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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: SOUTH CAROLINA UROLOGICAL ASSOCIATION. D Employer identification number: 20-2089536. E Telephone number: (803) 798-6207. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [ ] Accrual. Other (specify):

I Website: N/A

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

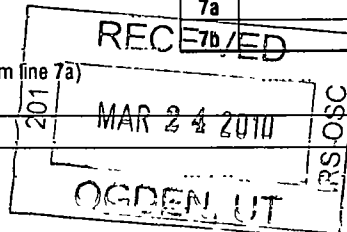
J Tax-exempt status (check only one) - [X] 501(c)(6) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 17,824.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 21 rows for revenue and expenses. Line 1: Contributions, gifts, grants, and similar amounts received. Line 2: Program service revenue including government fees and contracts. Line 3: Membership dues and assessments. Line 4: Investment income. Line 5a: Gross amount from sale of assets other than inventory. Line 5b: Less cost or other basis and sales expenses. Line 5c: Gain or (loss) from sale of assets other than inventory. Line 6: Special events and activities. Line 6a: Gross revenue. Line 6b: Less direct expenses other than fundraising expenses. Line 6c: Net income or (loss) from special events and activities. Line 7a: Gross sales of inventory, less returns and allowances. Line 7b: Less cost of goods sold. Line 7c: Gross profit or (loss) from sales of inventory. Line 8: Other revenue. Line 9: Total revenue. Line 10: Grants and similar amounts paid. Line 11: Benefits paid to or for members. Line 12: Salaries, other compensation, and employee benefits. Line 13: Professional fees and other payments to independent contractors. Line 14: Occupancy, rent, utilities, and maintenance. Line 15: Printing, publications, postage, and shipping. Line 16: Other expenses. Line 17: Total expenses. Line 18: Excess or (deficit) for the year. Line 19: Net assets or fund balances at beginning of year. Line 20: Other changes in net assets or fund balances. Line 21: Net assets or fund balances at end of year.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II)

Table with 27 rows for balance sheets. Column (A) Beginning of year, Column (B) End of year. Line 22: Cash, savings, and investments. Line 23: Land and buildings. Line 24: Other assets. Line 25: Total assets. Line 26: Total liabilities. Line 27: Net assets or fund balances.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III)	<b>Expenses</b>
What is the organization's primary exempt purpose? <b>ANNUAL MEETING FOR UROLOGISTS</b>	(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	
<b>28 PROVIDE EDUCATION TO IMPROVE THE UROLOGICAL FIELD</b>	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b>	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b>	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31 Other program services (attach schedule)</b>	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses (add lines 28a through 31a)</b>	<b>32</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
THOMAS B. EDMUNDS, MD P.O. BOX 11188, COLUMBIA, SC 29211	PRESIDENT 1.00	0.	0.	0.
RICHARD W. YOUNG, MD P.O. BOX 11188, COLUMBIA, SC 29211	IMMEDIATE PAST PRESIDENT 1.00	0.	0.	0.
T. BRIAN WILLIARD, MD P.O. BOX 11188, COLUMBIA, SC 29211	PRESIDENT ELECT 1.00	0.	0.	0.
T. BRIAN WILLIARD, MD P.O. BOX 11188, COLUMBIA, SC 29211	SECRETARY - TREASURER 1.00	0.	0.	0.
ELIZABETH BOZEMAN, MD P.O. BOX 11188, COLUMBIA, SC 29211	PAST PRESIDENT 1.00	0.	0.	0.
DAVID LAMB, MD P.O. BOX 11188, COLUMBIA, SC 29211	DELEGATE SCMA INTER-SPECIA 1.00	0.	0.	0.
JOHN BRITTON, JR., MD P.O. BOX 11188, COLUMBIA, SC 29211	SESUAU DELEGATE 1.00	0.	0.	0.
KEVIN O'KELLY, MD P.O. BOX 11188, COLUMBIA, SC 29211	SESUAU DELEGATE 1.00	0.	0.	0.
GARY BOZEMAN, MD P.O. BOX 11188, COLUMBIA, SC 29211	SESAU ALT. DELEGATE 1.00	0.	0.	0.
NORRIS W. WHITLOCK, MD P.O. BOX 11188, COLUMBIA, SC 29211	SESAU ALT. DELEGATE 1.00	0.	0.	0.
ALEXANDER W. RAMSAY, MD P.O. BOX 11188, COLUMBIA, SC 29211	SCMA ALT. DELEGATE 1.00	0.	0.	0.
JERRY JACKSON, MD P.O. BOX 11188, COLUMBIA, SC 29211	AUA REP./ HEALTH POLICY CO 1.00	0.	0.	0.
DAVID WRIGHT, MD P.O. BOX 11188, COLUMBIA, SC 29211	MEMBER-AT-LARGE 1.00	0.	0.	0.
JONATHAN T. DONALDSON, MD P.O. BOX 11188, COLUMBIA, SC 29211	MEMBER-AT-LARGE 1.00	0.	0.	0.
SUE O'SULLIVAN P.O. BOX 11188, COLUMBIA, SC 29211	SOUTHEASTERN SECTION CONTA 1.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ 37a</span> <u>0.</u>		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9	N/A	
39b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> <u>N/A</u> , section 4912 <span style="float:right">▶</span> <u>N/A</u> , section 4955 <span style="float:right">▶</span> <u>N/A</u>		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		N/A
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> <u>N/A</u>		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> <u>N/A</u>		
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <span style="float:right">▶</span> <u>NONE</u>		
42a	The organization's books are in care of <span style="float:right">▶</span> <u>PAMELA TRAPP</u> Telephone no <span style="float:right">▶</span> <u>803-798-6207</u> Located at <span style="float:right">▶</span> <u>132 WESTPARK BLVE, COLUMBIA, SC</u> ZIP + 4 <span style="float:right">▶</span> <u>29210</u>		
42b	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)? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> <u>43</u> <u>N/A</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- |   |     | Yes | No |
|---|-----|-----|----|
| 46 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 | 46  |     |    |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 47  |     |    |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 48  |     |    |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   | 49a |     |    |
| b If "Yes," was the related organization a section 527 organization?  | 49b |     |    |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

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

Signature of officer: *[Signature]* Date: 3/11/10

Type or print name and title: T. BRIAN WILLARD, MD TREASURER - SCUA

**Paid Preparer's Use Only** Preparer's signature: *[Signature]* Date: 3-3-10 Check if self-employed:  Preparer's identifying number (See instr.): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: ELLIOTT DAVIS, LLC/PLLC  
1901 MAIN STREET, SUITE 1650  
COLUMBIA, SC 29201

EIN: \_\_\_\_\_ Phone no: (803) 256-0002

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
SERVICE FEE FOR ADMINISTRATIVE SALARIES		5,343.	
TELEPHONE		33.	
MEETING EXPENSE		286.	
ANNUAL MEETING		14,184.	
AUA RECEPTION		1,000.	
TOTAL TO FORM 990-EZ, LINE 16		20,846.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCRUED INTEREST	178.	0.	
PREPAID ANNUAL MEETING	0.	200.	
TOTAL TO FORM 990-EZ, LINE 24	178.	200.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	552.	710.	
DEFERRED ANNUAL MEETING	1,350.	0.	
TOTAL TO FORM 990-EZ, LINE 26	1,902.	710.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO