

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Iscome Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Form 990 (2013)

617

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	<u>A F</u>	or the	2013 calendar year, or tax year beginning $OCT = 1$, 2013 and ending	SEP 30, 2014	
	Всн	eck if	C Name of organization	D Employer identific	ation number
	ар	plicable	THE EDUCATION & RESEARCH FOUNDATION FOR		
		Addres change	NUCLEAR MEDICINE & MOLECULAR IMAGING		
	X	Name change	Doing Business As	23-7	048300
		Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su		
•		Termin			507-5127
		ated Amend		G Gross receipts \$	1,639,488.
		Ireturn Applica	· · · · · · · · · · · · · · · · · · ·		
	L	ltiön pendin		H(a) Is this a group re for subordinates	
			, ,		
			SAME AS C ABOVE	H(b) Are all subordinates in	
		_			list (see instructions)
			e: WWW.MIERF.ORG	H(c) Group exemption	
				ear of formation: 1973 N	State of legal domicile: 11
	Ра		Summary		
	e l		Briefly describe the organization's mission or most significant activities	0011101110 01 00	
	Governance			ROVIDING CASS	
	틸		Check this box 🕨 📖 if the organization discontinued its operations or disposed of m	1 1	
	٥		Number of voting members of the governing body (Part VI, line 1a)	3	15
	ತ		Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	<u> </u>
	Activities &	6	Total number of volunteers (estimate if necessary)	6	21
	Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
		b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
				Prior Year	Current Year
	a	8	Contributions and grants (Part VIII, line 1h)	300,749.	96,854.
	5	9	Program service revenue (Part VIII, line 2g)	0.	0.
	Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	243,985.	307,497.
	~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,100.	658.
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	545,834.	405,009.
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	353,000.	478,750.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	ý		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	JSe		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	Expenses		Total fundraising expenses (Part IX, column (D), line 25) 130, 274.		
	ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	444,186.	344,757.
(Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	797,186.	823,507.
			Revenue less expenses. Subtract line 18 from line 12 RECEIVED	<251,352.	
ANNED	Assets or Balances			Beginning of Current Year	End of Year
Z	and	20	Total lassets (Part X, line 16) Total liabilities (Part X, line 26)	7,825,194.	7,534,370.
	Ass		Total assets (Part X, line 16) Total liabilities (Part X, line 26) Total liabilities (Part X, line 26)	257,147.	121,088.
	Per /		Net assets or fund balances Subtract line 21 from line 20	7,568,047.	7,413,282.
AUG		rt II	Signature Block QGDFN IIT		
			lities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
(z=24) See			t, and complete. Declaration of pregarer (other than officer) is based on all information of which prep		1
			N/MSOUNDANCE		2115
2013	Sign	,	Signature of officer	Date	
Œ.	Her		THERESA PINKHAM, EXECUTIVE DIRECTOR		
		_	Type or print name and title		
			Print/Type preparer's name Reparer's signature	Date / Check	PTIN
	Paid		MARCY STEINDLER WWY TUMU	1/9//5 If self-employ	P00573131
	Prep		Firm's name MANN. WEITZ & ASSOCIATES L.L.C.	Firm's EIN	36-3963131
	Use		Firm's address 111 DEER LAKE ROAD, SUITE 125	, , , , , , , , , , , , , , , , , , , ,	
		,	DEERFIELD, IL 60015	Phone no (8	47)267-3400
	May	the II	RS discuss this return with the preparer shown above? (see instructions)	11 110110 1101 ()	X Yes No

332002 10-29-13

4d

<u>4e</u>

Other program services (Describe in Schedule O)

Total program service expenses

including grants of \$

528.

227.

(Revenue \$

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A .	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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		_X_
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		<u>X</u>
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		<u>X</u>
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_		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		37
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	_		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
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	10	- 22	
• •	as applicable	'		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	<u>X</u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	128		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
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		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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	4-		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		X
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u> -		
-	complete Schedule G, Part III	19		_x_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

NUCLEAR MEDICINE & MOLECULAR IMAGING

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 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 X 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 25a 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 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 Х Schedule L. Part I 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II <u>X</u> 26 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 X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c 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 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 X 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2013)

Note. All Form 990 filers are required to complete Schedule O

		<u>- /048300</u>) <u>P</u>	age 5
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
1a		6		
b		0		
C	o , , , , , , , , , , , , , , , , , , ,			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	Ļ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u>.</u>	X
С	: 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 so	plicit		
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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	ne payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requi	red? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1	098⋅C? 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the	year? 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		ĺ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
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			
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)			
12a		12a		
b	and the second s			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b				
	organization is licensed to issue qualified health plans	1		
С				
14a	- 11	14a		X
	- ,	<u></u>		

Form 990 (2013)

14b

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2013)

NUCLEAR MEDICINE & MOLECULAR IMAGING

23-7048300

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	_ Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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	15		_
	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	15		
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		Х
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	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
•-	more members of the governing body?	7a		x
b		-:=-		
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1		 -
а	The governing body?	8a	х	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	_
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		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
		·	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	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 filing the form		Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	<u> </u>		
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a	x	
	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1.55		<u>├</u>
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s o	nly) availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply	,,	-	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest polic	v. and final	ncial	
	statements available to the public during the tax year	,, iii iui		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	anization:	-	
	THERESA PINKHAM - 402-507-5127			
	14301 FIRST NATIONAL BANK PARKWAY, SUITE 100, OMAHA, NE 681	54	_	
33200	6 10-29-13		990	(2013)

Form 990 (2013) NUCLEAR

NUCLEAR MEDICINE & MOLECULAR IMAGING

<u>23-7048300</u>

Page 7

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

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

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.

(A) Name and Title	(B) Average hours per week	box	not cl , unle:	ss pe	itior more rson	than is bot or/trus	h an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HAZEM H. CHEHABI, MD	10.00					}				•
PRESIDENT	F 00	X	-	Х		-		0.	0.	0.
(2) ROBERT W. ATCHER, PH.D	5.00	J.		v				0.	0.	0
VICE PRESIDENT	5.00	X		X	_	\vdash	_	U•		0 .
(3) FRANCES K. KEECH, MBA, RT(N)	3.00	x		X				0.	0.	0.
TREASURER (4) ROY BROWN, BS, MBA	2.00	^		Λ				•	•	
DIRECTOR	2.00	x	1					0.	0.	0.
(5) VALERIE R. CRONIN, CNMT, FSNMMI	2.00							•	•	
DIRECTOR		X						0.	0.	0.
(6) MICHAEL D. DEVOUS, DR., PHD	2.00									
DIRECTOR		X	<u> </u>					0.	0.	0.
(7) WARREN R. JANOWITZ, MD, JD	2.00									
DIRECTOR		X	_			<u>. </u>		0.	0.	0.
(8) PEGGY SQUIRES, CNMT, NCT	2.00	ł			1					
DIRECTOR		X	<u> </u>			╁		0.	0.	0.
(9) SUSAN WELCH	2.00	٠,								
DIRECTOR	2 00	X				+	\vdash	0.	0.	0
(10) FRANCES L. NEAGLEY, CNMT, FSNMT	2.00	X						0.	0.	0.
DIRECTOR CHELTON MD	2.00	A				+			0.	0
(11) DAVID K. SHELTON, MD DIRECTOR	2.00	x						0.	0.	0.
(12) WILLIAM C. LAVELY, MD	2.00							<u>-</u>		
DIRECTOR		\mathbf{x}						0.	0.	0
(13) JOSH MAILMAN	2.00									
DIRECTOR		X				<u>L</u>	L.	0.	0.	0
(14) PAUL C. HANSON, CNMT	2.00									
DIRECTOR		X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	L	0.	0.	0
(15) PETER CONTI, MD	10.00	1								
PAST PRESIDENT, FUNDRAISING CHAIR	10 2	X	Ļ _	X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0
(16) THERESA PINKHAM	40.00	-								
EXECUTIVE DIRECTOR		 	├	X		┼-	├	0.	0.	0
	1	1	i	1	1	1	1	I .	1	1

Form 990 (2013)

Form 990 (2013)

THE EDU TION & RESEARCH FOUNDATION NUCLEAR MEDICINE & MOLECULAR IMAGING

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos			one	Reportable	Reportable		Es	tımate	d
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensatio		am	ount o	of
		week (list any	_	cer an		II GCIC	Jirus	(ee)	from	from related			other	
		hours for	Individual trustee or director				_		the	organization (W-2/1099-MIS			pensa om the	
		related	10 9	ig Ste			safe		organization (W-2/1099-MISC)	(44-27 1099-1411)	"		anızatı	
		organizations	truste	al trus		yee	mper		(17 2) 1000 111100)			_	relate	
		below	ld ua	Institutional trustee	 ₁₅	Key employee	estco	<u>ة</u>			ł	orga	nızatıc	ons
		line)	횰	instr	Officer	Key	Highest compensated employee	Former						
										-				
			1											
			Ļ_			Ļ	Ļ	_						
]											
			Ļ	_		L	<u> </u>							
			1	Ì										
			ļ	<u> </u>		Ļ.,	<u> </u>							
		ļ	1			l								
		-	<u> </u>			ļ	_							
			 —			<u> </u>	ļ							
			┨			l		ļ				ı		
			 —	-	_	-								
			-			İ								
			₩.			-	┼	ļ						
			-	ĺ										
			<u> </u>	<u> </u>	<u> </u>	ļ	<u> </u>	_	 					_
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<u>d</u>				1			- \ 1	<u> </u>					-	0.
2	Total number of individuals (including but i	not ilmited to tr	nose	IISTE	eo a	DOV	e) wi	no r	eceived more than \$100	,000 of reportab	le			^
	compensation from the organization					_							Yes	0 No
_	Did the exceptation list only former officer	director or tr	ıcto	o ka		mala		~-	highest companyated a	malayaa an			163	140
3	Did the organization list any former officer			e, ke	y ei	пріс	уее	, OI	nignesi compensated e	inployee on			-	v
	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s			omn	onc	ation	2 200	4 0+	har aampapaatian fram	the ergenization		3_		<u> </u>
4	and related organizations greater than \$15									the organization			1	Х
5	Did any person listed on line 1a receive or			-						Idual for senuces		4		
3	rendered to the organization? If "Yes," con							Ciai	ted organization or more	dual loi services		5		X
Sec	etion B. Independent Contractors	ipiete cenedai	<u>C 0 .</u>	0/ 31	ucii	perc	3011							
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	cont	racto	ors i	that received more than	\$100 000 of con	opens	ation f	rom	
•	the organization. Report compensation for													
	(A)								(B)			(C		
	Name and business	s address							Description of s	services	С	ompe		n
CO	GENT CONSULTING, 14301	FIRST	NA'	TI(NC	AL								
BA	NK PARKWAY, OMAHA, NE	68154							EXECUTIVE DI	RECTOR	ı	10	5,0	60.
_				_							l			
														-
														
									<u> </u>		 _			
2	Total number of independent contractors		not i	ımıte	d to		_	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization >					1_							
												E0	caran ,	0040

TION & RESEARCH FOUNDATION MEDICINE & MOLECULAR IMAGING Form 990 (2013) NUCLEAR
Part VIII Statement of Revenue

	, , , , , , , , , , , , , , , , , , , 	Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII			
			<u>a 193</u> ponso	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a	-				
irar		Membership dues	1b					
Đ,		Fundraising events	1c					
# F		Related organizations	1d					
S,E		Government grants (contribut						
S S	f							
hei	•	similar amounts not included abo		96.854.				1
풀	a	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	- 10 - 11 - 11 - 11 - 11 - 11 - 11 - 11		96.854.			
		Totali Ties miles		Business Code	<u> </u>			
ا به	2 a							
ا ج	_ b			-	· · · · · · · · · · · · · · · · · · ·		_	
Program Service Revenue	c							
e a	d	· · · · · · · · · · · · · · · · · · ·						
ğ.	e							
<u>r</u>		All other program service reve	enue			-		
		Total. Add lines 2a-2f		•		*		
	3	Investment income (including	dividends, intere	est, and				
	_	other similar amounts)	,	>	259.720.			259,720.
	4	Income from investment of ta	x-exempt bond r	proceeds	200,120,		-	233,720.
	5	Royalties		•	_			-
	_	.,	(ı) Real	(II) Personal				
	6 a	Gross rents	V	(.7				
	b	Less rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	1,282,256.	(17, 5 11.15)				
	b	Less cost or other basis	1,202,200.					
		and sales expenses	1,234,479.					
	С	Gain or (loss)	47,777.					
		Net gain or (loss)		•	47.777.			47.777.
ø		Gross income from fundraisin	g events (not				-	4,,,,,
Ž		including \$	of					
Other Revenu		contributions reported on line	1c). See					
E.		Part IV, line 18	a					
the	b	Less direct expenses	b					
0	С	Net income or (loss) from fund	draising events	•				
	9 a	Gross income from gaming ad	ctivities See					
		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory	.				
		Miscellaneous Revenu	ie_	Business Code				
	11 a	OTHER REVENUES		900099	658.	658.		
	b							
	С							
	d	All other revenue						
	e	Total. Add lines 11a-11d			658.			
	12	Total revenue. See instructions.		<u> </u>	405,009.	658	0.	307 497
33200 10-29	9 - 13							Form 990 (2013)

Form 990 (2013)

NUCLEAR MEDICINE & MOLECULAR IMAGING

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) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising (B) Program service (C) Management and Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 1 477,750 477,750 organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 1,000 1,000 the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees) 11 43,293 128,610. 28,077 57,240. Management 550. 550 b Legal 29,426 29,426 Accounting C Lobbying d Professional fundraising services. See Part IV, line 17 31,189 31,189 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2,529 2,529 12 Advertising and promotion 12,922 9,886. Office expenses 3,036. 13 8,616. 5,176. 3,440. Information technology 14 15 Royalties 6,184 18,370 4,010 8,176. 16 Occupancy 37,741 37,741. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 55,462 48,211 7,251 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 2,544 2,544 23 Insurance 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 0.) 12,389. LITERATURE 12,389 2,509 MISCELLANEOUS 1,508. 1,001. c BAD DEBT 1,000 1,000 d ANNUAL REPORT 900 900 e All other expenses Total functional expenses. Add lines 1 through 24e 823,507. 528,227. 165,006. 130,274. 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

332010 10-29-13

23-7048300 Page 10

If following SOP 98-2 (ASC 958-720)

Check here

TION & RESEARCH FOUNDATION MEDICINE & MOLECULAR IMAGING

23-7048300 Page 11

Par	rţ X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing .		1	
	2	Savings and temporary cash investments	126,407.	2	747,855.
	3	Pledges and grants receivable, net	228,079.	3	200,428.
	4	Accounts receivable, net	7,281.	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ř	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	330.	9	1,722.
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b	.,-	10c	
	11	Investments - publicly traded securities	6,669,945.	11	5,753,812.
	12	Investments - other securities. See Part IV, line 11	791,968.	12	829,369.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,184.	15	1,184.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,825,194.	16	7,534,370.
	17	Accounts payable and accrued expenses	39,449.	17	71,088.
	18	Grants payable	217,698.	18	50,000.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	-	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of		05	
	26	Schedule D	257,147.	25 26	121,088.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶	231,141.	20	121,000.
"		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	4,995,834.	27	4,762,750.
<u>a</u>	28	Temporarily restricted net assets	423,502.	28	501,821.
Ä	29	Permanently restricted net assets	2,148,711.	29	2,148,711.
Š		Organizations that do not follow SFAS 117 (ASC 958), check here			2/110//1210
ř		and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	7,568,047.	33	7,413,282.
	34	Total liabilities and net assets/fund balances	7,825,194.	34_	7,534,370.

Form **990** (2013)

Form **990** (2013)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	_ 1	40	5,0	09.
2	Total expenses (must equal Part IX, column (A), line 25)	2	82	3,5	07.
3	Revenue less expenses Subtract line 2 from line 1	3	<41	8,4	98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,56	8,0	47.
5	Net unrealized gains (losses) on investments	5	9	<u>6,0</u>	35.
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8	16	7,6	98.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7,41	3,2	82.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of	the organizati	on THE EDU	CATION & RES	EARCH	FOUN	DATIC	N FOR	E	mployer	identificatio	n number
	·	NUCLEAR	MEDICINE &	MOLEC	ULAR	IMAGI	NG		2	<u>3-70483</u>	300
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t)See ins	tructions.			
The organ	nization is not a	a private foundation	because it is. (For lines	1 through	11, check	only one t	oox)				
1 🛄	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170)(b)(1)(A)(i)).			
2 🖳	A school des	cribed in section 17	' 0(b)(1)(A)(ii). (Attach Sc	hedule E.))						
з 🛄	A hospital or	a cooperative hospi	tal service organization	described	In section	170(b)(1)	(A)(iii).				
4 🔲	A medical res	search organization (operated in conjunction	with a hos	spital desc	ribed in s e	ection 170	(b)(1)(A)(i	ii). Enter	the hospital's	name,
	city, and stat										
5 🗔	An organizati	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a govern	mental un	ıt describ	ed in	
		(b)(1)(A)(iv). (Comple	•								
6 🖳	A federal, sta	ite, or local governm	ent or governmental uni	it describe	d in sectio	n 170(b)(1)(A)(v).				
7 📖	An organizati	on that normally rec	eives a substantial part	of its supp	oort from a	governme	ental unit c	or from the	e general	public descri	bed in
	section 170(b)(1)(A)(vi). (Comple	te Part II)								
8 🖳			ection 170(b)(1)(A)(vi).								
9 📖			eives (1) more than 33								
			nctions - subject to certa							-	
			axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anızatıon	after June 30	, 1975
		509(a)(2). (Complete	•								
10			perated exclusively to te					-			
11 X			perated exclusively for the								
			ations described in secti				2) See se e	ction 509((a)(3). Ch	eck the box t	hat
			organization and compl		_						
	a				inctionally					n-functionally	
e			t the organization is not								
			han one or more publicl						9(a)(1) or	section 509(a	a)(2)
f	_		ten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III			_
_		rganization, check th							_		
g			organization accepted ar			-				Г	
			irectly controls, either al	ione or tog	jetner with	persons o	described	in (ii) and i	(III) below	· — —	Yes No
	_	= -	upported organization?	,						11g(i)	X
		•	n described in (i) above?		-0					11g(ii)	X
_		-	person described in (i)							11g(iii)	X
h	Flovide the i	ollowing information	about the supported or	ganization	(S)						
/i) Name	of supported	/ii\ EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did vo	u notify the	(vi) l:	s the	(A	
	anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your			organizati	on in col.	(vii) Amount (supp	
0.9			above or IRC section	governing	document?	(i) of you	r support?	(i) organi U.S	5.7	Supp	JI C
			(see instructions))	Yes	No	Yes	No	Yes	No		
SOC.	OF				-		1			_	
NUCLE	AR MEDI	36-2496678	LINE 9	x		x		x		352	2,750.
								_		-	
	_						<u> </u>				
				ļ							
Total	1				L					352	2,750.
LHA For I	Paperwork Re	duction Act Notice	, see the Instructions f	or				Schedu	le A (For	m 990 or 990)-EZ) 2013

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013 NUCLEAR MEDICINE & MOLECULAR IMAGING 23-7048300 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			_			
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3						
5	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support		-		<u> </u>	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4			-			
8	Gross income from interest,				-		
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11							
12	Gross receipts from related activities,	etc (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stor						$ \qquad \blacktriangleright \square$
Se	ction C. Computation of Publ	ic Support Pe	rcentage			<u> </u>	
14	Public support percentage for 2013 (ine 6, column (f) o	livided by line 11,	column (f))		14	%
15	Public support percentage from 2012	Schedule A, Par	t II, line 14			15	%
16a	33 1/3% support test - 2013. If the o	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	ported organization	n			
k	33 1/3% support test - 2012. If the o	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances tes	t - 2013. If the or	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	this box and stop I	here. Explain in Pa	art IV how the orga	nization
	meets the "facts-and-circumstances"	test The organization	ation qualifies as a	publicly supporte	d organization		
t	10% -facts-and-circumstances tes	t - 2012. If the or	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circi	umstances" test, c	check this box and	stop here. Explai	n in Part IV how the	e
	organization meets the "facts-and-cire	cumstances" test	The organization	qualifies as a publ	icly supported org	anızatıon	▶□
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ns 🕨
					Sch	edule A (Form 990	or 990-EZ) 2013

332022 09-25-13 Schedule A (Form 990 or 990 EZ) 2013 NUCLEAR MEDICINE & MOLECULAR IMAGING

23-7048300 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and				"		
membership fees received (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		-		+		
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					 	
6 Total. Add lines 1 through 5					 	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons			ļ	1	 	
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest,				ļ		
dividends, payments received on						
securities loans, rents, royalties and income from similar sources					}	
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business					1	
activities not included in line 10b,						
whether or not the business is						
regularly carried on 12 Other income Do not include gain	 	-	 	+	1	
or loss from the sale of capital				1		
assets (Explain in Part IV)		-		-	 	
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>		<u> </u>		
14 First five years. If the Form 990 is fo	or the organization's	s tirst, second, thir	a, tourth, or fifth t	tax year as a secti	on 501(c)(3) org	anization,
check this box and stop here	lia Cumpart Da	roontors			· · · · · · · · · · · · · · · · · · ·	
Section C. Computation of Pub				-	T [
15 Public support percentage for 2013		=	column (f))		15	
16 Public support percentage from 201					16	
Section D. Computation of Inve						
17 Investment income percentage for 2	•	-	ne 13, column (f))		17	
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2013. If the	-				•	ne 17 is not
more than 33 1/3%, check this box	and stop here. The	organization qual	lifies as a publicly	supported organia	zation	▶└┈
b 33 1/3% support tests - 2012. If the	e organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	%, and
line 18 is not more than 33 1/3%, ch	eck this box and s	top here . The orga	anızatıon qualıfıes	as a publicly supp	oorted organizat	tion 🕨 🛄
20 Private foundation. If the organizati	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE EDUCATION & RESEARCH FOUNDATION FOR

Employer identification number 23-7048300

Pai	t I Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 v	writing that the assets held in donor adv	sed funds
·	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?	donor advisor, or for any other purpos	Yes No
Pai		nanization answered "Yes" to Form 990	
1	Purpose(s) of conservation easements held by the organizati		, are 14, mio 7.
1	Preservation of land for public use (e.g., recreation or e		istorically important land area
	Protection of natural habitat		rtified historic structure
		Freservation of a ce	rtilled historic structure
_	Preservation of open space	ind concentation contribution in the form	o of a consequention appropriate on the last
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the ion	Tot a conservation easement on the last
	day of the tax year		Hold at the Find of the Tou Vene
	T-A-1		Held at the End of the Tax Year
a	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements	continue on about a discrete	2b
С.	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation ear	•	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	_	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	•	·
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for
Do	conservation easements	f Art Historical Transuras or	Other Cimilar Assets
Pa	organizations Maintaining Collections o		Juner Similar Assets.
	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		rance of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		•
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	· ·	ial gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

9	g Life of year balance	3,700,929.	0,449,123,	<u> </u>	<u> </u>
2	Provide the estimated percentage of the current	nt year end balance	(line 1g, column (a)) hel	d as	
а	a Board designated or quasi-endowment	57.00	_%		
b	b Permanent endowment ►35.00	%			
С	c Temporarily restricted endowment ▶8.	<u>.0</u> 0 %			
	The percentages in lines 2a, 2b, and 2c should	equal 100%.			
За	a Are there endowment funds not in the possessi	ion of the organizat	tion that are held and ac	iministered for the o	rganization
	by				

by
(i) unrelated organizations

(ii) related organizations
 b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
 Describe in Part XIII the intended uses of the organization's endowment funds

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land **b** Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 0.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 NUCLEAR MEL	DICINE & MOLEC	TILAR TMAGING	7 23-	7048300 Page 3
Part VII Investments - Other Securities.	VICIND & MODEC	MIDIMI IMIGIN		70 10 10 Fage 0
Complete if the organization answered "Yes'	to Form 990. Part IV line	11b. See Form 990. Par	t X line 12	
(a) Description of security or category (including name of security)	(b) Book value			of-year market value
(1) Financial derivatives				,
(2) Closely-held equity interests				
(3) Other				
(A) HEDGE FUND	829,369.	END-OF-YE	ДР МУРКЕТ	T11.T 4.77
(B)	025,305.	BIND OF THE	TI PERIODI	ALTHOR
(C)				
(D)				
(E)			•	
(F)		-		
(G)				· ·
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	829,369.			·
Part VIII Investments - Program Related.		·		
Complete if the organization answered "Yes'	to Form 990. Part IV. line	11c. See Form 990. Par	t X. line 13.	
(a) Description of investment	(b) Book value			of-year market value
(1)			7,111	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d See Form 990, Par	rt X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(5)		·		
(6)				
(8)				<u> </u>
(9)				<u>.</u> .
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		<u> </u>	
Part X Other Liabilities.				
Complete if the organization answered "Yes			90, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)		1		

▶ Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

(6) (7) (8) (9)

Schedule D (Form 990) 2013 N

23-7048300 Page 4

Fait Ai		IIICS AAIRII	nevenue per n	eturn.	
1 Tota	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a all revenue, gains, and other support per audited financial statements			1	501,044.
	ounts included on line 1 but not on Form 990, Part VIII, line 12			- 	
	unrealized gains on investments	2a	_ 96,03 <u>5</u> .		
	nated services and use of facilities	2b		1	
	coveries of prior year grants	2c		1	
	er (Describe in Part XIII)	2d		1	
	I lines 2a through 2d			2e	96,035.
	otract line 2e from line 1			3	405,009.
4 Amo	ounts included on Form 990, Part VIII, line 12, but not on line 1				
a Inve	estment expenses not included on Form 990, Part VIII, line 7b	4a			
b Oth	er (Describe in Part XIII)	4b		1	
	lines 4a and 4b			4c	0.
	al revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	405,009.
Part XI	II Reconciliation of Expenses per Audited Financial Statement	ents Witl	n Expenses per	Return	1.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
	al expenses and losses per audited financial statements			1	<u>823,507.</u>
	ounts included on line 1 but not on Form 990, Part IX, line 25	1 1			
	nated services and use of facilities	2a		1 1	
	or year adjustments	2b		1	
-	er losses	2c		1	
	er (Describe in Part XIII.)	2d	.	1	•
	d lines 2a through 2d			_2e	000 507
	otract line 2e from line 1			3 _	823,507.
	ounts included on Form 990, Part IX, line 25, but not on line 1	1.4.1			
	estment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
	er (Describe in Part XIII.) d lines 4a and 4b	4b	· · · · · · · · · · · · · · · · · · ·	1 .	0
	al expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			4c	823,507.
	III Supplemental Information.			1 3 1	025,507.
	ne descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addi			4, Part X,	line 2, Part XI,
PART	V, LINE 4:				
EXPLA	NATION: TO PROVIDE AWARDS TO RESEARCHERS	S AND	TECHNOLOGI	STS	IN THE
FIELD	OF NUCLEAR MEDICINE AND MOLECULAR IMAG	ING.			
PART	X, LINE 2:				
EXPLA	NATION: THE FINANCIAL STATEMENT EFFECTS	OF A	TAX POSITI	ON T	AKEN OR
EXPEC	TED TO BE TAKEN ARE RECOGNIZED IN THE F	INANCI	AL STATEME	NTS	WHEN IT IS
MORE	LIKELY THAN NOT, BASED ON THE TECHNICAL	MERIT	S, THAT TH	E PO	SITION
WILL	BE SUSTAINED UPON EXAMINATION. AS OF SE	EPTEMB	ER 30, 201	4, T	HE
FOUND	ATION HAD NO UNCERTAIN TAX POSITIONS THE	AT QUA	LIFY FOR R	ECOG	NITION OR
DISCL	OSURE IN THE FINANCIAL STATEMENTS. THE	FEDER	AL AND STA	TE T	AX RETURNS
OF TH	E FOUNDATION FOR TAX YEARS 2011, 2012, A	AND 20	13 ARE SUB	JECT	TO
332054 09-25-13					le D (Form 990) 2013

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2013

Open to Public OMB No 1545-0047

> ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. THE EDUCATION & RESEARCH FOUNDATION FOR

▶ Attach to Form 990.

Employer identification number 23-7048300

Inspection

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection General Information on Grants and Assistance criteria used to award the grants or assistance? Parti

NUCLEAR MEDICINE & MOLECULAR IMAGING

Name of the organization

Department of the Treasury Internal Revenue Service

2 X Yes

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.	55,000 Part II car اا دعد	ı be duplicated ıf addıtı	ional space is need	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOC OF NUCLEAR MEDICINE AND MOLECULAR IMAGING - 1850 SAMUEL							PROVIDE MONEY FOR RESEARCH IN THE FIELD OF
MORSE DRIVE - RESTON, VA 20190	36-2496678 501(C)(3)	501(C)(3)	350,250.	0			NUCLEAR MEDICINE,
BOSTON CHILDREN'S HOSPITAL							PROVIDE MONEY FOR
300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	50,000.	0.			RESEARCH IN THE FIELD OF NUCLEAR MEDICINE,
MASSACHUSETTS GENERAL HOSPITAL							PROVIDE MONEY FOR
55 FRUIT STREET BOSTON, MA 02114	04-1564655 501(C)(3)	501(C)(3)	50,000.	0			RESEARCH IN THE FIELD OF NUCLEAR MEDICINE,

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

26

THE EDUCATION & RESEARCH FOUNDATION FOR

NUCLEAR MEDICINE & MOLECULAR IMAGING

Schedule I (Form 990) (2013)

Part III

Page 2

23-7048300

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part II, line 2, Part III, column (b), and any other additional information FR (d) Amount of non-cash assistance 25,000, (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: CASSEN PRIZE

EXPLANATION: FOR AWARDS THAT THE FOUNDATION GRANTS TO THE SOCIETY OF

THE INDIVIDUALS WHO NUCLEAR MEDICINE AND MOLECULAR IMAGING (SOCIETY), ULITMATELY RECEIVE AWARDS OR GRANTS FROM THE SOCIETY ARE SELECTED THROUGH

A COMMITTEE HAS BEEN ESTABLISHED FOR EACH AWARD TO

EXAMINE ALL APPLICANTS AND SELECT THE INDIVIDUALS MOST SUITABLE FOR THE

AN APPLICATION PROCESS.

COMMITTEE MEMBERS ARE MEMBERS OF THE FOUNDATION AND THE SOCIETY. AWARDS.

ALL GRANTEES MUST BE APPROVED BY THE SOCIETY'S BOARD OF DIRECTORS AT THE

THE SOCIETY MONITORS THE AWARDS AND COLLECTS ALL OF THE ANNUAL MEETING.

332102 10-29-13

Part IV Supplemental Information

REQUIRED REPORTING DOCUMENTATION FROM THE RECIPIENTS. THIS DOCUMENTATION

IS AVAILABLE UPON REQUEST BY THE FOUNDATION.

FOR THE CASSEN FELLOWSHIP, THE AWARD IS ISSUED BY THE FOUNDATION. FOUNDATION HAS A CASSEN COMMITTEE WHICH IS COMPRISED OF THE FOUNDATION'S BOARD AND LEADERS OF THE COMMUNITY THAT PRACTICE IN THE FIELD OF NUCLEAR MEDICINE. THE COMMITTEE DECIDES UPON WHO RECEIVES THE AWARD. RECIPIENT OF THE FELLOWSHIP OR PRIZE IS REQUIRED TO SEND THE FOUNDATION AN ANNUAL REPORT. THE CASSEN COMMITTEE REVIEWS THE REPORT AND ENSURES THAT REQUIREMENTS ARE FOLLOWED.

FOR THE CASSEN PRIZE, THE AWARD IS HANDED TO THE WINNER BY CHECK AT THE ANNUAL MEETING IN JUNE EVERY OTHER YEAR AFTER THEY DELIVER THE PLENARY SESSION LECTURE. INDIVIDUALS ARE NOMINATED FOR THIS AWARD BASED ON WORK THAT HAS LED TO A MAJOR ADVANCE IN NUCLEAR MEDICINE SCIENCE. IT IS A PRIZE LIKE THE NOBEL PRIZE AND CAN BE USED FOR WHATEVER THE RECIPIENT WISHES. THERE IS NO MONITORING OF THE USE OF THE GRANT FUNDS. THERE WAS ONE CASSEN PRIZE AWARDED DURING THE YEAR ENDED 9/30/14.

THE CASSEN LECTURESHIP IS ISSUED BY THE FOUNDATION. THE AWARDEE IS PRESENTED WITH A STIPEND TO PRESENT A LECTURE AT THE FOUNDATION'S ANNUAL THERE WAS NO CASSEN LECTURESHIP AWARDED DURING THE YEAR ENDED MEETING. 9/30/14.

Schedule I (Form 990)

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open To Public Inspection

					H FOUNDATI		FOR	1 '	-	rident		on nu	mber
Part I Excess Ber	nochear nefit Transac	Ctions (section 5)	<u>∝ r</u>	3) and	CULAR IMAG section 501(c)(4) org	LING	one only)	123	- / U	483	00		
					art IV, line 25a or 25l			ort V	line 40)h			
1) Relationship bety				<u>0, 01 1 (</u>	<u> </u>	an v,	11116 40	טט	(4)	Corre	cted?
(a) Name of disqualified	d person	person and or			(4	c) Desc	ription of tran	sactio	n			es	No
												es	NO
											+		
				_							+		
 					-						+-		
						_				-	_	-	
						-					_		
2 Enter the amount of ta	x incurred by the	e organization man	agers	or disc	qualified persons du	ring the	vear under	-					
section 4958		g			, paraone aa		, , , , , , , , , , , , , , , , , , , ,		S				
3 Enter the amount of ta	x. if anv. on line	2. above, reimburs	ed by	the or	ganization				\$				
-	, , ,	_,			9				•				
Part II Loans to a	nd/or From I	nterested Per	sons	3.						_			
Complete if the	e organization ar	nswered "Yes" on	Form	990-EZ	, Part V, line 38a or l	Form 9	90, Part IV, Iır	ne 26;	or if th	ne orga	anızatı	on	
		90, Part X, line 5, 6								_			
(a) Name of	(b) Relationsh			oan to or	(e) Original	(f) B	alance due	(g)	In	(h) Ap	proved ard or		ritten
interested person	with organizati	on of loan		m the iization?	principal amount			defa	ult?	comm		agree	ment?
			То	From				Yes	No	Yes	No	Yes	No
					-								
·	_												
		l											
Total					▶ \$								
Part III Grants or A	Assistance B	Senefiting Inter	reste	ed Pe	rsons.								
		nswered "Yes" on I	Form	990, Pa	art IV, line 27.								
(a) Name of interested	d person	(b) Relationship interested pers	son ar		(c) Amount of assistance		(d) Type assistan) Purp assista		f
		the organiza	ation	_									
· · · · · · · · · · · · · · · · · · ·													
<u>. </u>													
_													
					_								
									1				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

Schedule L (Form 990 or 990-EZ) 2013 NUCLEAR MEDICINE & MOLECULAR IMAGING Part IV Business Transactions Involving Interested Persons. 23-7048300 Page 2

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
				Yes	No
COGENT CONSULTING	OWNER OF COGENT CON	105,060.	COGENT CONS		<u> </u>
					
					
_					
	-				
					
Part V Supplemental Information	000000000			<u> </u>	
Part V Supplemental Information Provide additional information for response.	onses to questions on Schedule I (see	instructions)			
Provide additional information for respe	orises to questions on benedule E (see	instructions)			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: COGENT	CONSULTING		-		
(D) DELIBERATIONS		D 0D0331773	17.037		
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	TON:		
OWNER OF COGENT CONSULTING	TS ALSO THE EXECUT	TVE DIRECTO	מת תאד הט	ייעראוו	TON
OWNER OF COGENT CONDUCTING	I ID TIEBO IIII EMEGOT	IVE DIRECTO	<u> </u>	00211	1011_
(C) AMOUNT OF TRANSACTION	\$ 105,060.				
(D) DESCRIPTION OF TRANSAC	TION: COGENT CONSUL	TING HAS BE	EN HIRED TO	ACT	
NO DEPOSITE DEPOSITE DES	MILE EDUCATION C DEC	EXPOU EOIDI	NAMEON FOR N	пот в	מגו
AS EXECUTIVE DIRECTOR FOR	THE EDUCATION & RES.	EARCH FOUND	DATION FOR N	OCTE	AK_
MEDICINE & MOLECULAR IMAGI	NG. COGENT CONSULT	ING IS OWNE	D BY THERES	Α	
PINKHAM WHO IS ACTING AS E	EXECUTIVE DIRECTOR F	OR THE EDUC	CATION & RES	EARC	H
FOUNDATION FOR NUCLEAR MED	DICINE & MOLECULAR I	MAGING.			
(E) SHARING OF ORGANIZATIO	N REVENUES? - NO				
(E) SHARING OF ORGANIZATIO	N REVENUES: - NO				
		-			
					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. THE EDUCATION & RESEARCH FOUNDATION FOR NUCLEAR MEDICINE & MOLECULAR TMAGING

Employer identification number 23-7048300

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND FELLOWSHIPS, CASSEN LECTURESHIPS, AND AWARDS TO THE SOCIETY OF
NUCLEAR MEDICINE.
FORM 990, PART VI, SECTION A, LINE 3:
EXPLANATION: COGENT CONSULTING WAS HIRED TO ACT AS EXECUTIVE DIRECTOR FOR
THE FOUNDATION.
FORM 990, PART VI, SECTION A, LINE 4:
EXPLANATION: THE ARTICLES OF INCORPORATION HAVE BEEN AMENDED TO REFLECT THE
CHANGE IN NAME OF THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: A DRAFT OF THE 990 WILL BE DISTRIBUTED TO THE ENTIRE BOARD OF
DIRECTORS. THE DRAFT WILL BE IN BOARD BOOKS THAT WILL BE DISCUSSED AT THE
APRIL BOARD MEETING. ANY QUESTIONS OR CHANGES WILL BE DISCUSSED AND A
FINAL DECISION TO APPROVE THE TAX RETURN WILL BE MADE.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: THE FOUNDATION HAS A CONFLICT OF INTEREST POLICY AND THE BOARD
OF DIRECTORS IS RESPONSIBLE FOR DETERMINING WHETHER CONFLICTS EXIST, ARE
MATERIAL AND DETERMINE FINDINGS AT THEIR SOLE DISCRETION. ANYTIME
CONFLICTS OF INTEREST BECOME AN ISSUE, THE ISSUES ARE DISCUSSED AMONG THE
BOARD OF DIRECTORS. EACH YEAR THE BOARD OF DIRECTORS REVIEWS THE POLICY
AND GUIDELINES AND MAKES ANY NECESSARY MODIFICATIONS. ANY NEW MEMBERS GO

THROUGH AN ORIENTATION PROCESS WHICH INCLUDES A SECTION ON WHAT CONSTITUTES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part

Related Organizations and Unrelated Partnerships

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

► See separate instructions.

2013 Open to Public Inspection

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 THE EDUCATION & RESEARCH FOUNDATION FOR

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

NUCLEAR MEDICINE & MOLECULAR IMAGING

Employer identification number 23-7048300

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets **e** Total income 9 Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity Part II

				. ()						
	g)	section 3 (2(0), 13)	entity?	S.			×					
)	cont	ent	Yes								
	€	Direct controlling	entity									
	(e)	Public charity	status (if section	501(c)(3))			LINE 9	•				
	(9	Exempt Code	section				501 (C) 3					
	(0)	Legal domicile (state or	foreign country)				WASHINGTON					
	(q)	Primary activity			RAISES FUNDS FROM ITS	MEMBERSHIP FOR EDUCATION	AND RESEARCH					
Organizations during the tax year.	(a)	Name, address, and EIN	of related organization		SOCIETY OF NUCLEAR MEDICINE & MOLECULAR	IMAGING - 36-2496678, 1850 SAMUEL MORSE	DRIVE RESTON, VA 20190					

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

332161 09-12-13 LHA

33

Schedule R (Form 990) 2013

THE EDUCATION & RESEARCH FOUNDATION FOR

Schedule R (Form 990) 2013 NUCLEAR MEDICINE & MOLECULAR IMAGING

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

Page 2

23-7048300

(a)	(q)	(2)		•	ı	(2)	(6)			(1)	0	(K)
Name, address, and EIN of related organization	Primary activity	cegal domicile (state or foreign country)	Direct controlling entity	Predomina (related, u excluded fro sections \$	Predominant income S (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Dispropol allocati		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or F managing partner?	General or Percentage managing ownership partner?
									1			
											_	
									-			
		,										
									<u> </u> -			
					-							
								-				
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	ganizations Taxable arporation or trust durin	as a Corpo	ration or Trust Co	mplete if the	e organization a	answered "Yes	" on Form 99	0, Part IV, lin	e 34 becaus	se it had on	e or more	
(a)		Ċ		(c)	(p)		L	(J)	(6)		€ .	(i) Section
name, address, and Ein of related organization	 	Ě	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(C corp, S corp,		Snare of total	end-of-year		Percentage	512(b)(13) controlled entity?
				country)		5	her		dssell	·		Yes No
									-			
										-		
												_
									·			
											-	-
											-	_
											-	_
												
											•	_
											1	-
332162 09-12-13				34						Schedule R (Form 990) 2013	R (Form	990) 2013

23-7048300

Page 3

Schedule R (Form 990) 2013 NUCLEAR MEDICINE & MOLECULAR IMAGING

36.
ō
35b,
line 34
٠.
Part
n 990
For
5
es"
٥
vered
ans
<u>o</u>
ıızat
rgan
e org
_
lete
dwo
Š
tion
niza
rga
Ö O
ate
ş.
Witt
Suc
actic
anse
Ę
^
art V

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				_	Yes	No,
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?	s with one or more rel	ated organizations listed	ın Parts II-IV?		_	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				1	X	
				10		×
				1d		×
				16		×
f Dividends from related organization(s)				#	\dashv	×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				두	1	×
i Exchange of assets with related organization(s)				;=	_	×
j Lease of facilities, equipment, or other assets to related organization(s)				;=	+-	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
 Performance of services or membership or fundraising solicitations by related organization(s) 	anization(s)			Ę	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			£		×
 Sharing of paid employees with related organization(s) 				9		×
b Reimbursement baid to related organization(s) for expenses				- 6		×
				- 5		×
				?	-	
r Other transfer of cash or property to related organization(s)				=	+	×
s Other transfer of cash or property from related organization(s)				18	\exists	×
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete the	s line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		
SOCIETY OF NUCLEAR MEDICINE & MOLECULAR	Д	352 750 CASH	TACH AMOUNT			
DATE OF THE OWNER O	9	.00.7200	1			
(2)			ı			
(3)						
(4)						1
(5)						
(9)						
332163 09-12-13	35		Schedule R (Form 990) 2013	R (Form 9	360) 2	2013

Page 4

23-7048300

THE EDUCATION & RESEARCH FOUNDATION FOR NUCLEAR MEDICINE & MOLECULAR IMAGING

Schedule R (Form 990) 2013

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

Schedule R (Form 990) 2013

PUCATION & RESEARCH FOUNDA

ON FOR

332165 09-12-13

Attachment to Form 990 FEIN 23-7048300 PAID

FORM NFP 110.30 (rev. Dec. 2003) ARTICLES OF AMENDMENT General Not For Profit Corporation Act

MAR 19 2014

DEPARTMENT OF

BUSINESS SERVICES

Jesse White, Secretary of State Department of Business Services 501 S. Second St., Rm. 350 Springfield, IL 62756 217-782-1832 www.cyberdriveillinois.com

FILED MAR 18 2014

Remit payment in the form of a check or money order payable to Secretary of State.

JESSE WHITE SECRETARY OF STATE ---- Submit in duplicate ---- Type or Print clearly in black ink ---- Do not write above this line 1. Corporate Name (See Note 1 on back.): The Ednighties And Research Foundation for The Society of 2. Manner of Adoption of Amendment: The following amendment to the Articles of Incorporation was adopted on Month, Day & Year ner indicated below (check one only): By affirmative vote of a majority of the directors in office, at a meeting of the board of directors, in accordance with Section 110.15. (See Note 2 on back.) D By written consent, signed by all the directors in office, in compliance with Sections 110.15 and 108.45. (See Note 3 on back.) By members at a meeting of members entitled to vote by the affirmative vote of the members having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of Incorporation or the bylaws, in accordance with Section 110.20. (See Note 4 on back.) ☐ By written consent signed by members entitled to vote having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of Incorporation, or the bylaws, in compliance with Sections 107.10 and 110.20. (See Note 5 on back.) 3. Text of Amendment: (a.) When an amendment effects a name change, insert the new corporate name below. Use 3(b.) below for all other amendments. "Article 1: The Name of the Corporation is: Education And Research Foundation For Nuclear And Molecular

(b.) All amendments other than name change.

If the amendment affects the corporate purpose, the amended purpose is required to be set forth in its entirety. If there is not sufficient space to add the full text of the amendment, attach additional sheets of this size.

First name Change (second name change follows)

 The undersigned Corporation has caused these Articles to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

All signatures must be in BLACK INK.

	Dated	Any Authorized Officer's Sign Name and Title (type or pr	Year Vesidak	Education Had bescard Brudation for The Social Exact Name of Corporation OF Nuclear Prediction
5.	If there are n		the persons designated	l under Section 101.10(b)(2) must sign below and print
	The undersig	gned affirms, under penaltic	es of perjury, that the fa	cts stated herein are true.
	Dated		- Man	
		Month & Day	Year	
_		Signature	•	Name and Title (print)
		Signature		Name and Title (print)
		Signature		Name and Title (print)

NOTES

Name and Title (print)

- 1. State the true and exact corporate name as it appears on the records of the Secretary of State BEFORE any amendment herein is reported.
- 2. Directors may adopt amendments without member approval only when the corporation has no members, or no members entitled to vote pursuant to §110.15.
- 3. Director approval may be:
 - a. by vote at a director's meeting (either annual or special), or
 - b. by consent, in writing, without a meeting.

Signature

- 4. All amendments not adopted under Sec. 110.15 require that:
 - a. the board of directors adopt a resolution setting forth the proposed amendment, and
 - b. the members approve the amendment.

Member approval may be:

- a. by vote at a members meeting (either annual or special), or
- b. by consent, in writing, without a meeting.

To be adopted, the amendment must receive the affirmative vote or consent of the holders of at least two-thirds of the outstanding members entitled to vote on the amendment (but if class voting applies, also at least a two-thirds vote within each class is required).

The Articles of Incorporation may supersede the two-thirds vote requirement by specifying any smaller or larger vote requirement not less than a majority of the outstanding votes of such members entitled to vote, and not less than a majority within each class when class voting applies. (Sec. 110.20)

5. When member approval is by written consent, all members must be given notice of the proposed amendment at least five days before the consent is signed. If the amendment is adopted, members who have not signed the consent must be promptly notified of the passage of the amendment. (Sec. 107.10 & 110.20)

Printed by authority of the State of Illinois. December 2011 - 2.5M - C 130.17

FORM NFP 110.30 (rev. Dec. 2003) ARTICLES OF AMENDMENT General Not For Profit Corporation Act

Jesse White, Secretary of State Department of Business Services 501 S. Second St., Rm. 350 Springfield, IL 62756 217-782-1832

FILED

AUG 2 0 2014

JESSE WHITE

w	www.cyberdrivelllinois.com SECRETARY OF S	TATE CO0055254					
che	Remit payment in the form of a check or money order payable to Secretary of State.	265 2993 Filing Fee: \$25 Approved:					
	- ————————————————————————————————————	Print clearly in black ink ———— Do not write above this line ————					
٦.	1. Corporate Name (See Note 1 on back.): 亚九	Education And Research Foundation For					
2.	Manner of Adoption of Amendment: Nuclear And Molecular Imaging The following amendment to the Articles of Incorporation was adopted on						
	82 By affirmative vote of a majority of the dire Section 110.15. (See Note 2 on back.) >	ctors in office, at a meeting of the board of directors, in accordance with					
	 By written consent, signed by all the direction back.) 	ors in office, in compliance with Sections 110.15 and 108.45. (See Note 3					
	the minimum number of votes' necessar	itled to vote by the affirmative vote of the members having not less than to adopt such amendment, as provided by this Act, the Articles of with Section 110.20. (See Note 4 on back.)					
	☐ By written consent signed by members entitled to vote having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of Incorporation, or the bylaws, in compliance with Sections 107.10 and 110.20. (See Note 5 on back.)						
3.	Text of Amendment: (a.) When an amendment effects a name change, insert the new corporate name below. Use 3(b.) below for all other amendments. *Article 1: The Name of the Corporation is:						
	The Education And Research Imaging	Foundation For Nuclear Medicine And Molecular New Name .					
	(b.) All amendments other than name change	se, the amended purpose is required to be set forth in its entirety. If					

Second name change

there is not sufficient space to add the full text of the amendment, attach additional sheets of this size.

4 The undersigned Corporation has caused these Articles to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

All signatures must be in BLACK INK.

	Dated	୦୫	٥٦	. 2014 Year	The Educat	ion And Research toundant	1.4.4
		Pu	Lie Day		Nuclear	Exact Name of Corporation AND Molecular.	Ema-
		Veter 5.0	ized Officer's Signat	sident			
				•	ignated under Sect	on 101.10(b)(2) must sign below and pr	int
	The un	dersigned affirms,	under penalties	of perjury, tha	t the facts stated he	rein are true.	
	Dated	Monti	a & Osy	Year Year			
		Sign	ature			Name and Title (print)	
		Sign	sture			Name and Title (print)	
		Sign	ature			Name and Title (print)	
_		Sign	ature			Name and Title (print)	

NOTES

- State the true and exact corporate name as it appears on the records of the Secretary of State BEFORE any amendment herein is reported.
- 2. Directors may adopt amendments without member approval only when the corporation has no members, or no members entitled to vote pursuant to §110.15.
- 3. Director approval may be:
 - a. by vote at a director's meeting (either annual or special), or
 - b. by consent, in writing, without a meeting.
- 4. All amendments not adopted under Sec. 110.15 require that:
 - a. the board of directors adopt a resolution setting forth the proposed amendment, and
 - b. the members approve the amendment.

Member approval may be:

- a. by vote at a members meeting (either annual or special), or
- b. by consent, in writing, without a meeting.

To be adopted, the amendment must receive the affirmative vote or consent of the holders of at least two-thirds of the outstanding members entitled to vote on the amendment (but if class voting applies, also at least a two-thirds vote within each class is required).

The Articles of Incorporation may supersede the two-thirds vote requirement by specifying any smaller or larger vote requirement not less than a majority of the outstanding votes of such members entitled to vote, and not less than a majority within each class when class voting applies. (Sec. 110.20)

5. When member approval is by written consent, all members must be given notice of the proposed amendment at least five days before the consent is signed. If the amendment is adopted, members who have not signed the consent must be promptly notified of the passage of the amendment. (Sec. 107.10 & 110.20)

Printed by authority of the State of Illinois. December 2011 - 2.5M - C 130.17