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Form **990-EZ** 

Department of the Treasury Internal Revenue Service

DAA

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

Α	For the	e 2009 calend <u>ar yea</u>	r, or tax year beginning ,	and ending			
В	Check if	f applicable Please	,			DE	mployer identification number
	Address	change use IRS	ADD DOCKTION THE IND	EARCH			
	Name c	hange print or	I MICHINIDANI I CINI I I NII '			4	13-1972597
	Initial re	1		elephone number			
	Termina	stion See Specific	2100 GATEWAY CENTRE B	LVD	310		919-861-5574
-	Amende	ed return Instruc-	City or town, state or country, and ZIP + 4	NO 07560			Group Exemption
		ion pending tions.	MORRISVILLE	NC 27560			lumber
	• Sec		nizations and 4947(a)(1) nonexempt charitable	e trusts must attach	Į.	-	d Cash X Accrual
_			ompleted Schedule A (Form 990 or 990-EZ).		Other (specify	(===	
١.	_	te: N/A	one) — <b>X</b> 501(c) ( <b>3</b> ) <b>◄</b> (insert no )	4047(=)(4) == [	H Check ▶ required	to attach	the organization is <b>not</b> Schedule B (Form 990,
<u>у</u> К	Check	empt status (check only o	one) — X 501(c) ( 3) ◀ (Insert no ) organization is not a section 509(a)(3) supporting	4947(a)(1) or			
N.			return is not required, but if the organization cho	-			Thore than \$25,000 A
			9 to determine gross receipts, if \$500,000 or more, file F				\$ 293,287
	art I		expenses, and Changes in Net Asse				
	1		ants, and similar amounts received	<u>u D</u>	no to to a mod	1	200 070
	2		venue including government fees and contracts			2	
<b>(S)</b>	3	Membership dues a		•	•	3	
<b>7000</b>	4	Investment income				4	<u> </u>
	1 _		sale of assets other than inventory	[ 50			2,251
9	5a		•	<u>5a</u> 5b			
$\sim$	b		basis and sales expenses	<u> </u>	<u> </u>	<b>─</b> ┤ 50	_ 1
SCANNED	C		e of assets other than inventory (Subtract line 5b from hi		chock hara	┐ <del>  ਁ</del>	<u>*</u>
يتھ	6		tivities (complete applicable parts of Schedule G) If any	amount is from <b>gaming</b> entributions	, crieck fiele	. I	
$\triangle$	a	Gross revenue (not	including \$ or co	I			
LL PY	١.	reported on line 1)	and the state of the desired state of the st	6a	<del> </del>		
Z	b		ses other than fundraising expenses		<u> </u>	ᢇᡰᢩ	_
	_ C		s) from special events and activities (Subtract lin			6	
0	7a		entory, less returns and allowances	7a	<u> </u>		
Ŵ	b	Less cost of goods		_ <u>7b</u>		┥.	
	C		s) from sales of inventory (Subtract line 7b from	line /a)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	8		Scribe See Statement 1	<del></del>		.)   8	
	9_		l lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<del></del>	Stmt 2	9	64 400
	10		amounts paid (attach schedule)			10	
	11	Benefits paid to or f	1	RECEI	VFD	1	<del></del>
es	12		pensation, and employee benefits	1/1.01.	18	12	
benses	13		and other payments to independent contractors			1;	7 7 7 7
Exp	14		tilities, and maintenance	₩ MAY 0 3	Spin 12	14	<del> </del>
ш	15	• • •	ns, postage, and shipping	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	RSS	15	
	16		escribe See Statement 3	OGDE	<del>(1-)   T                                   </del>	.)   10	
	17		dd lines 10 through 16	1\ <i>/\\3\\/</i> \-1	*	17	
γņ	18	•	for the year (Subtract line 17 from line 9)			11	120,703
Net Assets	19		balances at beginning of year (from line 27, colu	ımn (A)) (must agree	with		106 167
As		, ,	eported on prior year's return)	0	Otatamant 4	19	
Š	20	•	et assets or fund balances (attach explanation)		Statement 4	20	
	21		balances at end of year Combine lines 18 throu			▶   2	
<u> </u>	art II	Balance Sh	eets. If Total assets on line 25, column (B) are	\$1,250,000 or more			
		_	(See the instructions for Part II.)		(A) Beginning of year		(B) End of year
	•	savings, and investm	ents		131,7		
		nd buildings	One Obelesia E		CE 7	<u>23</u>	
		ssets (describe	See Statement 5		65,7		
	Total a				197,4		
		abilities (describe			1,3		
			es (line 27 of column (B) must agree with line 2		196,1	67 27	
For	Privace	v Act and Panerwor	k Reduction Act Notice, see the senarate inst	tructions			Form 990-EZ (2009)

