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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income 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 By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013 , 2013, and ending 09-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SOCIETY OF NUCLEAR MEDICINE AND MOLECULAR IMAGING

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1850 SAMUEL MORSE DRIVE

City or town, state or province, country, and ZIP or foreign postal code
RESTON, VA 20190

D Employer identification number
36-2496678

E Telephone number
(703) 708-9000

G Gross receipts $ 14,068,829

F Name and address of principal officer
VIRGINIA PAPPAS
1850 SAMUEL MORSE DRIVE
RESTON,VA 20190

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SNMMI ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1954

M State of legal domicile WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE HEALTH CARE BY ADVANCING NUCLEAR MEDICINE AND MOLECULAR IMAGING

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	51
6	Total number of volunteers (estimate if necessary)	**6**	19
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	531,444
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-266,716

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	1,122,425	1,016,265
9	Program service revenue (Part VIII, line 2g)	8,753,818	8,284,086
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	236,064	780,727
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	963,835	746,844
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,076,142	10,827,922
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	320,025	320,300
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,116,884	4,575,194
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶274,702		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,928,847	5,551,098
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,365,756	10,446,592
19	Revenue less expenses Subtract line 18 from line 12	710,386	381,330

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	12,416,143	11,400,950
21	Total liabilities (Part X, line 26)	2,582,289	1,530,311
22	Net assets or fund balances Subtract line 21 from line 20	9,833,854	9,870,639

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2015-08-10
Signature of officer | Date

VIRGINIA PAPPAS CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
YONG ZHANG CPA				P01249785

Firm's name ▶ MCGLADREY LLP — Firm's EIN ▶ 42-0714325

Firm's address ▶ 1861 INTERNATIONAL DRIVE SUITE 400 MCLEAN, VA 22102 — Phone no (703) 336-6400

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE SOCIETY IS A MULTIDISCIPLINARY PROFESSIONAL MEDICAL ORGANIZATION DEDICATED TO THE ADVANCEMENT OF EXCELLENCE IN THE EDUCATION, RESEARCH, AND CLINICAL PRACTICE OF NUCLEAR MEDICINE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☑ Yes ☐ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 2,148,393 including grants of $ 1,350) (Revenue $ 1,481,438)

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

4b (Code) (Expenses $ 1,816,178 including grants of $ 300) (Revenue $ 3,840,850)

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

4c (Code) (Expenses $ 1,476,785 including grants of $ 4,600) (Revenue $ 81,250)

LEADERSHIP - EXPENDITURES RELATED TO THE OVERSIGHT AND GOVERNANCE OF THE ORGANIZATION

(Code) (Expenses $ 1,320,578 including grants of $ 2,900) (Revenue $ 267,325)

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

(Code) (Expenses $ 401,533 including grants of $ 0) (Revenue $ 4,627)

SNMMI CLINICAL TRIALS NETWORK (INCLUDES NMCTG, LLC)

(Code) (Expenses $ 289,200 including grants of $ 289,200) (Revenue $ 0)

GRANTS, AWARDS AND RELATED EXPENSES

(Code) (Expenses $ 194,164 including grants of $ 0) (Revenue $ 0)

OUTREACH- RAISE AWARENESS AND UNDERSTANDING OF NUCLEAR MEDICINE, MOLECULAR IMAGING, AND RADIONUCLIDE THERAPY AMONG PATIENTS AND THE MEDICAL COMMUNITY

(Code) (Expenses $ 188,300 including grants of $ 0) (Revenue $ 0)

EVIDENCE AND QUALITY - DEVELOP CLINICAL GUIDELINES, PROCEDURE STANDARDS AND APPROPRIATE USE CRITERIA DEVELOP AND MAINTAIN EVIDENCE-BASED MEASURES FOR STANDARDS IN QUALITY, PERFORMANCE, AND SAFETY IN THE FIELD OF NUCLEAR MEDICINE

(Code) (Expenses $ 58,761 including grants of $ 15,700) (Revenue $ 50,450)

COUNCILS

(Code) (Expenses $ 57,237 including grants of $ 0) (Revenue $ 209,710)

HEALTH POLICY AND REGULATORY AFFAIRS

(Code) (Expenses $ 35,364 including grants of $ 500) (Revenue $ 16,560)

PET CENTER FOR EXCELLENCE

(Code) (Expenses $ 12,535 including grants of $ 5,750) (Revenue $ 15,420)

CENTER FOR MOLECULAR IMAGING INNOVATION & TRANSLATION - EFFORTS TO POSITION MOLECULAR IMAGING AND THERAPY AS AN ESSENTIAL TOOL IN PROVIDING THE HIGHEST STANDARDS OF PATIENT CARE AROUND THE WORLD

(Code) (Expenses $ including grants of $ 0) (Revenue $ 2,469,525)

OTHER PROGRAMS

4d Other program services (Describe in Schedule O)

(Expenses $ 2,557,672 including grants of $ 314,050) (Revenue $ 3,033,617)

4e **Total program service expenses** ▶ 7,999,028

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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*	9		No
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		No
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
c	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
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		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	Yes	
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	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*	**21**	Yes	
22	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*	**22**	Yes	
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**	Yes	
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**		No
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*	**25a**		No
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**		No
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*	**26**		No
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**		No
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	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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*	**36**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	98		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
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	2a	51		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
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		Yes	
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		Yes	
b	If "Yes," enter the name of the foreign country ▶ CA 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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
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 as charitable contributions? . . .	6a			No
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).**				
a	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			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-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.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
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				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
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	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Section 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** 14		
	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	**1b** 14		
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**		No
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**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
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**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
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**		No

Section 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**	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ VA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ 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 policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ VINCENT A PISTILLI (CFO) 1850 SAMUEL MORSE DR
RESTON, VA 20190 (703) 708-9000

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, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER HERSCOVITCH MD FACP PRESIDENT	2 00	X		X				0	0	0
(2) HOSSEIN JADVAR MD PHD MPH PRESIDENT-ELECT	2 00	X		X				0	0	0
(3) SALLY W SCHWARZ MS RPH BCNP VICE PRESIDENT-ELECT	2 00	X		X				0	0	0
(4) MICHAEL L MIDDLETON MD FACNM SECRETARY/TREASURER	2 00	X		X				0	0	0
(5) GARY L DILLEHAY MD FACNM IMMEDIATE PAST PRESIDENT	2 00	X						0	0	0
(6) APRIL MANN MBA CNMT NCT PRESIDENT OF TECHNOLOGIST SECTION	2 00	X						0	0	0
(7) LEONIE L GORDON MD FACNM SPEAKER OF HOUSE OF DELEGATES	2 00	X						0	0	0
(8) JON A BALDWIN DO DIRECTOR-AT-LARGE	2 00	X						0	0	0
(9) VASKEN DILSIZIAN MD DIRECTOR-AT-LARGE	2 00	X						0	0	0
(10) CINDI LUCKETT-GILBERT MHA DIRECTOR-AT-LARGE	2 00	X						0	0	0
(11) HELEN R NADEL MD DIRECTOR-AT-LARGE	2 00	X						0	0	0
(12) JEFFREY P NORENBERG PHARMD DIRECTOR-AT-LARGE	2 00	X						0	0	0
(13) AARON T SCOTT CNMT NMAA DIRECTOR-AT-LARGE	2 00	X						0	0	0
(14) ANTHONY J SICIGNANO BS CNMT DIRECTOR-AT-LARGE	2 00	X						0	0	0
(15) VIRGINIA PAPPAS CAE CEO (EX-OFFICIO MEMBER)	35 00			X				257,871	0	31,605
(16) VINCENT A PISTILLI CPA CFO	35 00			X				175,519	0	33,784
(17) SUSAN BUNNING DIR OF HPRA	35 00					X		140,568	0	28,426

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MATTHEW DICKENS DIR OF IT	35 00					X		129,386	0	14,484
(19) REBECCA MAXEY DIR OF COMMUNICATIONS	35 00					X		120,332	0	5,870
(20) ROBERT J MILANCHUS DIR OF DEVELOPMENT	35 00					X		110,351	0	14,864
(21) VICTORIA WENZEL-LAMB DIR OF LEADERSHIP	35 00					X		107,986	0	14,707

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	1,042,013	0	143,740

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 7

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	350,250			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	666,015			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		1,016,265			
			Business Code				
Program Service Revenue	2a	TRADE SHOW/CONFERENCE	900099	3,714,305	2,062,915		1,651,390
	b	MEMBERSHIP DUES	900099	2,511,717	2,511,717		
	c	PUBLICATIONS	541800	1,513,231	1,075,472	437,759	
	d	MEETINGS SPONSORSHIPS	900099	251,123			251,123
	e						
	f	All other program service revenue		293,710	212,460		81,250
	g	**Total.** Add lines 2a–2f . . . . . ▶		8,284,086			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		138,037			138,037
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶		258,365			258,365
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	3,850,284 / 2,270				
	b	Less cost or other basis and sales expenses	3,182,838 / 27,026				
	c	Gain or (loss)	667,446 / -24,756				
	d	Net gain or (loss) . . . . . ▶		642,690			642,690
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a	184,112				
	b	Less cost of goods sold . . b	31,043				
	c	Net income or (loss) from sales of inventory . . ▶		153,069	153,069		
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	241,725			241,725
	b	WEB BANNER ADS	900004	93,685		93,685	
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		335,410			
	12	**Total revenue.** See Instructions . . . . . ▶		10,827,922	6,015,633	531,444	3,264,580

