	Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
Part II: The	e American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) is a 501(c)(6) organization that is supported by
the activitie	es of the American Association of Neuromuscular & Electrodiagnostic Medicine Foundation for Research & Education
(Foundatio	n), a 501(c)(3) organization. The Board of Directors of the AANEM are elected by its members and per the Foundation's By-Laws
become its	Board of Directors.
Part V, Line	e 2(2): The AANEM assists the Foundation with fundraising solicitations by including information and appeals in it mailings to
members a	and allows members to donate to the Foundation when paying dues or registering for meetings. All funds collected by the AANEM
are transfe	rred to the Foundation on at least a semi-annual basis.
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