	N AND RESEARCH		3-1972597				Page 2
Part III Statement of Program Se		ts (See the instruct	ions for Part I	II.)_		Ex	penses
What is the organization's primary exempt purpose	?				(Re	equired	for section
See Statement 7					50	1(c)(3) a	and 501(c)(4)
Describe what was achieved in carrying out the org					org	janizatio	ons and section
manner, describe the services provided, the number	er of persons benefited, or oth	er relevant information for	or		49	47(a)(1)	trusts; optional
each program title					for	others	<u> </u>
28 TO PROVIDE GRANTS FOR RESEARCH IN	N THE FIELD OF				1		
ECHOCARDIOGRAPHY .							
64 422 444				<del></del>			64 400
	amount includes foreign grants	s, check here	▶		28a		64,422
29					1 1		
(Grants \$ ) If this a	mount includes foreign grant	a shook boro	_	[]	29a		
30	amount includes foreign grants	s, check fiere			29a		
30	•				ii		
(Grants \$ ) If this a	amount includes foreign grants	s check here	•		30a		
31 Other program services (attach schedule)	annount more deed to to toget grante	, ones nore			1		
,	mount includes foreign grants	s. check here	•		31a		
32 Total program service expenses (add lines 2		<u> </u>		<b>&gt;</b>	32	**	64,422
Part IV List of Officers, Directors, Truste	es, and Key Employees. Lis	t each one even if not co	mpensated. (See	the is	nstructio	ons for F	Part IV )
		(b) Title and average	(c) Compensation	(d)	Contribu	tions to	(e) Expense
(a) Name and addr	ess	hours per week devoted to position	(If not paid, enter -0)		erred comp		account and other allowances
WILLIAM A. ZOGHBI, MD, FASE	HOUSTON	PAST PRESIDE	T		•	Ì	
6550 FANNIN, SM-677	TX 77030		<u> </u>	<u> </u>		0	0
ROBERTO LANG, MD, FASE	CHICAGO	PRESIDENT					
5841 S. MARYLAND AVENUE	IL 60637			0		0	0
PEG KNOLL, RDCS, FASE	ORANGE	SECRETARY		1		l	
101 CITY DRIVE S., RT 149	CA 92868-3298		<u> </u>	<u> </u>		0	0
SANJIV KAUL, MD, FASE	PORTLAND	PRES ELECT					
3181 SW SAM JACKSON PARK RD	OR 97239	<del></del>		<u>ا</u>		0	0
JAMES D. THOMAS, MD	CLEVELAND	VICE PRESIDE	er.				
9500 EUCLID AVENUE DESK F-15	ОН 44195			이		- 0	0
NEIL J. WEISSMAN, MD, FASE	Washington	TREASURER					
100 IRVING ST STE EB 5123	DC 20010	<del></del>	<del> </del>	익		0	0
ROBIN WIEGERINK, MNPL	MORRISVILLE	C.E.O.	}			ا۔	_
2100 GATEWAY CENTRE BLVD, STE 310	NC 27560			ᠳ—	-	- 9	0
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Pa	art V Other Information (Note the statement requirements in the instructions for Par	t 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	_3	13		<u> </u>
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of				
	the changes	——————————————————————————————————————	14		<u> </u>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> report	ed		1	
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			ŧ	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		_		37
	6033(e) notice, reporting, and proxy tax requirements?	<b>—</b>	5a	-+	<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35	5b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				7.5
	during the year? If "Yes," complete applicable parts of Schedule N	<u> </u>	16		<u> </u>
37a	Enter amount of political expenditures, direct or indirect, as described in the instr			Ŧ	77
b	Did the organization file Form 1120-POL for this year?	37	7b		<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		- 1	ŧ	
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38	Ва		<u> </u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			1	
39	Section 501(c)(7) organizations Enter			ı	
а	Initiation fees and capital contributions included on line 9			- 1	
b	Gross receipts, included on line 9, for public use of club facilities				
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			1	
	section 4911 ▶	<del></del>		1	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			ŧ	
	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				7.
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<u>  4</u> (	0b		<u> </u>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			- 1	
	organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958			1	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			ı	
	reimbursed by the organization			I	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	<u> </u>	.		
	transaction? If "Yes," complete Form 8886-T	<u> 40</u>	De		<u> </u>
41	List the states with which a copy of this return is filed None	. 010	0.61		E 77.4
42a		phone no ▶ 919-8	801	5:	<b>5/4</b>
	2100 GATEWAY CENTRE BLVD, STE 310	0756	^		
	Located at ► MORRISVILLE, NC	ZIP+4 ► 2756	U		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Γ.		<u></u>
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	G.		Yes	No X
	account)?	4	2b		
	If "Yes," enter the name of the foreign country			I	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			I	
	and Financial Accounts.	1	,	ŧ	X
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42	2c	L	
	If "Yes," enter the name of the foreign country.				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	ا ما د			
	and enter the amount of tax-exempt interest received or accrued during the tax year	► 43			
			Γ.	V = - T	
		<b>[</b>		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	<b>!</b> .	.	ŧ	X
	Form 990-EZ	₽ª	14	-	
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	<b>!</b> .	اي	ŧ	X
	"Yes," Form 990 must be completed instead of Form 990-EZ		15   00 n	l	(2009)
		Form	<b>J</b> JU	,-Ľ	(2009)

Form 9	990-EZ (2009) ASE EDUCATION AND RESEARCH	4	3-1972597			Þ	age 4
Par	t VI Section 501(c)(3) organizations and section 4947(a)	(1) nonexemp	t charitable tru	usts only. All so	ection		
	501(c)(3) organizations and section 4947(a)(1) nonex					-49b	)
	and complete the tables for lines 50 and 51.	•		7			
46	Did the organization engage in direct or indirect political campaign activities on l	behalf of or in opp	osition to			Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I				46		X
	Did the organization engage in lobbying activities? If "Yes," complete Schedule	C. Part II			47		X
	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If		Schedule E		48	$\neg$	Х
	Did the organization make any transfers to an exempt non-charitable related org				49a		X
	If "Yes," was the related organization a section 527 organization?	,			49b		
	Complete this table for the organization's five highest compensated employees	(other than officer	s directors trustees	s and key		1	
	employees) who each received more than \$100,000 of compensation from the c			•			
	(a) Name and address of each employee paid more	(b) Title and average		(d) Contributions to		Expens	
	than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation		ount an allowar	
None	<del></del>	devoted to position	<del>                                     </del>	deletted compensation	Ou ici	allowal	1003
				<del> </del>	<del>                                     </del>		
		1	•		i		
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		<del></del>		<del>                                     </del>			
					[		
		L	<del></del>	L	L		
f '	Total number of other employees paid over \$100,000	_		_			
	\$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.		Type of service	(c) (c)	Compens	ation	
None	<del></del>	_ <del> </del>	, ,,				
-1011	•			Ì			
	<del></del>	<del></del>					
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	<del></del>	<del></del>	<del></del>				
	•						
	Total and be of other indicated and and an arrival and an arrival and arrival arrival and arrival arrival and arrival arri						
d	Total number of other independent contractors each receiving over \$100,000						
		<del></del>					
	Under penalties of perjury, I declare that I have examined this return, including act and belief, it is true-correct, and complete Declaration of preparer (other than offi						
Sign			. Ц/э	9/10	3-		
_			712	7/10			
Here	Signature of officer ROBIN L WIEGERINK CE	h	Date	•			
	Type or print name and title	<u> </u>					—
	y Type or print name and add	Date	Check if	Preparer's Iden	tifving Num	her (Se	e instr )
	Preparer's		self-	_		-	o mou )
Paid	signature EMILY J. MILLS, CPA		1/10 employed				
-	arer's Firm's name (or yours Joyce and Company, CP)	A		EIN ▶ 5	6-22	202	<u>813</u>
Use (			·	Phone		_	_
	address, and ZIP+4 Cary, NC 27511			no ▶ 919	-466	<u>5-09</u>	<u>946</u>
May th	ne IRS discuss this return with the preparer shown above? See instructions				Ye	S	No
				Fo	orm <b>99</b> 0	)-EZ	(2009)