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 . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	192,000	192,000		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	101,200	101,200		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	27,100	27,100		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	498,779	373,679	100,789	24,311
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,388,661	2,511,467	736,062	141,132
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	89,278	62,683	24,549	2,046
9 Other employee benefits	305,153	229,095	67,089	8,969
10 Payroll taxes	293,323	217,921	62,852	12,550
11 Fees for services (non-employees)				
a Management				
b Legal	7,149	6,711	438	
c Accounting	28,500		28,500	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	27,317		27,317	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,013,797	805,603	208,194	
12 Advertising and promotion	18,783	18,783		
13 Office expenses	346,679	225,441	116,382	4,856
14 Information technology	167,242		167,242	
15 Royalties . .	6,249	6,249		
16 Occupancy				
17 Travel	693,023	659,280	12,377	21,366
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	514,226	498,503	7,606	8,117
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	262,153	38,637	223,516	
23 Insurance	77,889	37,257	40,632	
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)				
a EQUIPMENT RENTAL/MAINT	634,097	544,261	88,254	1,582
b PRINTING AND PUBS	483,544	480,161	1,269	2,114
c HONORARIA	293,256	293,256	0	0
d SPONSORSHIP	73,553	73,553		
e All other expenses	903,641	596,188	259,794	47,659
25 **Total functional expenses.** Add lines 1 through 24e	10,446,592	7,999,028	2,172,862	274,702
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

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		200	1	200
	2	Savings and temporary cash investments		4,070,093	2	2,449,456
	3	Pledges and grants receivable, net		280,000	3	0
	4	Accounts receivable, net		479,818	4	354,119
	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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		22,493	8	41,618
	9	Prepaid expenses and deferred charges		222,766	9	269,738
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,991,121			
	b	Less accumulated depreciation	10b 3,235,713	2,470,179	10c	2,755,408
	11	Investments—publicly traded securities		4,854,466	11	5,519,411
	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		16,128	15	11,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		12,416,143	16	11,400,950
Liabilities	17	Accounts payable and accrued expenses		708,466	17	706,645
	18	Grants payable			18	
	19	Deferred revenue		1,623,656	19	650,672
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 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 Schedule D		250,167	25	172,994
	26	**Total liabilities.** Add lines 17 through 25		2,582,289	26	1,530,311
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		8,602,106	27	8,879,042
	28	Temporarily restricted net assets		1,231,748	28	991,597
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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	
	33	Total net assets or fund balances		9,833,854	33	9,870,639
	34	Total liabilities and net assets/fund balances		12,416,143	34	11,400,950

Part XI Reconcilliation 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	10,827,922
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,446,592
3	Revenue less expenses Subtract line 2 from line 1	3	381,330
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,833,854
5	Net unrealized gains (losses) on investments	5	-370,295
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	25,750
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,870,639

Part 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 ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SOCIETY OF NUCLEAR MEDICINE AND MOLECULAR IMAGING

Employer identification number
36-2496678

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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.)

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 Tax revenues levied for the organization'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						

Section B. Total Support

Calendar 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 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

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 ")	1,144,321	1,028,834	793,098	1,122,425	1,016,265	5,104,943
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,131,471	8,591,684	9,013,703	8,552,515	8,030,439	43,319,812
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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	10,275,792	9,620,518	9,806,801	9,674,940	9,046,704	48,424,755
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 **Public support** (Subtract line 7c from line 6)						48,424,755

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	10,275,792	9,620,518	9,806,801	9,674,940	9,046,704	48,424,755
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	174,430	206,932	329,920	432,725	396,402	1,540,409
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	174,430	206,932	329,920	432,725	396,402	1,540,409
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	49,810	235,410	218,055	201,717	241,725	946,717
13 **Total support.** (Add lines 9, 10c, 11, and 12)	10,500,032	10,062,860	10,354,776	10,309,382	9,684,831	50,911,881

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	95 110 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	96 020 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	3 030 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	2 640 %

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	MISCELLANEOUS - 2009 AMOUNT $ 49,810 2010 AMOUNT $ 235,410 2011 AMOUNT $ 218,055 2012 AMOUNT $ 201,717 2013 AMOUNT $ 241,725

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
SOCIETY OF NUCLEAR MEDICINE AND MOLECULAR IMAGING	36-2496678

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	319,226	
c Total lobbying expenditures (add lines 1a and 1b)	319,226	
d Other exempt purpose expenditures	10,132,659	
e Total exempt purpose expenditures (add lines 1c and 1d)	10,451,885	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	672,594	
g Grassroots nontaxable amount (enter 25% of line 1f)	168,149	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	655,998	662,269	666,919	672,594	2,657,780
b Lobbying ceiling amount (150% of line 2a, column(e))					3,986,670
c Total lobbying expenditures	149,872	150,801	368,380	319,226	988,279
d Grassroots nontaxable amount	164,000	165,567	166,730	168,149	664,446
e Grassroots ceiling amount (150% of line 2d, column (e))					996,669
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) 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			
a	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?			
e	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)(5), or section 501(c)(6).

			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 III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	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 the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SOCIETY OF NUCLEAR MEDICINE AND MOLECULAR IMAGING

Employer identification number
36-2496678

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ 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 organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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 basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		402,264		402,264
b Buildings		2,919,385	1,322,403	1,596,982
c Leasehold improvements				
d Equipment		1,261,434	1,013,733	247,701
e Other		1,408,038	899,577	508,461
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,755,408

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (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, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO AFFILIATES	172,994
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	172,994

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 ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	10,488,670
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-370,295		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	31,043		
e	Add lines **2a** through **2d**			2e	-339,252
3	Subtract line **2e** from line **1**			3	10,827,922
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	10,827,922

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	10,451,885
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	31,043		
e	Add lines **2a** through **2d**			2e	31,043
3	Subtract line **2e** from line **1**			3	10,420,842
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	25,750		
c	Add lines **4a** and **4b**			4c	25,750
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	10,446,592

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	THE SOCIETY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE INCOME FROM NONEXEMPT FUNCTIONS IS SUBJECT TO INCOME TAXES TO THE EXTENT THAT THE REVENUE EXCEEDS RELATED COSTS NO NET INCOME WAS TAXABLE IN 2014, ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR EITHER FEDERAL OR STATE INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS IN ADDITION, THE INTERNAL REVENUE SERVICE HAS DETERMINED THE SOCIETY IS NOT A "PRIVATE FOUNDATION " THE SOCIETY ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS GUIDANCE, THE SOCIETY MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS MANAGEMENT EVALUATED THE SOCIETY'S TAX POSITIONS AND CONCLUDED THAT THE SOCIETY HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY, THE SOCIETY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2011
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD ON PART VIII LINE 10B 31,043
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD ON PART VIII LINE 10B 31,043
PART XII, LINE 4B - OTHER ADJUSTMENTS	PET COE BALANCE CARRY OVER REST 20,000 ERF FUNDING OF CMIIT AWARDS 5,750

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SOCIETY OF NUCLEAR MEDICINE AND MOLECULAR IMAGING

Employer identification number
36-2496678

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC	0	0	AWARDS AND GRANTS		9,650
(2) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	AWARDS AND GRANTS		11,550
(3) NORTH AMERICA	0	0	AWARDS AND GRANTS		5,900
(4)					
(5)					
3a Sub-total	0	0			27,100
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			27,100

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) AWARDS	EAST ASIA AND THE PACIFIC	19	9,650	CHECK/WIRE			
(2) AWARDS	EUROPE (INCLUDING ICELAND & GREENLAND)	18	11,550	CHECK/WIRE			
(3) AWARDS	NORTH AMERICA	5	3,900	CHECK/WIRE			
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN A FOREIGN REGION

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SOCIETY OF NUCLEAR MEDICINE AND MOLECULAR IMAGING

Employer identification number
36-2496678

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) YALE UNIV GRANTS & CONTRACTS FINANCIAL ADMIN PO BOX 1873 NEW HAVEN,CT 06508	06-0646973	501(C)(3)	50,000				2013-2014 MOLECULAR IMAGING RESEARCH GRANT FOR JUNIOR MEDICAL FACULTY
(2) VA COMMONWEALTH UNIVERSITY CTR FOR MI 1101 E MARSHALL STREET 8-022 RICHMOND,VA 23298	54-6001758	501(C)(3)	35,000				2012 PRE-DOCTORAL MOLECULAR IMAGING SCHOLAR PROGRAM GRANT
(3) WASHINGTON UNIVERSITY IN ST LOUIS CAMPUS BOX 1056 7425 FORSYTH ST LOUIS,MO 63105	43-0653611	501(C)(3)	25,000				2013 POST-DOCTORAL MOLECULAR IMAGING SCHOLAR PROGRAM GRANT
(4) UC REGENTS UC DAVIS BIOMEDICAL ENGINEERING 1026 ACADEMIC SURGE DAVIS,CA 95616	94-6036494	501(C)(3)	22,500				2015 PRE-DOCTORAL MOLECULAR IMAGING SCHOLAR PROGRAM GRANT
(5) THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE STREET ROOM 1032 ANN ARBOR,MI 48109	38-6006309	501(C)(3)	20,000				2014 SNMMI MITZI AND WILLIAM BLAHD, MD PILOT RESEARCH GRANT
(6) UNIVERSITY OF SOUTHERN CA SPONSORED PROJECTS ACCOUNTING FILE 52905 LOS ANGELES,CA 90074	95-1642394	501(C)(3)	10,000				2010 SNMMI MITZI AND WILLIAM BLAHD, MD PILOT RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 6

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIP AND TRAVEL AWARDS	107	101,200			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SOCIETY OF NUCLEAR MEDICINE AND MOLECULAR IMAGING

Employer identification number
36-2496678

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in 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**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**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, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☐ 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			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)VIRGINIA PAPPAS CAE CEO (EX-OFFICIO MEMBER)	(i)	256,683	0	1,188	8,750	22,855	289,476	0
	(ii)	0	0	0	0	0	0	0
(2)VINCENT A PISTILLI CPA CFO	(i)	175,105	0	414	6,796	26,988	209,303	0
	(ii)	0	0	0	0	0	0	0
(3)SUSAN BUNNING DIR OF HPRA	(i)	140,154	0	414	5,431	22,995	168,994	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SOCIETY OF NUCLEAR MEDICINE AND MOLECULAR IMAGING

Employer identification number
36-2496678

Return Reference	Explanation
FORM 990, PART III, LINE 2	EVIDENCE AND QUALITY - DEVELOP CLINICAL GUIDELINES, PROCEDURE STANDARDS AND APPROPRIATE USE CRITERIA DEVELOP AND MAINTAIN EVIDENCE-BASED MEASURES FOR STANDARDS IN QUALITY, PERFORMANCE, AND SAFETY IN THE FIELD OF NUCLEAR MEDICINE

Return Reference	Explanation	
	FORM 990, PART VI, SECTION A, LINE 6	PURSUANT TO THE BYLAWS OF THE ORGANIZATION, MEMBERSHIP CLASSIFICATIONS AND RIGHTS ARE AS F OLLOWS A FULL MEMBERSHIP PHYSICIANS, SCIENTISTS OR PHARMACISTS POSSESSING AN ADVANCED D EGREE WHO HAVE PRESENTED CREDENTIALS INDICATING THEIR PROFESSIONAL ACTIVITY, EITHER, MEDIC AL, PARAMEDICAL, INVESTIGATIONAL OR EDUCATIONAL IN THE SCIENTIFIC OR CLINICAL DISCIPLINES OF MOLECULAR IMAGING OR NUCLEAR MEDICINE, MAY JOIN THE SOCIETY AS FULL MEMBERS THIS INCLU DES THE DIAGNOSTIC, THERAPEUTIC OR INVESTIGATIONAL USE OF RADIONUCLIDES OR OTHER MOLECULAR IMAGING TECHNOLOGIES THESE INDIVIDUALS HAVE THE RIGHT TO VOTE AND TO BE ELECTED AN OFFIC ER OF THE SOCIETY THE BOARD OF DIRECTORS BY MAJORITY VOTE MAY EXTEND FULL MEMBERSHIP TO I NDIVIDUALS WHO HAVE MADE EXCEPTIONAL CONTRIBUTIONS TO MOLECULAR IMAGING OR NUCLEAR MEDICIN E, BUT WHO DO NOT OTHERWISE QUALIFY FOR FULL MEMBERSHIP B ASSOCIATE MEMBERSHIP 1 SCIEN TISTS, OR OTHER HEALTH PROFESSIONALS WITH A MASTER OR BACCALAUREATE DEGREE (OR THE EQUIVAL ENT QUALIFICATION AS DETERMINED BY THE COMMITTEE ON MEMBERSHIP) WHO HAVE PRESENTED CREDENT IALS INDICATING THEIR PROFESSIONAL ACTIVITY, EITHER PARAMEDICAL, INVESTIGATIONAL, OR EDUCA TIONAL, IN THE SCIENTIFIC OR CLINICAL DISCIPLINES OF MOLECULAR IMAGING OR NUCLEAR MEDICINE MAY JOIN AS ASSOCIATE MEMBERS THIS INCLUDES THE DIAGNOSTIC, THERAPEUTIC OR INVESTIGATION AL USE OF RADIONUCLIDES OR OTHER MOLECULAR IMAGING TECHNOLOGIES THESE INDIVIDUALS HAVE TH E RIGHT TO VOTE BUT MAY NOT BE ELECTED AN OFFICER OF THE SOCIETY 2 NUCLEAR MEDICINE AND MOLECULAR IMAGING TECHNOLOGISTS, WITH A MASTER OR BACCALAUREATE DEGREE (OR THE EQUIVALENT QUALIFICATION AS DETERMINED BY THE COMMITTEE ON MEMBERSHIP) WHO HAVE PRESENTED CREDENTIALS INDICATING THEIR PROFESSIONAL ACTIVITY, EITHER PARAMEDICAL, INVESTIGATIONAL, OR EDUCATION AL, IN THE SCIENTIFIC OR CLINICAL DISCIPLINES OF MOLECULAR IMAGING OR NUCLEAR MEDICINE MAY JOIN AS ASSOCIATE MEMBERS THIS INCLUDES THE DIAGNOSTIC, THERAPEUTIC OR INVESTIGATIONAL U SE OF RADIONUCLIDES OR OTHER MOLECULAR IMAGING TECHNOLOGIES THESE INDIVIDUALS HAVE THE RI GHT TO VOTE BUT MAY NOT BE ELECTED AN OFFICER OF THE SOCIETY 3 SCIENTIFIC LABORATORY PRO FESSIONALS ARE INDIVIDUALS INVOLVED IN MOLECULAR IMAGING RESEARCH AT THE PRE-CLINICAL OR T RANSLATIONAL LEVEL THESE FIELDS INCLUDE UTILIZATION OF OPTICAL IMAGING, RADIOPHARMACEUTIC ALS, MRI, MR SPECTROSCOPY, ULTRASOUND, STEM CELL RESEARCH AND CELL TRAFFICKING MEMBERS MU ST HAVE A MASTER OR BACCALAUREATE