**SCHEDULE A** (Form 990 or 990-EZ)

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. OMB No 1545-0047

Open to Public Inspection

ASE EDUCATION AND RESEARCH Name of the organization

FOUNDATION, INC

Employer identification number 43-1972597

	<del> </del>												
P	art I	Reas	on for Public Charity	Status (All organizations	must c	omplete	e this p	oart.) S	ee in	struction	ons		
The	orgai	nization is not	a private foundation becau	se it is (For lines 1 through 11, ch	eck only	one box.)							
1		A church, coi	nvention of churches, or as	sociation of churches described in	section	170(b)(1)(	A)(i).						
2	П	A school des	cribed in section 170(b)(1)	(A)(ii). (Attach Schedule E)									
3	П		, , , ,	ice organization described in sec	tion 170(b	)(1)(A)(iii	).						
4	M	•	•	ed in conjunction with a hospital d			•	L)(A)(iii)	. Enter t	he hose	utal's name.		
·	ب	city, and state	-					-, (, (,			,		
5		•		of a college or university owned of	r onerate	d by a dov	ernmen/	tal unit d	lescribe	ed in			
•		<del>-</del>	b)(1)(A)(iv). (Complete Par	•	и орстато	a by a go	Cilinion	an arm c	COOLIDO				
		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	-ti 170	/L\/4\/A\/							
6	H			governmental unit described in se						مناطين			
7	Ш	•	•	substantial part of its support from	n a gover	nmentai u	nit or tro	m the g	enerai p	oublic			
_			section 170(b)(1)(A)(vi). (C	•									
8				170(b)(1)(A)(vi). (Complete Part I					_				
9	X			1) more than 33 1/3 % of its supp							•		
		receipts from	activities related to its exer	mpt functions—subject to certain e	exceptions	s, and (2)	no more	than 33	1/3 %	of its			
		• •	•	nd unrelated business taxable inc	=		11 tax)	from bus	inesses	5			
		acquired by the	he organization after June	30, 1975 See section 509(a)(2).	(Complete	Part III)							
10		•	•	exclusively to test for public safe	•								
11				exclusively for the benefit of, to p									
		purposes of c	one or more publicly suppor	ted organizations described in se	ction 509(	a)(1) or se	ection 50	)9(a)(2)	See se	ction			
		509(a)(3). Ch	eck the box that describes	the type of supporting organizatio	n and con	nplete line	s 11e th	rough 1	1h				
		a Type	l <b>b</b> Type II	c Type III–Function	ally integra	ated	d	Тур	e III–Ot	her			
е		By checking t	his box, I certify that the org	ganization is not controlled directly	or indire	ctly by one	or more	e disqua	lified				
		persons other	r than foundation managers	and other than one or more publ	icly suppo	rted orga	nizations	describ	ed in se	ection			
		509(a)(1) or s	section 509(a)(2)										
f		If the organiza	ation received a written det	ermination from the IRS that it is a	Type I, T	ype II, or	Type III	supporti	ng				
		_	check this box										
g		•		ation accepted any gift or contribu	tion from a	any of the							ت
9		following per	· ·	, , , , , , , , , , , , , , , , , , , ,		•							
		• .		ontrols, either alone or together w	uth nersor	is describ	ed in (ii)					Yes	No
					iai porcor		oo (,				11g(ı)		
			member of a person descri	of the supported organization?				•			11g(iı)	$\vdash$	
		• •	·	• • • • • • • • • • • • • • • • • • • •							11g(iii)	+	
_			•	described in (i) or (ii) above?							[119/11]	<u> </u>	
<u>n</u>				the supported organization(s)	4		60.04.		()	la tha	(ml) Am		
(1)		of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	organization		ou notify	organizat	is the tion in col	(vil) Am supp		
organization (described on lines 1–9 in col. (i) listed in your above or IRC section governing document?							col (i)	of your	(i) organi	zed in the			
				(see instructions))	<del></del>			port?	$\vdash$	S?			
				<del></del>	Yes	No	Yes	No	Yes	No			
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Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 ASE EDUCATION AND RESEARCH Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)
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Sec	tion A. Public Support	JORGA LITO BOX O	<u> </u>	<u>,</u>			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	19,677	18,431	60,445	70,512	290,278	459,343
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						
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	19,677	18,431	60,445	70,512	290,278	459,343
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that				1		
	exceed the greater of \$5,000 or 1% of the					į	
	amount on line 13 for the year				·		
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						459,343
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·			<u> </u>	(1) 2000	(0 Total
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	19,677	18,431	60,445	70,512	290,278	459,343
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			5,664	3,368	2,284	11,316
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				_		
С	Add lines 10a and 10b			5,664	3,368	2,284	11,316
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					725	725
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	19,677	18,431	66,109	73,880	293,287	471,384
14	First five years. If the Form 990 is for the c		second, third, fourt	h, or fifth tax year a	s a section 501(c)(	3)	▶ □
<u></u>	organization, check this box and stop here		200		<del>-</del>	<del></del>	
	ction C. Computation of Public Su			<u>(n)</u>		15	97.45%
15	Public support percentage for 2009 (line 8,			(1))		16	95.81%
16 Soc	Public support percentage from 2008 Sche ction D. Computation of Investment						
	Investment income percentage for 2009 (lin			olumn (fl)		17	2 %
17 18	Investment income percentage for 2009 (iii  Investment income percentage from 2008 (			ordinii (1//		18	4 %
19a	33 1/3 % support tests—2009. If the organ	nization did not ched	ck the box on line 1			and line	<b>▶</b> X
b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ	nization did not ched	ck a box on line 14	or line 19a, and lin	e 16 is more than	33 1/3 %, and	• ====================================
20	line 18 is not more than 33 1/3 %, check the						