DEGREE (OR THE EQUIVALENT QUALIFICATION AS DETERMINED BY THE COMMITTEE ON MEMBERSHIP) AND PROVIDE VALID CREDENTIALS INDICATING THEIR TRAINING AND INVOLVEMENT IN ONE OF THESE AREAS OF RESEARCH THESE INDIVIDUALS WILL HAVE THE RIGHT TO VO TE BUT MAY NOT BE ELECTED AN OFFICER OF THE SOCIETY C TECHNOLOGIST MEMBERSHIP TECHNOLOG ISTS WHO HAVE PRESENTED CREDENTIALS INDICATING PROFESSIONAL ACTIVITY IN MOLECULAR IMAGING OR NUCLEAR MEDICINE TECHNOLOGY OR OTHER RELATED FIELDS MAY JOIN THE SOCIETY AS TECHNOLOGIS T MEMBERS WITHOUT THE RIGHTS TO VOTE OR TO BE ELECTED AN OFFICER OF THE SOCIETY THIS MEMB ERSHIP DOES INCLUDE MEMBERSHIP IN THE TECHNOLOGIST SECTION WITH THE RIGHT TO VOTE AND TO B E ELECTED AN OFFICER IN THE TECHNOLOGIST SECTION D SCIENTIFIC LABORATORY PROFESSIONALS INDIVIDUALS WHO ARE INVOLVED IN MOLECULAR IMAGING RESEARCH AT THE PRE-CLINICAL OR TRANSLAT IONAL LEVEL THESE FIELDS INCLUDE UTILIZATION OF OPTICAL IMAGING, RADIOPHARMACEUTICALS, MR I, MR SPECTROSCOPY, ULTRASOUND, STEM CELL RESEARCH AND CELL TRAFFICKING MEMBERS MUST PROV IDE VALID CREDENTIALS INDICATING THEIR TRAINING AND INVOLVEMENT IN ONE OF THESE AREAS OF R ESEARCH THESE INDIVIDUALS MAY JOIN THE SOCIETY WITHOUT THE RIGHTS TO VOTE OR TO BE ELECTE D AN OFFICER OF THE SOCIETY THIS MEMBERSHIP DOES INCLUDE MEMBERSHIP IN THE TECHNOLOGIST S ECTION WITH THE RIGHT TO VOTE AND TO BE ELECTED AN OFFICER IN THE TECHNOLOGIST SECTION E MEMBERS-IN-TRAINING (STUDENT, RESIDENT, FELLOW) PHYSICIANS, SCIENTISTS, AND TECHNOLOGIST S WHO ARE ENROLLED IN ACCREDITED TRAINING PROGRAMS OR POSTDOCTORAL FELLOWSHIPS MAY JOIN TH E SOCIETY AS MEMBERS-IN-TRAINING WITH ALL RIGHTS AND PRIVILEGES OF MEMBERSHIP, EXCEPT THE RIGHTS TO VOTE AND TO BE ELECTED AN OFFICER OF THE SOCIETY F AFFILIATE MEMBERSHIP INDIV IDUALS COMMITTED TO THE ADVANCEMENT OF NUCLEAR MEDICINE, BUT NOT QUALIFYING FOR MEMBERSHIP IN OTHER CATEGORIES, MAY JOIN THE SOCIETY AS AFFILIATE MEMBERS WITH ALL RIGHTS AND PRIVIL EGES OF MEMBERSHIP, EXCEPT THE RIGHTS TO VOTE AND TO BE ELECTED AN OFFICER OF THE SOCIETY G HONORARY MEMBERSHIP INDIVIDUALS WHO HAVE RENDERED OUTSTANDING SERVICE IN AN AREA OF N UCLEAR MEDICINE MAY BE GRANTED HONORARY MEMBERSHIP IN THE SOCIETY WITH ALL RIGHTS AND PRIV ILEGES OF MEMBERSHIP, EXCEPT THE RIGHTS TO VOTE AND TO BE ELECTED AN OFFICER OF THE SOCIET Y H EMERITUS MEMBERSHIP INDIVIDUALS UPON THEIR RETIREMENT AFTER AT LEAST TEN (10) YEARS OF CONSECUTIVE MEMBERSHIP IN THE SOCIETY MAY BE GRANTED EMERITUS MEMBERSHIP EMERITUS MEM BERS HAVE THE FULL PRIVILEGES OF THE MEMBERSHIP CA