Schedule A (Form 990 or 990-EZ) 2009 ASE EDUCATION AND RESEARCH

43-1972597

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part III, Line 12 - Other Income Detail

**MISCELLANEOUS** 

\$

725

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

67

Attachment Sequence No

Name(s) shown on return

► See separate instructions. ASE EDUCATION AND RESEARCH

► Attach to your tax return.

Identifying number

	FOUNDAT	TON, INC.					43-	19/	<u> </u>
	ess or activity to which this form relates								
	ndirect Depreciati arti Election To Expen		arty Under Section	on 170					
F	Election To Expen Note: If you have a				com	nlete Pa	art I		
1	Maximum amount See the instruct				COII	ipioto i e	<u> </u>	1	250,000
2	Total cost of section 179 property p	<del>-</del>		,				2	
3	Threshold cost of section 179 prop	•	•	uctions)				3	800,000
4	Reduction in limitation Subtract line			<b>,</b>				4	
5	Dollar limitation for tax year Subtract line		•	iling separately, see	instruct	tions		5	
6	(a) Description			Cost (business use		T	Elected cost		
7	Listed property Enter the amount for	rom line 29			7				
8	Total elected cost of section 179 pr	operty Add amounts	in column (c), lines 6	and 7				8	
9	Tentative deduction Enter the sma	i <b>ller</b> of line 5 or line 8	}					9	
10	Carryover of disallowed deduction to	from line 13 of your 2	008 Form 4562					10	
11	Business income limitation. Enter the	ne smaller of busines	s income (not less tha	n zero) or line 5 (	see in	structions)		11	
12	Section 179 expense deduction Ac	dd lines 9 and 10, but	t do not enter more tha	ın line 11		<del></del>		12	
13	Carryover of disallowed deduction to		<del></del>		13	<u> </u>			
	: Do not use Part II or Part III below t								<del></del>
	rt II Special Depreciati					ude liste	d prope	rty.)	(See instr.)
14	Special depreciation allowance for		her than listed property	y) placed in servic	ce				
	during the tax year (see instructions	•						14	
15	Property subject to section 168(f)(1	•						15	6 264
16	Other depreciation (including ACRS		1 - 1 - 4 - 4 4	) (O = = i==4=	4!			16	6,264
Pa	rt III MACRS Depreciati	on (Do not inclu			ction	15.)			
4-			Section					4-	0
17 40	MACRS deductions for assets plac	•						17	
18	If you are electing to group any assets pla		e tax year into one or more				iation Sv	L stem	
	<u> </u>	(b) Month and year	(c) Basis for depreciati		T	nai Bopici	, atton Cy	J.C	
	(a) Classification of property	placed in service	(business/investment u only-see instructions	se (ta) tooston,	(e) (	Convention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property				<u> </u>				
<u>b</u>	5-year property				ļ				
С_	7-year property							_	<del></del>
<u>d</u>	10-year property				-				
	15-year property			<del></del> -					<u> </u>
f_	20-year property			<del></del>	-		6/1		
<u>g</u>	25-year property			25 yrs.			S/L S/L		
n	Residential rental property			27 5 yrs		MM			
			<del></del>	27 5 yrs		MM MM	S/L		<del></del>
i	Nonresidential real property			39 yrs	<del> </del>	MM	S/L S/L		
		seate Placed in Sen	/ice During 2009 Tax	Vear Using the A	lterna			vstem	<u> </u>
20a	<del></del>	ssets Flaced III Self	nce burning 2009 Tax	Teal Using the F		tilve Depi		yotom	
	Class life			12 yrs	├		_S/L S/L		
	12-year					мм	S/L		<del></del>
	40-year  ort IV Summary (See ins	tructions )	<u> </u>	40 yrs	<u> </u>	IACIAI			-
<u> </u>	Listed property. Enter amount from							21	
22	Total. Add amounts from line 12, lin		nes 19 and 20 in colum	nn (a) and line 21	Ente	r here		<u> </u>	
	and on the appropriate lines of you	<del>-</del>		_				22	6,264
23	For assets shown above and place				Γ -	I			
	portion of the basis attributable to s				23				,

1231 ASE EDUCATION AND RESEARCH

**Federal Statements** 

43-1972597 FYE: 12/31/2009

## Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Aı	Amount				
MISCELLANEOUS	\$	725				
Total	\$	725				

4/21/2010 1:56 PM

	<del>r</del> -				-
4/21/2010 1:56 PM		٠	FMV Explanation		
4/21	<u>9</u>		Book Value Explanation		
	ar Amounts Paic		Book Value		
ments	brants and Simils		Noncash Contribution		
Federal Statements	., Part I, Line 10 - G <u>Órganizatio</u>	Class of Activity	Contribution	64,422	
	Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations		Description of Property		
ASE EDUCATION AND RESEARCH 72597 12/31/2009	State	Name and Address	Date of Gift		
1231 ASE EDUC/ 43-1972597 FYE: 12/31/2009		_		Total	

## 1231 ASE EDUCATION AND RESEARCH

43-1972597

**Federal Statements** 

FYE: 12/31/2009

#### Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount				
Expenses	\$				
Advertising and Promotion	12,819				
Office	281				
Travel	922				
SPECIAL PROJECT	25,471				
MISCELLANEOUS	1,014				
TAXES	341				
BANK FEES	90				
Total	\$ 40,938				

#### Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

					 Amount			
UNREALIZED	NET	GAIN	ON	INVESTMENTS	\$	14,642		
Total					\$	14,642		

#### Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Pledges Receivable	\$	\$ 64,256
Accounts Receivable	24,524	340
Prepaid Expenses and Deferred Charges		13,400
	43,846	43,846
Less Accumulated Depreciation	2,610	 8,874
	65,760	 112,968

#### Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 1,328	\$
	1,328	

1231 ASE EDUCATION AND RESEARCH
43-1972597 Federal Statements

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FYE: 12/31/2009

### Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO SERVE THE FUTURE OF ECHOCARDIOGRAPHY THROUGH EDUCATION, RESEARCH, ADVOCACY AND PROFESSIONALISM.