Return Reference	Explanation	
	FORM 990, PART VI, SECTION A, LINE 6	TEGORY FROM WHICH THEY ENTERED THE EMERITUS STATUS EXCEPT THE RIGHT TO BE ELECTED AN OFFIC ER OF THE SOCIETY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	SEE EXPLANATION FOR FORM 990, PART VI, SECTION A, LINE 6

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	PURSUANT TO THE BYLAWS OF THE ORGANIZATION, THE HOUSE OF DELEGATES HAS CERTAIN RIGHTS AS FOLLOWS 1 DESCRIPTION THE HOUSE OF DELEGATES IS THE REPRESENTATIVE COMPONENT OF THE SOCIETY 2 RESPONSIBILITIES A TO DEVELOP AND RECOMMEND TO THE BOARD OF DIRECTORS, SOCIETY POLICIES AND PROGRAMS REGARDING PROFESSIONAL ISSUES AFFECTING NUCLEAR MEDICINE B TO PROVIDE THE SEVEN (7) DIRECTORS-AT-LARGE, THE MAJORITY OF THE VOTING MEMBERS OF THE BOARD OF DIRECTORS C TO APPROVE AMENDMENTS TO THE BYLAWS IN ACCORD WITH THE BYLAWS AND PROCEDURES D TO APPROVE ESTABLISHMENT, SUSPENSION, AND DISSOLUTION OF CHAPTERS AND COUNCILS E TO REVIEW THE STRATEGIC PLAN ANNUALLY F TO OVERSEE AND MONITOR THE WORK OF THE COMMITTEES OF THE HOUSE OF DELEGATES G TO ELECT THE SPEAKER OF THE HOUSE, THE VICE SPEAKER OF THE HOUSE, AND THE HISTORIAN H TO ELECT THE MEMBERS-AT-LARGE OF THE COMMITTEE ON NOMINATIONS I TO APPROVE THE SELECTION OF THE EDITOR OF THE JOURNAL OF NUCLEAR MEDICINE 3 COMPOSITION, SELECTION, AND TERM A THE HOUSE OF DELEGATES SHALL BE COMPOSED OF VOTING AND NONVOTING MEMBERS 1 VOTING MEMBERS A) CHAPTER DELEGATES TWO (2) DELEGATES FROM EACH GEOGRAPHICAL CHAPTER REGION B) COUNCIL DELEGATES TWO (2) DELEGATES FROM EACH COUNCIL C) CENTER DELEGATES TWO (2) DELEGATES FROM EACH CENTER D) TECHNOLOGIST SECTION DELEGATES EIGHT (8) DELEGATES E) THE HISTORIAN OF THE SOCIETY 2 NON-VOTING MEMBERS A) THE OFFICERS OF THE SOCIETY AND THE TECHNOLOGIST SECTION PRESIDENT B) THE LAST FIVE (5) PAST PRESIDENTS OF THE SOCIETY B SELECTION OF VOTING MEMBERS 1 DELEGATES FROM CHAPTERS, COUNCILS, CENTERS, AND THE TECHNOLOGIST SECTION MAY BE SELECTED BY VARIOUS METHODS DEVISED BY EACH OF THOSE BODIES 2 THE HISTORIAN SHALL BE ELECTED BY THE HOUSE OF DELEGATES AND IS AN OFFICER OF THE HOUSE OF DELEGATES C TERM 1 DELEGATES FROM CHAPTERS, COUNCILS, CENTERS, AND THE TECHNOLOGIST SECTION MAY SERVE FOR SUCH TERMS AS THOSE BODIES MAY PROVIDE, BUT A DELEGATE MAY SERVE FOR A MAXIMUM OF SIX (6) CONSECUTIVE YEARS, FOLLOWING SERVICE AS A VOTING DELEGATE, AT LEAST THREE (3) YEARS MUST ELAPSE BEFORE SERVICE AS A VOTING DELEGATE IS AGAIN PERMITTED HOWEVER, A DELEGATE ELECTED AS A DIRECTOR-AT-LARGE SHALL REMAIN A VOTING DELEGATE FOR THE DURATION OF THE TERM AS DIRECTOR-AT-LARGE, EVEN IF BY DOING SO THE DELEGATE EXCEEDS EITHER THE TERM AS DELEGATE OR TERM LIMIT ANY THREE (3)-YEAR ABSENCE AS A VOTING DELEGATE IN THE HOUSE MAY BE FOLLOWED BY SERVICE AS A VOTING DELEGATE FOR UP TO SIX (6) YEARS 2 THE HISTORIAN SHALL SERVE A THREE (3)-YEAR TERM AND MAY BE ELECTED TO ONE CONSECUTIVE TERM THE HISTORIAN CAN EXCEED THE SIX (6)-YEAR TERM LIMIT TO COMPLETE THE TERM AS HISTORIAN 4 MEETINGS A REGULAR AND ANNUAL MEETINGS 1 THE HOUSE OF DELEGATES SHALL HAVE AT LEAST TWO REGULAR MEETINGS EACH YEAR ONE OF THE REGULAR MEETINGS SHALL BE DESIGNATED AS THE ANNUAL MEETING AND SHALL BE HELD IN CONJUNCTION WITH THE ANNUAL MEETING OF THE SOCIETY 2 FORMAL NOTICE OF REGULAR AND ANNUAL MEETINGS OF THE HOUSE OF DELEGATES SHALL BE PUBLISHED B SPECIAL MEETINGS SPECIAL MEETINGS OF THE HOUSE OF DELEGATES SHALL BE SUMMONED BY THE BOARD OF DIRECTORS OR THE SPEAKER OF THE HOUSE, AS CIRCUMSTANCES WARRANT C NOTIFICATION DELEGATES SHALL BE GIVEN AT LEAST SIXTY (60) DAYS ADVANCE NOTICE OF THE TWO REGULARLY SCHEDULED MEETINGS OF THE HOUSE OF DELEGATES AND FIVE (5) WORKING-DAYS NOTICE OF A SPECIAL MEETING OF THE HOUSE OF DELEGATES D QUORUM A QUORUM FOR ALL MEETINGS OF THE HOUSE OF DELEGATES IS A MAJORITY OF THE TOTAL VOTING DELEGATES 5 REMOVAL OF THE ORGANIZATION'S MEMBERS FROM OFFICE ELECTED MEMBERS INDIVIDUALS HOLDING AN ELECTED OFFICE UNDER THESE BYLAWS MAY BE REMOVED FROM OFFICE BY A TWO-THIRDS (2/3) AFFIRMATIVE VOTE OF THE HOUSE OF DELEGATES A FORMAL CHARGES WILL BE CIRCULATED TO ALL MEMBERS OF THE HOUSE OF DELEGATES AND TO THE INDIVIDUAL CHARGED AT LEAST THIRTY (30) DAYS PRIOR TO THE MEETING OF THE HOUSE OF DELEGATES AT WHICH THE ISSUE WILL BE ADDRESSED B THE INDIVIDUAL CHARGED WILL HAVE THE RIGHT TO PERSONAL APPEARANCE AND DEFENSE AT A REGULAR OR SPECIAL MEETING OF THE HOUSE OF DELEGATES AT WHICH THE ISSUE WILL BE ADDRESSED APPOINTED MEMBERS COMMITTEE MEMBERS OR ANY OTHER APPOINTED INDIVIDUAL MAY BE REMOVED FROM OFFICE BY THE APPOINTING AUTHORITY WITH APPROVAL OF A MAJORITY OF THE HOUSE OF DELEGATES AFTER DUE PROCESS PROCEDURES HAVE BEEN COMPLETED

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	A DRAFT OF THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S CFO, CEO AND TREASURER PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE (IRS) ADDITIONALLY, A COPY OF THE COMPLETED FORM 990 IS TO BE SENT TO EVERY MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS PRIOR TO ITS FILING WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S VOTING MEMBERS OF THE HOUSE OF DELEGATES, ALL BOARD MEMBERS, ALL COUNCIL PRESIDENTS, ALL COMMITTEE/COMMISSION CHAIRS, ALL NOMINEES FOR NATIONAL OFFICES, THE EXECUTIVE BOARD OF THE TECHNOLOGIST SECTION, ALL VOTING MEMBERS OF THE TECHNOLOGIST SECTION NATIONAL COUNCIL OF REPRESENTATIVES (COLLECTIVELY REFERRED TO AS "SNMMI LEADERSHIP"), AND KEY EMPLOYEES OF THE ORGANIZATION ARE ALL SUBJECT TO A CONFLICT OF INTEREST POLICY (COI) ANNUALLY, THE BOARD OF DIRECTORS, HOUSE OF DELEGATES, EXECUTIVE BOARD OF THE TECHNOLOGIST SECTION SHALL REVIEW THE DISCLOSURE FORMS OF THEIR MEMBERS OF THE SNMMI LEADERSHIP FOR ANY FINANCIAL OR NON-FINANCIAL INTERESTS OR OTHER SIGNIFICANT CONFLICTS OF INTEREST MEMBERS WILL DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST BEFORE DISCUSSING THE SUBJECT WHICH INVOLVES A POSSIBLE CONFLICT OF INTEREST AND WILL NOT PARTICIPATE IN ANY ACTION ON THAT SUBJECT UNLESS OFFICIALLY REQUESTED TO DO SO BY THE BODY WHICH IS TAKING THE ACTION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S CEO INCLUDES AN ANNUAL REVIEW OF JOB PERFORMANCE BY THE EXECUTIVE COMMITTEE OR ITS DESIGNEE. ADDITIONALLY, A COMPENSATION COMMITTEE REVIEWS THE CEO'S COMPENSATION AND COMPARES SUCH COMPENSATION TO COMPARATIVE SALARY DATA. THE WORK OF THE COMPENSATION COMMITTEE AND ANY OF ITS DECISIONS ARE DOCUMENTED. THERE IS NO COMPENSATION PAID TO ANY BUSINESS WHICH A CORPORATE OFFICER CONTROLS DIRECTLY OR INDIRECTLY. COMPENSATION FOR ANY KEY EMPLOYEES IS SET FORTH BY THE CEO. IF REQUESTED BY THE EXECUTIVE COMMITTEE OR ITS DESIGNEE, COMPARATIVE SALARY DATA FOR ANY KEY EMPLOYEES WOULD BE PROVIDED. ADDITIONALLY, THE COMPENSATION COMMITTEE REVIEWS THE COMPENSATION OF CERTAIN KEY EMPLOYEES AND COMPARES SUCH COMPENSATION TO COMPARATIVE SALARY INFORMATION

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COPIES OF ALL GOVERNING DOCUMENTS OF THE ORGANIZATION, THE COI POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLSOURE AS SET FOR IN SECTION 6104(D) THE ORGANIZATION'S BYLAWS ARE AVAILABLE TO THE PUBLIC ON THE WEBSITE.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PET COE BALANCE CARRY OVER FROM 2013 VIA RESTATEMENT 20,000 ERF FUNDING OF CMIIT AWARDS 5,750

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SOCIETY OF NUCLEAR MEDICINE AND MOLECULAR IMAGING

Employer identification number
36-2496678

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) THE EDUCATION & RESEARCH FOUNDATION FOR NUCLEAR MEDICINE & MOLECULAR IMAGIN 14301 FNB PARKWAY SUITE 100 OMAHA, NE 68154 23-7048300	GRANTMAKING	NE	501(C)(3)	LINE 11B, II	N/A		No

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
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 orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation