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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 black lung benefit trust or private foundation)

OMB No. 1545-0047

2009Open to Public
Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE		D Employer identification number 04-2284338
		Doing Business As		E Telephone number (205) 978-5000
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1209 MONTGOMERY HIGHWAY		G Gross receipts \$ 20,063,282.
		City or town, state or country, and ZIP + 4 BIRMINGHAM, AL 35216		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		F Name and address of principal officer ROBERT W. REBAR, M.D. SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.ASRM.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation 1944 M State of legal domicile: CA				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities ASRM IS A MULTIDISCIPLINARY ORGANIZATION DEDICATED TO THE ADVANCEMENT OF THE ART, SCIENCE, AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of employees (Part V, line 2a)	5	41
	6 Total number of volunteers (estimate if necessary)	6	250
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	95,000.
b Net unrelated business taxable income from Form 990-E, line 34	7b	20,375.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,014,610.	3,451,709.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,046,816.	4,459,865.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	905,607.	867,887.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	221,053.	488,286.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,188,086.	9,267,747.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	198,398.	155,000.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,909,789.	3,306,256.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,107,467.	4,600,585.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	8,215,654.	8,061,841.
	19 Revenue less expenses - Subtract line 18 from line 12	1,972,432.	1,205,906.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	26,782,709.	30,164,237.	
22 Net assets or fund balances. Subtract line 21 from line 20	3,235,544.	3,039,355.	
		23,547,165.	27,124,882.

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	Signature of officer <i>Robert W. Rebar</i>		Date <i>May 16, 2011</i>	
	ROBERT W. REBAR, M.D., EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i>	Date <i>5-13-11</i>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 SELLERS RICHARDSON HOLMAN & WEST, LLP 216 SUMMIT BOULEVARD, STE 300 BIRMINGHAM, AL 35243		EIN ▶ Phone no. ▶ 205-278-0001	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

- 1
Briefly describe the organization's mission:
SEE SCHEDULE O FOR CONTINUATION
ASRM IS A MULTIDISCIPLINARY ORGANIZATION DEDICATED TO THE ADVANCEMENT OF THE ART, SCIENCE, AND PRACTICE OF REPRODUCTIVE MEDICINE. THE SOCIETY ACCOMPLISHES ITS MISSION THROUGH THE PURSUIT OF EXCELLENCE IN EDUCATION AND RESEARCH AND THROUGH ADVOCACY ON BEHALF OF PATIENTS,
- 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$
695,481.
including grants of \$
)(Revenue \$
)

PUBLISHING MONTHLY EDUCATIONAL PERIODICAL

4b
(Code
)(Expenses \$
635,481.
including grants of \$
)(Revenue \$
)

COMMITTEES AND SPECIAL INTEREST GROUPS

4c
(Code
)(Expenses \$
2,994,116.
including grants of \$
)(Revenue \$
)

ANNUAL MEETING-LECTURES

4d
Other program services (Describe in Schedule O)

(Expenses \$
104,785.
including grants of \$
)(Revenue \$
)

4e
Total program service expenses
\$
4,429,863.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
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)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	103
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	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	41
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 this return. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
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	X
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	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
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	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	18	
b Enter the number of voting members that are independent	17	
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
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?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
LEONARD SIEGEL - 205-978-5000
1209 MONTGOMERY HIGHWAY, BIRMINGHAM, AL 35216-2809

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DOLORES J. LAMB, P.H.D. VICE PRESIDENT	2.00	X		X				0.	0.	6,048.
WILLIAM E. GIBBONS, M.D. PRESIDENT	2.00	X		X				0.	0.	27,696.
ROGERIO A. LOBO, M.D. PRESIDENT-ELECT	2.00	X		X				0.	0.	20,531.
R. DALE MCCLURE, M.D. IMMEDIATE PAST PRESIDENT	2.00	X		X				0.	0.	19,400.
G. DAVID ADAMSON, M.D. PAST PRESIDENT	2.00	X		X				0.	0.	7,324.
CATHERINE RACOWSKY, PH.D. SECRETARY	2.00	X		X				0.	0.	6,263.
STUART S. HOWARDS, M.D. TREASURER	2.00	X		X				0.	0.	5,198.
ROBERT W. REBAR, M.D. EXECUTIVE DIRECTOR	60.00	X		X	X			339,300.	0.	63,267.
RICHARD J. PAULSON, M.D. DIRECTOR	2.00	X						0.	0.	2,805.
WILLIAM D. SCHLAFF, M.D. DIRECTOR	2.00	X						0.	0.	1,502.
MICHAEL DIAMOND, M.D. DIRECTOR	2.00	X						0.	0.	837.
MARCELLE I. CEDARS, M.D. SREI ALTERNATIVE REPRESENTATIVE	2.00	X						0.	0.	214.
NANNETTE F. SANTORO, M.D. DIRECTOR, SREI REPRESENTATIVE	2.00	X						0.	0.	12,349.
REBECCA Z. SOKOL, M.D. DIRECTOR	2.00	X						0.	0.	1,140.
ANN DAVIS, M.D. DIRECTOR	2.00	X						0.	0.	2,029.
ANTHONY LUCIANO, M.D. SRS REPRESENTATIVE	2.00	X						0.	0.	1,897.
GARY N. FRISHMAN, M.D. SRS ALTERNATIVE REPRESENTATIVE	2.00	X						0.	0.	3,182.

**THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE**

Form 990 (2009)

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JAMES M. GOLDFARB, M.D. SART REPRESENTATIVE	2.00	X						0.	0.	4,096.
ELIZABETH S. GINSBURG, M.D. SART ALTERNATIVE REPRESENTATIVE	2.00	X						0.	0.	1,042.
NANCY L. BRACKETT, PH.D. SMRU ALTERNATIVE	2.00	X						0.	0.	2,268.
EDWARD D. KIM, M.D. SMRU ALTERNATE REPRESENTATIVE	2.00	X						0.	0.	0.
NANCY FRANKEL CHIEF OPERATING OFFICER	60.00	X		X	X			191,066.	0.	30,568.
ANDREW R. LABARBERA, PH.D. SCIENTIFIC DIRECTOR	60.00	X		X	X			137,007.	0.	33,863.
SEAN TIPTON DIRECTOR OF PUBLIC AFFAIRS	60.00			X	X			133,447.	0.	36,690.
LEONARD SIEGEL CHIEF FINANCIAL OFFICER	60.00			X	X			143,291.	0.	18,760.
1b Total								944,111.	0.	308,969.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **5**

- | | | |
|---|------------|-----------|
| 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 | Yes | 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 | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUADRANT HEALTHCOM INC, 3922 COCONUT PALM DR STE 300, TAMPA, FL 33619	EDUCATIONAL PUBLICATIONS & ACTIV	508,895.
LEVY RESTAURANTS, 285 ANDREW YOUNG INTERNATIONAL BLVD, ATLANTA, GA 30313	FOOD & BEVERAGE	362,471.
BLUE CROSS BLUE SHIELD OF ALABAMA PO BOX 360037, BIRMINGHAM, AL 35236-0037	INSURANCE	218,385.
ALAN DECHERNEY 11210 S. GLEN ROAD, POTOMAC, MD 20854	EDITOR	191,949.
GEORGIA WORLD CONGRESS CENTER, 285 ANDREW YOUNG INTERNATIONAL BLVD, ATLANTA, GA	ANNUAL MEETING VENUE	116,198.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Form **990** (2009)

**THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE**

Form 990 (2009)

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,451,709.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			3,451,709.			
Program Service Revenue	2 a SALE OF EDUCATIONAL MA	Business Code	541800	1,264,086.	1,264,086.		
	b PUBLICATION OF JOURNAL		541800	1,035,235.	1,035,235.		
	c MEMBERSHIP DUES		541800	1,004,471.	1,004,471.		
	d POST GRADUATE COURSES		541800	556,520.	556,520.		
	e ANNUAL MEETING		541800	504,553.	504,553.		
	f All other program service revenue		541800	95,000.		95,000.	
	g Total. Add lines 2a-2f			4,459,865.			
	3 Investment income (including dividends, interest, and other similar amounts)			869,923.			869,923.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties			69,213.	69,213.			
Other Revenue	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			<2,036.>	<2,036.>		
	8 a 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						
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
11 a OTHER REVENUE		541800	339,676.	339,676.			
b ENDOWMENTS		541800	69,394.	69,394.			
c MAILING LIST ROYALTIES		541800	10,003.	10,003.			
d All other revenue							
e Total. Add lines 11a-11d			419,073.				
12 Total revenue. See instructions.			9,267,747.	4,851,115.	95,000.	869,923.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 U.S. See Part IV, line 21	155,000.	155,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,299,708.	712,867.	586,841.	
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	1,464,378.	765,634.	698,744.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	179,681.	93,944.	85,737.	
9 Other employee benefits	201,261.	105,227.	96,034.	
10 Payroll taxes	161,228.	84,296.	76,932.	
11 Fees for services (non-employees)				
a Management				
b Legal	41,074.	21,475.	19,599.	
c Accounting	26,675.	13,947.	12,728.	
d Lobbying	41,900.	21,908.	19,992.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	638,781.	333,980.	304,801.	
17 Travel	512,148.	267,771.	244,377.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,025,688.	536,270.	489,418.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	178,604.	93,381.	85,223.	
23 Insurance	122,528.	64,062.	58,466.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a INCOME TAX	6,462.	3,379.	3,083.	
b PRINTING & PUBLICATIONS	649,797.	339,739.	310,058.	
c EQUIPMENT RENTAL	563,836.	294,795.	269,041.	
d OTHER ADMINISTRATIVE CO	304,674.	159,295.	145,379.	
e HONORARIA	225,350.	225,350.		
f All other expenses	263,068.	137,543.	125,525.	
25 Total functional expenses Add lines 1 through 24f	8,061,841.	4,429,863.	3,631,978.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	466,404.	1	865,612.
	2 Savings and temporary cash investments	2,392,918.	2	689,271.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	100,216.	4	288,099.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	19,260.	8	23,582.
	9 Prepaid expenses and deferred charges	227,261.	9	295,164.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 3,045,502.		
	b Less: accumulated depreciation	10b 1,277,805.	10c	1,767,697.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	21,516,423.	12	25,959,825.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	213,091.	15	274,987.
16 Total assets. Add lines 1 through 15 (must equal line 34)	26,782,709.	16	30,164,237.	
Liabilities	17 Accounts payable and accrued expenses	503,370.	17	584,494.
	18 Grants payable		18	
	19 Deferred revenue	2,615,565.	19	2,454,486.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	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. Complete Part X of Schedule D	116,609.	25	375.
	26 Total liabilities. Add lines 17 through 25	3,235,544.	26	3,039,355.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		22,305,281.	27	26,103,622.
28 Temporarily restricted net assets		1,241,884.	28	1,021,260.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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		23,547,165.	33	27,124,882.
34 Total liabilities and net assets/fund balances	26,782,709.	34	30,164,237.	

**THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE**

Form 990 (2009)

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Part XI Financial Statements and Reporting

- 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?
- b** Were the organization's financial statements audited by an independent accountant?
- 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?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

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

2009

Open to Public Inspection

Name of the organization 'THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE

Employer identification number
04-2284338

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, conference 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 - Other

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?

(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?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar 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.")						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))

14

%

15 Public support percentage from 2008 Schedule A, Part II, line 14

15

%

16a **33 1/3% support test - 2009.** 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 - 2008.** 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 - 2009.** 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 - 2008.** 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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2009

THE AMERICAN SOCIETY FOR REPRODUCTIVE

Schedule A (Form 990 or 990-EZ) 2009 **MEDICINE**

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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.)

Section A. Public Support

Calendar 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.")	3637201.	4812428.	4303005.	4014610.	3451709.	20218953.
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	3589045.	2386596.	3960386.	5046816.	4459865.	19442708.
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	7226246.	7199024.	8263391.	9061426.	7911574.	39661661.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1439222.	1556348.	1448901.	1744124.	1291166.	7479761.
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	1439222.	1556348.	1448901.	1744124.	1291166.	7479761.
8 Public support (Subtract line 7c from line 6)						32181900.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	7226246.	7199024.	8263391.	9061426.	7911574.	39661661.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	792,992.	928,152.	987,196.	905,607.	869,923.	4483870.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	792,992.	928,152.	987,196.	905,607.	869,923.	4483870.
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)	84,220.	110,246.	81,830.	209,331.	349,679.	835,306.
13 Total support (Add lines 9, 10c, 11, and 12)	8103458.	8237422.	9332417.	10176364.	9131176.	44980837.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	71.55 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	70.93 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	9.97 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	9.36 %

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2009

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization is described below.**

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

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

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

Name of organization	THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE	Employer identification number	04-2284338
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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 ▶ \$ _____
☐ Yes ☐ No
- 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 payments were made. 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-

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

Schedule C (Form 990 or 990-EZ) 2009

THE AMERICAN SOCIETY FOR REPRODUCTIVE

Schedule C (Form 990 or 990-EZ) 2009

MEDICINE

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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.
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)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		368,926.													
c Total lobbying expenditures (add lines 1a and 1b)		368,926.													
d Other exempt purpose expenditures		7,687,285.													
e Total exempt purpose expenditures (add lines 1c and 1d)		8,056,211.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns		552,811.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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														
g Grassroots nontaxable amount (enter 25% of line 1f)		138,203.													
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.													
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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	495,893.	514,644.	592,919.	552,811.	2,156,267.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,234,401.
c Total lobbying expenditures	117,493.	108,785.	159,460.	368,926.	754,664.
d Grassroots nontaxable amount	123,973.	128,661.	148,230.	138,203.	539,067.
e Grassroots ceiling amount (150% of line 2d, column (e))					808,601.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

THE AMERICAN SOCIETY FOR REPRODUCTIVE

Schedule C (Form 990 or 990-EZ) 2009

MEDICINE

04-2284338 Page 3

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)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
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? If "Yes," describe in Part IV			
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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if 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

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE**

Employer identification number
04-2284338

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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	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 XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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 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 XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if 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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
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 XIV

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 year end balance held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	421,280.			421,280.
b Buildings	1,423,333.			1,423,333.
c Leasehold improvements				
d Equipment	1,200,889.			1,200,889.
e Other			1,277,805.	<1,277,805.>
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,767,697.

Schedule D (Form 990) 2009

**THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE**

Schedule D (Form 990) 2009

04-2284338 Page **3**

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
TIAA CREF INVESTMENTS	25,959,825.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	25,959,825.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. 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. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
1 Federal income taxes	
OTHER LIABILITIES	375.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	375.

2. FIN 48 Footnote In Part XIV, 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.

**THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE**

Schedule D (Form 990) 2009

04-2284338 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,267,747.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,061,841.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,205,906.
4	Net unrealized gains (losses) on investments	4	2,371,811.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	2,371,811.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,577,717.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	11,575,271.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,371,811.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	2,371,811.
3	Subtract line 2e from line 1	3	9,203,460.
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 XIV)	4b	64,287.
c	Add lines 4a and 4b	4c	64,287.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,267,747.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	7,997,554.
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 XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,997,554.
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 XIV)	4b	64,287.
c	Add lines 4a and 4b	4c	64,287.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,061,841.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: ON JUNE 1, 2009, THE SOCIETY ADOPTED THE PROVISIONS OF

ASC GUIDANCE RELATING TO UNCERTAINTY IN INCOME TAXES. THIS GUIDANCE

REQUIRES ENTITIES TO ASSESS THEIR UNCERTAIN TAX POSITIONS FOR THE

LIKELIHOOD THAT THEY WOULD BE OVERTURNED UPON INTERNAL REVENUE SERVICE

(IRS) EXAMINATION OR UPON EXAMINATION BY STATE TAXING AUTHORITIES. IN

ACCORDANCE WITH THIS GUIDANCE, THE SOCIETY HAS DETERMINED THAT IT DOES NOT

HAVE ANY POSITIONS AT JUNE 30, 2010, THAT IT WOULD BE UNABLE TO

SUBSTANTIATE. PRIOR TO IMPLEMENTATION, DISCLOSURE REQUIREMENTS WERE

GOVERNED BY THE GUIDANCE FOR CONTINGENCIES. THE SOCIETY HAS FILED ITS TAX RETURNS THROUGH JUNE 30, 2009. THE TAX RETURNS FOR YEARS ENDED JUNE 30, 2007, AND THEREAFTER ARE SUBJECT TO AUDIT BY THE TAXING AUTHORITIES.

PART XII, LINE 4B - OTHER ADJUSTMENTS:
INVESTMENT EXPENSES NETTED AGAINST INCOME ON FINANCIAL STATEMENTS: 64287.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:
INVESTMENT EXPENSES NETTED AGAINST INCOME ON FINANCIAL STATEMENTS: 64287.

**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" on Form 990, Part IV, line 21 or 22.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE**

Employer identification number
04-2284338

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. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF REGENTS/ UNIVERSITY OF WISCONSIN SYSTEM - 1 S PARK ST. 5TH FLOOR - MADISON, WI 53715	39-1805963		25,000.	0.			ADVANCEMENT OF THE ART, SCIENCE, & PRACTICE OF REPRODUCTIVE MEDICINE
BRIGHAM & WOMEN'S HOSPITAL P.O. BOX 3149 BOSTON, MA 02241			25,000.	0.			ADVANCEMENT OF THE ART, SCIENCE, & PRACTICE OF REPRODUCTIVE MEDICINE
REGENTS OF THE UNIVERSITY OF CALIFORNIA - BOX 0897 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	30,000.	0.			ADVANCEMENT OF THE ART, SCIENCE, & PRACTICE OF REPRODUCTIVE MEDICINE
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, RM P-221 - PHILADELPHIA, PA 19104-6205	23-1352685		30,000.	0.			ADVANCEMENT OF THE ART, SCIENCE, & PRACTICE OF REPRODUCTIVE MEDICINE
CURATORS OF THE UNIVERSITY OF MISSOURI - 310 JESS HALL - COLUMBIA, MO 65211-1230	43-6003859		25,000.	0.			ADVANCEMENT OF THE ART, SCIENCE, & PRACTICE OF REPRODUCTIVE MEDICINE
REGENTS OF THE UNIVERSITY OF COLORADO - 13243 E 23RD AVENUE - AURORA, CO 80045	04-1096314		10,000.	0.			ADVANCEMENT OF THE ART, SCIENCE, & PRACTICE OF REPRODUCTIVE MEDICINE

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

1. **1.**
8.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009

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.
Use Part IV and Schedule I-1 (Form 990) 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

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

BOARD OF REGENTS/ UNIVERSITY OF WISCONSIN SYSTEM

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCEMENT OF THE ART, SCIENCE, & PRACTICE OF REPRODUCTIVE MEDICINE

ADVANCEMENT OF THE ART, SCIENCE, & PRACTICE OF REPRODUCTIVE MEDICINE

Name of the organization

**THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE**

[illegible]

**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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE**

Employer identification number
04-2284338

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

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?

b Any related organization?

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2		X
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed
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Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE

Employer identification number

04-2284338

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRACTICE OF REPRODUCTIVE MEDICINE. THE SOCIETY ACCOMPLISHES ITS
MISSION THROUGH THE PURSUIT OF EXCELLENCE IN EDUCATION AND RESEARCH AND
THROUGH ADVOCACY ON BEHALF OF PATIENTS, PHYSICIANS, AND AFFILIATED
HEALTH CARE PROVIDERS. THE SOCIETY IS COMMITTED TO FACILITATING AND
SPONSORING EDUCATIONAL ACTIVITIES FOR THE LAY PUBLIC AND CONTINUING
MEDICAL EDUCATION ACTIVITIES FOR PROFESSIONALS WHO ARE ENGAGED IN THE
PRACTICE OF AND RESEARCH IN REPRODUCTIVE MEDICINE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PHYSICIANS, AND AFFILIATED HEALTH CARE PROVIDERS. THE SOCIETY IS
COMMITTED TO FACILITATING AND SPONSORING EDUCATIONAL ACTIVITIES FOR THE
LAY PUBLIC AND CONTINUING MEDICAL EDUCATION ACTIVITIES FOR
PROFESSIONALS WHO ARE ENGAGED IN THE PRACTICE OF AND RESEARCH IN
REPRODUCTIVE MEDICINE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PUBLICATIONS

EXPENSES \$ 104785. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERS OF ASRM ARE GENERALLY
HEALTH CARE PROFESSIONALS

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF ASRM MAY ELECT OTHER
HEALTH CARE PROFESSIONAL MEMEBERS TO THE ORGANIZATION

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE

Employer identification number
04-2284338

FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS ARE APPROVED BY THE BOARD
OF DIRECTORS. IN THE ABSENCE OF THE BOARD (MEETS TWO TIMES A YEAR), THE
EXECUTIVE COMMITTEE WILL MAKE DECISIONS ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 WILL BE
REVIEWED BY THE 5 MEMBERS OF THE PRESIDENTIAL CHAIN AS WELL AS THE
TREASURER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 12C: BY DECEMBER 31ST OF EACH YEAR ALL
MEMBERS OF THE BOARD OF DIRECTORS WILL BE SENT A FORM ON WHICH THEY MUST
DISCLOSE ANY RELATIONSHIPS THAT MIGHT BE PERCEIVED AS POTENTIAL CONFLICTS
OF INTEREST. THESE DISCLOSURE STATEMENTS WILL BE FILED IN THE HOME OFFICE
AND MADE AVAILABLE FOR REVIEW UPON REQUEST. ANNUALLY THE EXECUTIVE
COMMITTEE WILL REVIEW THESE STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 15: THE PERFORMANCE REVIEW COMMITTEE
EVALUATES AND APPROVES THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER
TOP MANAGEMENT EMPLOYEES. THEY REVIEW COMPARABLE COMPENSATION OF SIMILAR
POSITIONS IN OTHER ORGANIZATIONS AND MAINTAIN RECORDS OF THESE MEETINGS AND
DECISIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE AVAILABLE ON
WEBSITES AND BY REQUEST.

FORM 990, PART XI, LINE 2C

THE PROCESS FOR SELECTION OF AN INDEPENDENT ACCOUNTANT TO PERFORM THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

**THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE**

Employer identification number

04-2284338

AUDIT HAS NOT CHANGED FROM THE PREVIOUS YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE**

Employer identification number
04-2284338

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

(a) Name, address, and EIN 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" to 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
SOCIETY FOR ASSISTED REPRODUCTIVE TECHNOLOGY - 63-0941694, 1209 MONTGOMERY HIGHWAY, BIRMINGHAM, AL 35216	EXTEND KNOWLEDGE & SUPPORT IN ALL ASPECTS OF ASSISTED REPRODUCTIVE TECHNOLOG	ALABAMA	501(C)(3)	7	N/A
SOCIETY FOR REPRODUCTIVE ENDOCRINOLOGISTS, INC., - 63-0941692, 1209 MONTGOMERY HIGHWAY, BIRMINGHAM, AL 35216	EXTEND KNOWLEDGE & SUPPORT RESEARCH IN HUMAN REPRODUCTIVE ENDOCRINOLOGY	ALABAMA	501(C)(3)	7	N/A
SOCIETY OF REPRODUCTIVE SURGEONS, INC., - 63-0941873, 1209 MONTGOMERY HIGHWAY, BIRMINGHAM, AL 35216	EXTEND KNOWLEDGE OF HUMAN REPRODUCTIVE SURGERY	ALABAMA	501(C)(3)	7	N/A

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

Schedule R (Form 990) 2009

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

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

[illegible]

**THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE**

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b	Gift, grant, or capital contribution to other organization(s)		<input checked="" type="checkbox"/>
c	Gift, grant, or capital contribution from other organization(s)		<input checked="" type="checkbox"/>
d	Loans or loan guarantees to or for other organization(s)		<input checked="" type="checkbox"/>
e	Loans or loan guarantees by other organization(s)		<input checked="" type="checkbox"/>
f	Sale of assets to other organization(s)		<input checked="" type="checkbox"/>
g	Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
h	Exchange of assets		<input checked="" type="checkbox"/>
i	Lease of facilities, equipment, or other assets to other organization(s)		<input checked="" type="checkbox"/>
j	Lease of facilities, equipment, or other assets from other organization(s)		<input checked="" type="checkbox"/>
k	Performance of services or membership or fundraising solicitations for other organization(s)		<input checked="" type="checkbox"/>
l	Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
m	Sharing of facilities, equipment, mailing lists, or other assets		<input checked="" type="checkbox"/>
n	Sharing of paid employees		<input checked="" type="checkbox"/>
o	Reimbursement paid to other organization for expenses		<input checked="" type="checkbox"/>
p	Reimbursement paid by other organization for expenses		<input checked="" type="checkbox"/>
q	Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
r	Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>

2	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)	SOCIETY FOR ASSISTED REPRODUCTIVE TECHNOLOGY	P	82,500.
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Posted
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ASRM
Depreciation Expense Report
As of June 30, 2010

Book = Internal
FYE Month = June

Sys No	In Svc Date	Acquired Value	P T	Depr Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
Location = 1209													
000016	01/01/84	3,560.00	P	SLHY	05 00	0.00	3,560.00	05/31/10	3,560.00	0.00	0.00	3,560.00	
000020	01/01/84	1,030.00	P	SLHY	05 00	0.00	1,030.00	05/31/10	1,030.00	0.00	0.00	1,030.00	
000021	01/01/84	1,276.00	P	SLHY	05 00	0.00	1,276.00	05/31/10	1,276.00	0.00	0.00	1,276.00	
000022	01/01/84	610.00	P	SLHY	05 00	0.00	610.00	05/31/10	610.00	0.00	0.00	610.00	
000023	01/01/84	386.00	P	SLHY	05 00	0.00	386.00	05/31/10	386.00	0.00	0.00	386.00	
000024	01/01/84	677.00	P	SLHY	05 00	0.00	677.00	05/31/10	677.00	0.00	0.00	677.00	
000025	01/01/84	325.00	P	SLHY	05 00	0.00	325.00	05/31/10	325.00	0.00	0.00	325.00	
000026	01/01/84	221.00	P	SLHY	05 00	0.00	221.00	05/31/10	221.00	0.00	0.00	221.00	
000028	01/01/84	579.00	P	SLHY	05 00	0.00	579.00	05/31/10	579.00	0.00	0.00	579.00	
000030	01/01/84	442.00	P	SLHY	05 00	0.00	442.00	05/31/10	442.00	0.00	0.00	442.00	
000031	01/01/84	7,105.00	P	SLHY	05 00	0.00	7,105.00	05/31/10	7,105.00	0.00	0.00	7,105.00	
000032	01/01/84	241.00	P	SLHY	05 00	0.00	241.00	05/31/10	241.00	0.00	0.00	241.00	
000033	01/01/84	1,614.00	P	SLHY	05 00	0.00	1,614.00	05/31/10	1,614.00	0.00	0.00	1,614.00	
000045	01/01/85	300.00	P	SLHY	05 00	0.00	300.00	05/31/10	300.00	0.00	0.00	300.00	
000046	01/01/85	859.00	P	SLHY	05 00	0.00	859.00	05/31/10	859.00	0.00	0.00	859.00	
000048	01/01/85	144.00	P	SLHY	05 00	0.00	144.00	05/31/10	144.00	0.00	0.00	144.00	
000052	01/01/85	103.00	P	SLHY	05 00	0.00	103.00	05/31/10	103.00	0.00	0.00	103.00	
000056	01/01/85	276.00	P	SLHY	05 00	0.00	276.00	05/31/10	276.00	0.00	0.00	276.00	
000059	01/01/86	177.00	P	SLHY	05 00	0.00	177.00	05/31/10	177.00	0.00	0.00	177.00	
000061	01/01/86	989.00	P	SLHY	05 00	0.00	989.00	05/31/10	989.00	0.00	0.00	989.00	
000064	01/01/86	182.00	P	SLHY	05 00	0.00	182.00	05/31/10	182.00	0.00	0.00	182.00	
000065	01/01/86	353.00	P	SLHY	05 00	0.00	353.00	05/31/10	353.00	0.00	0.00	353.00	
000069	01/01/86	303.00	P	SLHY	05 00	0.00	303.00	05/31/10	303.00	0.00	0.00	303.00	
000076	01/01/86	647.00	P	SLHY	05 00	0.00	647.00	05/31/10	647.00	0.00	0.00	647.00	
000083	05/28/87	255.00	P	SLHY	05 00	0.00	255.00	05/31/10	255.00	0.00	0.00	255.00	
000087	01/05/88	902.00	P	SLHY	05 00	0.00	902.00	05/31/10	902.00	0.00	0.00	902.00	
000088	01/05/88	696.00	P	SLHY	05 00	0.00	696.00	05/31/10	696.00	0.00	0.00	696.00	
000092	01/05/88	1,232.75	P	SLHY	05 00	0.00	1,232.75	05/31/10	1,232.75	0.00	0.00	1,232.75	
000094	02/22/88	1,114.94	P	SLHY	05 00	0.00	1,114.94	05/31/10	1,114.94	0.00	0.00	1,114.94	
000095	07/01/88	691.26	P	SLHY	05 00	0.00	691.26	05/31/10	691.26	0.00	0.00	691.26	
000096	02/09/88	1,980.72	P	SLHY	05 00	0.00	1,980.72	05/31/10	1,980.72	0.00	0.00	1,980.72	
000099	03/07/88	746.86	P	SLHY	05 00	0.00	746.86	05/31/10	746.86	0.00	0.00	746.86	
000106	03/16/88	118.00	P	SLHY	05 00	0.00	118.00	05/31/10	118.00	0.00	0.00	118.00	
000112	03/23/88	109.00	P	SLHY	05 00	0.00	109.00	05/31/10	109.00	0.00	0.00	109.00	
000115	03/30/88	88.00	P	SLHY	05 00	0.00	88.00	05/31/10	88.00	0.00	0.00	88.00	
000116	05/01/88	2,462.07	P	SLHY	05 00	0.00	2,462.07	05/31/10	2,462.07	0.00	0.00	2,462.07	
000120	08/01/88	789.66	P	SLHY	05 00	0.00	789.66	05/31/10	789.66	0.00	0.00	789.66	
000121	09/01/88	147.66	P	SLHY	05 00	0.00	147.66	05/31/10	147.66	0.00	0.00	147.66	
000124	11/01/88	959.79	P	SLHY	05 00	0.00	959.79	05/31/10	959.79	0.00	0.00	959.79	
000125	12/01/88	226.84	P	SLHY	05 00	0.00	226.84	05/31/10	226.84	0.00	0.00	226.84	
000126	12/01/88	365.51	P	SLHY	05 00	0.00	365.51	05/31/10	365.51	0.00	0.00	365.51	
000139	07/01/88	85.00	P	SLHY	05 00	0.00	85.00	05/31/10	85.00	0.00	0.00	85.00	
000140	04/01/88	300.51	P	SLHY	05 00	0.00	300.51	05/31/10	300.51	0.00	0.00	300.51	
000142	04/14/88	130.00	P	SLHY	05 00	0.00	130.00	05/31/10	130.00	0.00	0.00	130.00	
000143	04/14/88	140.57	P	SLHY	05 00	0.00	140.57	05/31/10	140.57	0.00	0.00	140.57	
000144	04/14/88	108.07	P	SLHY	05 00	0.00	108.07	05/31/10	108.07	0.00	0.00	108.07	
000151	05/16/89	620.00	P	SLHY	05 00	0.00	620.00	05/31/10	620.00	0.00	0.00	620.00	
000153	06/21/89	112.00	P	SLHY	05 00	0.00	112.00	05/31/10	112.00	0.00	0.00	112.00	
000154	06/21/89	337.00	P	SLHY	05 00	0.00	337.00	05/31/10	337.00	0.00	0.00	337.00	
000155	06/21/89	340.00	P	SLHY	05 00	0.00	340.00	05/31/10	340.00	0.00	0.00	340.00	
000156	06/21/89	516.00	P	SLHY	05 00	0.00	516.00	05/31/10	516.00	0.00	0.00	516.00	
000158	10/01/89	145.00	P	SLHY	05 00	0.00	145.00	05/31/10	145.00	0.00	0.00	145.00	

ASRM
Depreciation Expense Report
As of June 30, 2010

Book = Internal
FYE Month = June

Sys No	In Svc Date	Acquired Value	P T	Depr Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
Location = 1209													
000159	10/01/89	135.00	P	SLHY	05 00	0.00	135.00	05/31/10	135.00	0.00	0.00	135.00	
000160	10/01/89	348.00	P	SLHY	05 00	0.00	348.00	05/31/10	348.00	0.00	0.00	348.00	
000165	01/15/90	887.14	P	SLHY	05 00	0.00	887.14	05/31/10	887.14	0.00	0.00	887.14	
000168	03/07/90	2,853.59	P	SLHY	05 00	0.00	2,853.59	05/31/10	2,853.59	0.00	0.00	2,853.59	
000172	05/11/90	1,902.46	P	SLHY	05 00	0.00	1,902.46	05/31/10	1,902.46	0.00	0.00	1,902.46	
000173	05/23/90	618.46	P	SLHY	05 00	0.00	618.46	05/31/10	618.46	0.00	0.00	618.46	
000178	08/15/90	1,239.15	P	SLHY	05 00	0.00	1,239.15	05/31/10	1,239.15	0.00	0.00	1,239.15	
000180	11/26/90	778.96	P	SLHY	05 00	0.00	778.96	05/31/10	778.96	0.00	0.00	778.96	
000187	02/22/91	3,709.69	P	SLHY	05 00	0.00	3,709.69	05/31/10	3,709.69	0.00	0.00	3,709.69	
000188	03/01/91	6,827.67	P	SLHY	05 00	0.00	6,827.67	05/31/10	6,827.67	0.00	0.00	6,827.67	
000204	01/01/93	1,546.15	P	SLHY	07 00	0.00	1,546.15	05/31/10	1,546.15	0.00	0.00	1,546.15	
000205	01/01/93	1,546.15	P	SLHY	07 00	0.00	1,546.15	05/31/10	1,546.15	0.00	0.00	1,546.15	
000206	01/01/93	1,546.15	P	SLHY	07 00	0.00	1,546.15	05/31/10	1,546.15	0.00	0.00	1,546.15	
000207	01/01/93	1,546.15	P	SLHY	07 00	0.00	1,546.15	05/31/10	1,546.15	0.00	0.00	1,546.15	
000208	01/01/93	1,615.70	P	SLHY	07 00	0.00	1,615.70	05/31/10	1,615.70	0.00	0.00	1,615.70	
000209	01/01/93	2,077.94	P	SLHY	07 00	0.00	2,077.94	05/31/10	2,077.94	0.00	0.00	2,077.94	
000210	01/01/93	2,077.94	P	SLHY	07 00	0.00	2,077.94	05/31/10	2,077.94	0.00	0.00	2,077.94	
000211	01/01/93	1,110.66	P	SLHY	07 00	0.00	1,110.66	05/31/10	1,110.66	0.00	0.00	1,110.66	
000212	01/01/93	372.36	P	SLHY	07 00	0.00	372.36	05/31/10	372.36	0.00	0.00	372.36	
000215	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/10	295.32	0.00	0.00	295.32	
000216	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/10	295.32	0.00	0.00	295.32	
000217	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/10	295.32	0.00	0.00	295.32	
000218	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/10	295.32	0.00	0.00	295.32	
000219	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/10	295.32	0.00	0.00	295.32	
000220	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/10	295.32	0.00	0.00	295.32	
000221	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/10	295.32	0.00	0.00	295.32	
000222	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/10	295.32	0.00	0.00	295.32	
000223	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/10	295.32	0.00	0.00	295.32	
000224	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/10	295.32	0.00	0.00	295.32	
000225	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/10	295.32	0.00	0.00	295.32	
000226	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/10	295.32	0.00	0.00	295.32	
000227	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/10	295.32	0.00	0.00	295.32	
000229	01/01/93	1,412.40	P	SLHY	07 00	0.00	1,412.40	05/31/10	1,412.40	0.00	0.00	1,412.40	
000231	01/01/93	288.90	P	SLHY	07 00	0.00	288.90	05/31/10	288.90	0.00	0.00	288.90	
000232	01/01/93	288.90	P	SLHY	07 00	0.00	288.90	05/31/10	288.90	0.00	0.00	288.90	
000233	01/01/93	288.90	P	SLHY	07 00	0.00	288.90	05/31/10	288.90	0.00	0.00	288.90	
000234	01/01/93	288.90	P	SLHY	07 00	0.00	288.90	05/31/10	288.90	0.00	0.00	288.90	
000235	01/01/93	2,849.41	P	SLHY	07 00	0.00	2,849.41	05/31/10	2,849.41	0.00	0.00	2,849.41	
000236	01/01/93	754.35	P	SLHY	07 00	0.00	754.35	05/31/10	754.35	0.00	0.00	754.35	
000237	01/01/93	754.35	P	SLHY	07 00	0.00	754.35	05/31/10	754.35	0.00	0.00	754.35	
000238	01/01/93	754.35	P	SLHY	07 00	0.00	754.35	05/31/10	754.35	0.00	0.00	754.35	
000239	01/01/93	762.91	P	SLHY	07 00	0.00	762.91	05/31/10	762.91	0.00	0.00	762.91	
000240	01/01/93	762.91	P	SLHY	07 00	0.00	762.91	05/31/10	762.91	0.00	0.00	762.91	
000241	01/01/93	390.55	P	SLHY	07 00	0.00	390.55	05/31/10	390.55	0.00	0.00	390.55	
000242	01/01/93	390.55	P	SLHY	07 00	0.00	390.55	05/31/10	390.55	0.00	0.00	390.55	
000243	01/01/93	338.12	P	SLHY	07 00	0.00	338.12	05/31/10	338.12	0.00	0.00	338.12	
000244	01/01/93	286.78	P	SLHY	07 00	0.00	286.78	05/31/10	286.78	0.00	0.00	286.78	
000245	01/01/93	1,927.05	P	SLHY	07 00	0.00	1,927.05	05/31/10	1,927.05	0.00	0.00	1,927.05	
000246	01/01/93	375.84	P	SLHY	07 00	0.00	375.84	05/31/10	375.84	0.00	0.00	375.84	
000247	01/01/93	375.84	P	SLHY	07 00	0.00	375.84	05/31/10	375.84	0.00	0.00	375.84	
000248	01/01/93	375.84	P	SLHY	07 00	0.00	375.84	05/31/10	375.84	0.00	0.00	375.84	
000249	01/01/93	375.84	P	SLHY	07 00	0.00	375.84	05/31/10	375.84	0.00	0.00	375.84	

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Location = 1209													
000250	01/01/93	571.38	P	SLHY	07 00	0.00	571.38	05/31/10	571.38	0.00	0.00	571.38	
000251	01/01/93	571.38	P	SLHY	07 00	0.00	571.38	05/31/10	571.38	0.00	0.00	571.38	
000252	01/01/93	571.38	P	SLHY	07 00	0.00	571.38	05/31/10	571.38	0.00	0.00	571.38	
000253	01/01/93	294.25	P	SLHY	07 00	0.00	294.25	05/31/10	294.25	0.00	0.00	294.25	
000254	01/01/93	294.25	P	SLHY	07 00	0.00	294.25	05/31/10	294.25	0.00	0.00	294.25	
000255	01/01/93	909.50	P	SLHY	07 00	0.00	909.50	05/31/10	909.50	0.00	0.00	909.50	
000257	02/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/10	295.32	0.00	0.00	295.32	
000258	02/01/93	6,686.00	P	SLHY	05 00	0.00	6,686.00	05/31/10	6,686.00	0.00	0.00	6,686.00	
000261	03/01/93	546.77	P	SLHY	07 00	0.00	546.77	05/31/10	546.77	0.00	0.00	546.77	
000265	04/01/93	421.20	P	SLHY	07 00	0.00	421.20	05/31/10	421.20	0.00	0.00	421.20	
000268	05/01/93	1,966.82	P	SLHY	07 00	0.00	1,966.82	05/31/10	1,966.82	0.00	0.00	1,966.82	
000269	05/01/93	1,594.08	P	SLHY	07 00	0.00	1,594.08	05/31/10	1,594.08	0.00	0.00	1,594.08	
000291	09/01/94	2,800.00	P	SLHY	05 00	0.00	2,800.00	05/31/10	2,800.00	0.00	0.00	2,800.00	
000302	07/01/96	3,901.95	P	SLHY	07 00	0.00	3,901.95	05/31/10	3,901.95	0.00	0.00	3,901.95	
000303	07/01/96	1,279.57	P	SLHY	07 00	0.00	1,279.57	05/31/10	1,279.57	0.00	0.00	1,279.57	
000304	07/01/96	1,710.17	P	SLHY	07 00	0.00	1,710.17	05/31/10	1,710.17	0.00	0.00	1,710.17	
000306	08/01/96	6,644.70	P	SLHY	07 00	0.00	6,644.70	05/31/10	6,644.70	0.00	0.00	6,644.70	
000307	08/01/96	7,796.02	P	SLHY	07 00	0.00	7,796.02	05/31/10	7,796.02	0.00	0.00	7,796.02	
000308	11/01/96	1,334.29	P	SLHY	07 00	0.00	1,334.29	05/31/10	1,334.29	0.00	0.00	1,334.29	
000309	01/01/97	1,416.96	P	SLHY	07 00	0.00	1,416.96	05/31/10	1,416.96	0.00	0.00	1,416.96	
000334	03/01/99	2,724.03	P	SLHY	07 00	0.00	2,724.03	05/31/10	2,724.03	0.00	0.00	2,724.03	
000335	03/01/99	4,319.79	P	SLHY	07 00	0.00	4,319.79	05/31/10	4,319.79	0.00	0.00	4,319.79	
000336	08/01/99	1,874.88	P	SLHY	05 00	0.00	1,874.88	05/31/10	1,874.88	0.00	0.00	1,874.88	
000339	10/01/99	1,067.04	P	SLHY	05 00	0.00	1,067.04	05/31/10	1,067.04	0.00	0.00	1,067.04	
000343	02/01/00	728.35	P	SLHY	07 00	0.00	728.35	05/31/10	728.35	0.00	0.00	728.35	
000344	02/01/00	915.62	P	SLHY	07 00	0.00	915.62	05/31/10	915.62	0.00	0.00	915.62	
000346	02/01/00	6,004.00	P	SLHY	05 00	0.00	6,004.00	05/31/10	6,004.00	0.00	0.00	6,004.00	
000347	03/01/00	4,387.77	P	SLHY	07 00	0.00	4,387.77	05/31/10	4,387.77	0.00	0.00	4,387.77	
000348	03/01/00	2,983.28	P	SLHY	07 00	0.00	2,983.28	05/31/10	2,983.28	0.00	0.00	2,983.28	
000349	03/01/00	1,291.27	P	SLHY	07 00	0.00	1,291.27	05/31/10	1,291.27	0.00	0.00	1,291.27	
000350	03/01/00	433.75	P	SLHY	07 00	0.00	433.75	05/31/10	433.75	0.00	0.00	433.75	
000351	03/01/00	6,738.30	P	SLHY	07 00	0.00	6,738.30	05/31/10	6,738.30	0.00	0.00	6,738.30	
000352	04/01/00	10,148.27	P	SLHY	07 00	0.00	10,148.27	05/31/10	10,148.27	0.00	0.00	10,148.27	
000353	04/01/00	1,784.70	P	SLHY	07 00	0.00	1,784.70	05/31/10	1,784.70	0.00	0.00	1,784.70	
000354	04/01/00	5,198.08	P	SLHY	07 00	0.00	5,198.08	05/31/10	5,198.08	0.00	0.00	5,198.08	
000355	04/01/00	10,906.46	P	SLHY	07 00	0.00	10,906.46	05/31/10	10,906.46	0.00	0.00	10,906.46	
000356	04/01/00	1,357.39	P	SLHY	07 00	0.00	1,357.39	05/31/10	1,357.39	0.00	0.00	1,357.39	
000358	09/01/00	3,561.89	P	SLHY	07 00	0.00	3,561.89	05/31/10	3,561.89	0.00	0.00	3,561.89	
000361	11/01/00	1,132.92	P	SLHY	05 00	0.00	1,132.92	05/31/10	1,132.92	0.00	0.00	1,132.92	
000362	12/01/00	2,808.00	P	SLHY	05 00	0.00	2,808.00	05/31/10	2,808.00	0.00	0.00	2,808.00	
000365	04/01/01	6,796.87	P	SLHY	07 00	0.00	6,796.87	05/31/10	6,796.87	0.00	0.00	6,796.87	
000366	04/01/01	6,328.24	P	SLHY	07 00	0.00	6,328.24	05/31/10	6,328.24	0.00	0.00	6,328.24	
000367	07/01/01	5,426.41	P	SLHY	07 00	0.00	5,426.41	05/31/10	5,426.41	0.00	0.00	5,426.41	
000373	12/15/02	48,091.87	P	SLHY	05 00	0.00	48,091.87	05/31/10	48,091.87	0.00	0.00	48,091.87	
000374	04/01/03	6,592.18	P	MF200	07 00	0.00	6,592.18	05/31/10	6,003.84	49.03	588.34	6,592.18	s
000375	07/01/03	101,239.41	P	SLHY	05 00	0.00	101,239.41	05/31/10	99,552.08	0.00	0.00	99,552.08	
000376	07/01/03	698.63	P	SLHY	07 00	0.00	698.63	05/31/10	590.54	8.29	99.78	690.32	
000377	07/01/03	2,468.81	P	SLHY	07 00	0.00	2,468.81	05/31/10	2,086.74	29.40	352.69	2,439.43	
000378	09/01/03	7,548.24	P	SLHY	07 00	0.00	7,548.24	05/31/10	6,335.13	89.86	1,078.32	7,413.45	
000380	07/01/03	1,521.38	P	SLHY	07 00	0.00	1,521.38	05/31/10	1,285.93	18.12	217.34	1,503.27	
000381	06/30/04	24,865.13	P	SLHY	07 00	0.00	24,865.13	05/31/10	18,648.84	296.02	3,552.16	22,201.00	
000382	07/01/04	2,763.00	P	SLMM	05 00	0.00	2,763.00	05/31/10	2,716.95	0.00	0.00	2,716.95	

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Location = 1209													
000383	12/01/04	521.49	P	SLMM	07 00	0.00	521.49	05/31/10	341.46	6.21	74.50	415.96	
000386	06/25/05	6,514.00	P	SLHY	07 00	0.00	6,514.00	05/31/10	4,187.57	77.55	930.57	5,118.14	
000387	06/01/05	3,896.00	P	SLHY	07 00	0.00	3,896.00	05/31/10	2,504.57	46.39	556.57	3,061.14	
000389	10/01/05	3,616.62	P	SLHY	05 00	0.00	3,616.62	05/31/10	2,531.62	60.28	723.32	3,254.94	
000390	10/01/05	1,770.16	P	SLHY	05 00	0.00	1,770.16	05/31/10	1,239.11	29.51	354.03	1,593.14	
000391	11/16/05	2,505.67	P	SLHY	05 00	0.00	2,505.67	05/31/10	1,753.96	41.77	501.13	2,255.09	
000392	11/16/05	2,444.77	P	SLHY	05 00	0.00	2,444.77	05/31/10	1,711.33	40.75	488.95	2,200.28	
000393	11/16/05	287.99	P	SLHY	05 00	0.00	287.99	05/31/10	201.60	4.80	57.60	259.20	
000394	11/16/05	386.93	P	SLHY	05 00	0.00	386.93	05/31/10	270.86	6.45	77.39	348.25	
000395	11/16/05	704.76	P	SLHY	05 00	0.00	704.76	05/31/10	493.33	11.75	140.95	634.28	
000396	11/12/05	1,062.63	P	SLHY	05 00	0.00	1,062.63	05/31/10	743.85	17.72	212.53	956.38	
000397	11/12/05	1,700.84	P	SLHY	05 00	0.00	1,700.84	05/31/10	1,190.59	28.35	340.17	1,530.76	
000398	01/01/06	2,320.00	P	SLHY	07 00	0.00	2,320.00	05/31/10	1,160.01	27.62	331.43	1,491.44	
000399	03/01/06	197.74	P	SLHY	05 00	0.00	197.74	05/31/10	138.42	3.30	39.55	177.97	
000400	03/10/06	603.46	P	SLHY	05 00	0.00	603.46	05/31/10	422.42	10.06	120.69	543.11	
000401	03/01/06	434.91	P	SLHY	05 00	0.00	434.91	05/31/10	304.43	7.25	86.98	391.41	
000402	03/29/06	961.89	P	SLHY	07 00	0.00	961.89	05/31/10	480.94	11.46	137.41	618.35	
000403	03/29/06	172.21	P	SLHY	07 00	0.00	172.21	05/31/10	86.10	2.05	24.60	110.70	
000404	03/29/06	629.48	P	SLHY	07 00	0.00	629.48	05/31/10	314.75	7.50	89.93	404.68	
000405	03/29/06	1,049.40	P	SLHY	07 00	0.00	1,049.40	05/31/10	524.72	12.50	149.92	674.64	
000406	04/01/06	327.00	P	SLHY	05 00	0.00	327.00	05/31/10	228.90	5.45	65.40	294.30	
000407	04/01/06	2,759.88	P	SLHY	05 00	0.00	2,759.88	05/31/10	1,931.93	46.00	551.98	2,483.91	
000408	05/01/06	1,714.57	P	SLHY	05 00	0.00	1,714.57	05/31/10	1,200.19	28.58	342.91	1,543.10	
000409	05/01/06	1,618.65	P	SLHY	05 00	0.00	1,618.65	05/31/10	1,133.06	26.98	323.73	1,456.79	
000410	04/01/06	980.91	P	SLHY	05 00	0.00	980.91	05/31/10	686.63	16.35	196.18	882.81	
000411	04/18/06	1,655.17	P	SLHY	07 00	0.00	1,655.17	05/31/10	827.58	19.71	236.45	1,064.03	
000412	04/18/06	894.89	P	SLHY	07 00	0.00	894.89	05/31/10	447.44	10.66	127.84	575.28	
000413	04/01/06	1,977.85	P	SLHY	05 00	0.00	1,977.85	05/31/10	1,384.50	32.97	395.57	1,780.07	
000416	11/01/06	1,224.88	P	SLMM	05 00	0.00	1,224.88	05/31/10	632.87	20.42	244.98	877.85	
000417	11/01/06	2,563.68	P	SLMM	05 00	0.00	2,563.68	05/31/10	1,324.58	42.73	512.74	1,837.32	
000419	05/01/07	1,305.83	P	SLMM	05 00	0.00	1,305.83	05/31/10	565.87	21.77	261.17	827.04	
000421	06/01/07	4,390.47	P	SLMM	07 00	0.00	4,390.47	05/31/10	1,306.69	52.27	627.21	1,933.90	
000423	07/01/07	1,960.53	P	SLHY	07 00	0.00	1,960.53	05/31/10	420.12	23.34	280.08	700.20	
000424	07/01/07	2,635.20	P	SLHY	07 00	0.00	2,635.20	05/31/10	564.69	31.38	376.46	941.15	
000425	07/01/07	916.63	P	SLHY	07 00	0.00	916.63	05/31/10	196.42	10.92	130.95	327.37	
000426	07/01/07	1,458.60	P	SLHY	07 00	0.00	1,458.60	05/31/10	312.56	17.37	208.37	520.93	
000427	07/01/07	6,674.66	P	SLHY	07 00	0.00	6,674.66	05/31/10	1,430.28	79.46	953.52	2,383.80	
000428	07/01/07	2,858.91	P	SLHY	07 00	0.00	2,858.91	05/31/10	612.63	34.04	408.42	1,021.05	
000429	07/01/07	2,357.12	P	SLHY	07 00	0.00	2,357.12	05/31/10	505.10	28.07	336.73	841.83	
000430	07/01/07	446.11	P	SLHY	07 00	0.00	446.11	05/31/10	95.60	5.32	63.73	159.33	
000431	09/01/07	12,092.91	P	SLHY	05 00	0.00	12,092.91	05/31/10	3,627.87	201.55	2,418.58	6,046.45	
000432	09/01/07	758.35	P	SLHY	07 00	0.00	758.35	05/31/10	162.51	9.03	108.34	270.85	
000433	10/01/07	512.08	P	SLHY	07 00	0.00	512.08	05/31/10	109.74	6.10	73.16	182.90	
000434	10/15/07	991.90	P	SLHY	05 00	0.00	991.90	05/31/10	297.57	16.54	198.38	495.95	
000435	11/01/07	3,312.37	P	SLHY	05 00	0.00	3,312.37	05/31/10	993.71	55.21	662.47	1,656.18	
000436	11/01/07	3,312.37	P	SLHY	05 00	0.00	3,312.37	05/31/10	993.71	55.21	662.47	1,656.18	
000437	11/15/07	590.19	P	SLHY	07 00	0.00	590.19	05/31/10	126.47	7.03	84.31	210.78	
000438	11/15/07	1,121.52	P	SLHY	07 00	0.00	1,121.52	05/31/10	240.33	13.36	160.22	400.55	
000439	12/01/07	17,138.90	P	SLHY	07 00	0.00	17,138.90	05/31/10	3,672.63	204.04	2,448.42	6,121.05	
000443	01/15/08	1,203.96	P	SLMM	07 00	0.00	1,203.96	05/31/10	258.00	14.34	172.00	430.00	
000446	02/10/08	836.49	P	SLMM	05 00	0.00	836.49	05/31/10	237.01	13.95	167.30	404.31	
000449	05/01/08	920.00	P	SLMM	05 00	0.00	920.00	05/31/10	214.67	15.34	184.00	398.67	

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000450	05/01/08	619.12	P	SLMM	05 00	0.00	619.12	05/31/10	144.46	10.32	123.82	268.28	
000451	05/01/08	657.27	P	SLMM	05 00	0.00	657.27	05/31/10	153.36	10.96	131.45	284.81	
000452	07/01/08	11,977.00	P	SLMM	05 00	0.00	11,977.00	05/31/10	2,395.40	199.62	2,395.40	4,790.80	
000453	06/01/08	599.50	P	SLMM	05 00	0.00	599.50	05/31/10	129.89	10.00	119.90	249.79	
000454	06/01/08	1,314.54	P	SLMM	05 00	0.00	1,314.54	05/31/10	284.82	21.91	262.91	547.73	
000455	06/01/08	727.03	P	SLMM	05 00	0.00	727.03	05/31/10	157.53	12.12	145.41	302.94	
000456	06/01/08	961.38	P	SLMM	05 00	0.00	961.38	05/31/10	208.30	16.03	192.28	400.58	
000457	06/15/08	721.81	P	SLMM	05 00	0.00	721.81	05/31/10	156.39	12.03	144.36	300.75	
000458	06/19/08	1,263.78	P	SLMM	07 00	0.00	1,263.78	05/31/10	180.54	15.05	180.54	361.08	
000459	06/15/08	346.48	P	SLMM	05 00	0.00	346.48	05/31/10	75.08	5.78	69.30	144.38	
000460	06/27/08	6,754.48	P	SLMM	05 00	0.00	6,754.48	05/31/10	1,350.90	112.58	1,350.90	2,701.80	
000461	06/28/08	1,692.54	P	SLMM	05 00	0.00	1,692.54	05/31/10	338.51	28.21	338.51	677.02	
000462	06/25/08	1,331.98	P	SLMM	07 00	0.00	1,331.98	05/31/10	190.28	15.86	190.28	380.56	
000463	06/01/09	17,250.00	P	SLMM	05 00	0.00	17,250.00	05/31/10	287.50	287.50	3,450.00	3,737.50	
000464	03/31/10	50,264.85	P	SLMM	05 00	0.00	50,264.85	05/31/10	0.00	837.74	2,513.24	2,513.24	
000465	01/20/09	110,675.00	P	SLMM	05 00	0.00	110,675.00	05/31/10	9,222.92	1,844.59	22,135.00	31,357.92	
000466	01/20/09	2,019.32	P	SLMM	05 00	0.00	2,019.32	05/31/10	168.28	33.66	403.86	572.14	
000467	07/01/08	1,100.00	P	SLMM	05 00	0.00	1,100.00	05/31/10	220.00	18.34	220.00	440.00	
000468	07/15/08	399.99	P	SLMM	05 00	0.00	399.99	05/31/10	80.00	6.67	80.00	160.00	
000469	07/15/08	446.81	P	SLMM	05 00	0.00	446.81	05/31/10	89.36	7.45	89.36	178.72	
000470	08/01/08	1,000.74	P	SLMM	05 00	0.00	1,000.74	05/31/10	183.47	16.68	200.15	383.62	
000471	09/01/08	552.63	P	SLMM	05 00	0.00	552.63	05/31/10	92.11	9.22	110.53	202.64	
000472	09/15/08	2,100.49	P	SLMM	05 00	0.00	2,100.49	05/31/10	350.08	35.01	420.10	770.18	
000473	07/15/08	7,544.08	P	SLMM	07 00	0.00	7,544.08	05/31/10	1,077.73	89.82	1,077.73	2,155.46	
000474	10/15/08	1,030.05	P	SLMM	05 00	0.00	1,030.05	05/31/10	154.51	17.17	206.01	360.52	
000475	01/20/09	135,012.07	P	SLMM	05 00	0.00	135,012.07	05/31/10	11,251.01	2,250.21	27,002.41	38,253.42	
000476	01/20/09	6,381.79	P	SLMM	05 00	0.00	6,381.79	05/31/10	531.82	106.37	1,276.36	1,808.18	
000477	01/20/09	3,130.40	P	SLMM	05 00	0.00	3,130.40	05/31/10	260.87	52.18	626.08	886.95	
000478	01/20/09	1,987.01	P	SLMM	05 00	0.00	1,987.01	05/31/10	165.59	33.12	397.40	562.99	
000479	03/31/10	138,370.46	P	SLMM	05 00	0.00	138,370.46	05/31/10	0.00	2,306.17	6,918.52	6,918.52	
000480	01/01/09	2,093.75	P	SLMM	07 00	0.00	2,093.75	05/31/10	149.55	24.93	299.11	448.66	
000481	01/01/09	334.68	P	SLMM	05 00	0.00	334.68	05/31/10	33.47	5.58	66.94	100.41	
000482	01/15/09	1,149.95	P	SLMM	05 00	0.00	1,149.95	05/31/10	115.00	19.17	229.99	344.99	
000483	01/25/09	3,270.00	P	SLMM	05 00	0.00	3,270.00	05/31/10	272.50	54.50	654.00	926.50	
000484	01/15/09	1,485.34	P	SLMM	07 00	0.00	1,485.34	05/31/10	106.10	17.69	212.19	318.29	
000486	02/15/09	267.05	P	SLMM	05 00	0.00	267.05	05/31/10	22.26	4.46	53.41	75.67	
000487	02/25/09	1,291.65	P	SLMM	05 00	0.00	1,291.65	05/31/10	86.11	21.53	258.33	344.44	
000488	02/25/09	616.36	P	SLMM	05 00	0.00	616.36	05/31/10	41.09	10.28	123.27	164.36	
000489	03/15/09	8,639.13	P	SLMM	05 00	0.00	8,639.13	05/31/10	575.94	143.99	1,727.83	2,303.77	
000490	03/25/09	2,300.00	P	SLMM	05 00	0.00	2,300.00	05/31/10	115.00	38.34	460.00	575.00	
000491	03/31/09	1,973.64	P	SLMM	07 00	0.00	1,973.64	05/31/10	70.49	23.50	281.95	352.44	
000492	02/01/09	1,095.45	P	SLMM	05 00	0.00	1,095.45	05/31/10	91.29	18.26	219.09	310.38	
000493	04/20/09	2,738.75	P	SLMM	07 00	0.00	2,738.75	05/31/10	65.21	32.61	391.25	456.46	
000494	05/01/09	721.81	P	SLMM	05 00	0.00	721.81	05/31/10	24.06	12.03	144.36	168.42	
000495	05/15/09	1,837.46	P	SLMM	05 00	0.00	1,837.46	05/31/10	61.25	30.63	367.49	428.74	
000496	04/20/09	1,363.61	P	SLMM	05 00	0.00	1,363.61	05/31/10	45.45	22.73	272.72	318.17	
000497	05/01/09	13,350.00	P	SLMM	05 00	0.00	13,350.00	05/31/10	445.00	222.50	2,670.00	3,115.00	
000498	04/30/09	2,003.52	P	SLMM	07 00	0.00	2,003.52	05/31/10	47.70	23.86	286.22	333.92	
000499	05/01/09	2,950.21	P	SLMM	07 00	0.00	2,950.21	05/31/10	70.24	35.13	421.46	491.70	
000500	06/01/09	4,140.70	P	SLMM	05 00	0.00	4,140.70	05/31/10	69.01	69.02	828.14	897.15	
000501	06/01/09	1,317.88	P	SLMM	05 00	0.00	1,317.88	05/31/10	21.97	21.97	263.58	285.55	
000502	06/15/09	1,086.76	P	SLMM	05 00	0.00	1,086.76	05/31/10	18.11	18.12	217.35	235.46	

ASRM
Depreciation Expense Report
As of June 30, 2010

Book = Internal
FYE Month = June

Sys No	In Svc Date	Acquired Value	P T Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
Location = 1209												
000504	08/01/09	2,808.75	P SLMM	07 00	0.00	2,808.75	05/31/10	0.00	33.44	367.81	367.81	
000505	08/01/09	433.82	P SLMM	05 00	0.00	433.82	05/31/10	0.00	7.23	79.53	79.53	
000506	03/31/10	10,136.12	P SLMM	05 00	0.00	10,136.12	05/31/10	0.00	168.93	506.81	506.81	
000507	09/01/09	25,750.00	P SLMM	05 00	0.00	25,750.00	05/31/10	0.00	429.17	4,291.67	4,291.67	
000508	11/01/09	9,512.77	P SLMM	05 00	0.00	9,512.77	05/31/10	0.00	158.55	1,268.37	1,268.37	
000509	09/15/09	1,784.73	P SLMM	05 00	0.00	1,784.73	05/31/10	0.00	29.75	297.46	297.46	
000510	09/25/09	342.49	P SLMM	05 00	0.00	342.49	05/31/10	0.00	5.70	51.37	51.37	
000511	09/25/09	2,671.37	P SLMM	07 00	0.00	2,671.37	05/31/10	0.00	31.80	286.22	286.22	
000513	04/01/10	4,295.00	P SLMM	05 00	0.00	4,295.00	05/31/10	0.00	71.59	214.75	214.75	
000514	04/01/10	433.82	P SLMM	05 00	0.00	433.82	05/31/10	0.00	7.23	21.69	21.69	
000517	05/14/10	2,121.73	P SLMM	07 00	0.00	2,121.73	05/31/10	0.00	25.26	50.52	50.52	
000522	06/03/10	438.90	P SLMM	07 00	0.00	438.90		0.00	5.23	5.23	5.23	
Location = 1209		1,155,335.66			0.00	1,155,335.66		484,366.61	12,376.56	115,972.84	600,339.45	
Less disposals and transfers		0.00			0.00	0.00		0.00			0.00	
Count = 0												
Net Subtotal		1,155,335.66			0.00	1,155,335.66		484,366.61	12,376.56	115,972.84	600,339.45	
Count = 272												
Location = 1509												
000192	07/01/91	788,779.00	R MF100	31 06	0.00	788,779.00	05/31/10	449,687.44	2,086.72	25,040.60	474,728.04	
000256	01/01/93	91,676.46	R MF100	31 06	0.00	91,676.46	05/31/10	47,899.67	242.53	2,910.36	50,810.03	
000301	07/01/96	21,639.00	P SLHY	15 00	0.00	21,639.00	05/31/10	18,753.80	120.22	1,442.60	20,196.40	
000333	12/01/98	50,760.00	P SLHY	20 00	0.00	50,760.00	05/31/10	27,918.00	211.50	2,538.00	30,456.00	
000418	04/16/07	100,420.00	P SLMM	20 00	0.00	100,420.00	05/31/10	10,852.09	418.42	5,021.00	15,873.09	
000420	06/01/07	174,449.87	R SLMM	15 00	0.00	174,449.87	05/31/10	24,229.42	969.17	11,629.99	35,859.41	
000422	10/01/07	167,806.96	R SLMM	15 00	0.00	167,806.96	05/31/10	19,577.48	932.27	11,187.13	30,764.61	
000441	01/10/08	9,703.00	R SLFM	15 00	0.00	9,703.00	05/31/10	970.30	53.91	646.87	1,617.17	
000442	03/01/08	1,525.00	R SLFM	15 00	0.00	1,525.00	05/31/10	135.56	8.48	101.67	237.23	
000447	04/15/08	985.00	R SLFM	15 00	0.00	985.00	05/31/10	82.09	5.48	65.67	147.76	
000448	05/01/08	4,140.00	R SLMM	15 00	0.00	4,140.00	05/31/10	322.00	23.00	276.00	598.00	
000512	03/09/10	4,445.00	R SLMM	15 00	0.00	4,445.00	05/31/10	0.00	24.70	98.78	98.78	
000523	06/30/10	6,277.00	R SLMM	20 00	0.00	6,277.00		0.00	0.00	0.00	0.00	
000524	06/01/10	726.32	R SLMM	20 00	0.00	726.32		0.00	3.03	3.03	3.03	
Location = 1509		1,423,332.61			0.00	1,423,332.61		600,427.85	5,099.43	60,961.70	661,389.55	
Less disposals and transfers		0.00			0.00	0.00		0.00			0.00	
Count = 0												
Net Subtotal		1,423,332.61			0.00	1,423,332.61		600,427.85	5,099.43	60,961.70	661,389.55	
Count = 14												
Location = 1509 R												
000193	07/01/91	421,280.00	R NoDep		0.00	421,280.00	05/31/10	0.00	0.00	0.00	0.00	

ASRM
Depreciation Expense Report
As of June 30, 2010

Book = Internal
 FYE Month = June

Sys No	In Svc Date	Acquired Value	P T	Depr Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
Location = 1509 R													
		421,280.00				0.00	421,280.00		0.00	0.00	0.00	0.00	
	Less disposals and transfers Count = 0	0.00				0.00	0.00		0.00			0.00	
	Net Subtotal Count = 1	421,280.00				0.00	421,280.00		0.00	0.00	0.00	0.00	
Location = F & S													
000445	02/15/08	1,041.14	P	SLMM	05 00	0.00	1,041.14	05/31/10	294.99	17.36	208.23	503.22	
	Location = F & S	1,041.14				0.00	1,041.14		294.99	17.36	208.23	503.22	
	Less disposals and transfers Count = 0	0.00				0.00	0.00		0.00			0.00	
	Net Subtotal Count = 1	1,041.14				0.00	1,041.14		294.99	17.36	208.23	503.22	
Location = WASH													
000319	10/01/97	6,756.90	P	SLHY	05 00	0.00	6,756.90	05/31/10	6,756.90	0.00	0.00	6,756.90	
000384	12/01/04	5,463.69	P	SLMM	05 00	0.00	5,463.69	05/31/10	5,008.39	0.00	455.30	5,463.69	
000385	12/01/04	1,607.50	P	SLMM	05 00	0.00	1,607.50	05/31/10	1,473.54	0.00	133.96	1,607.50	
000415	11/01/06	966.84	P	SLMM	05 00	0.00	966.84	05/31/10	499.54	16.12	193.37	692.91	
000440	01/15/08	908.01	P	SLHY	05 00	0.00	908.01	05/31/10	272.40	15.14	181.60	454.00	
000485	01/15/09	865.90	P	SLMM	05 00	0.00	865.90	05/31/10	86.59	14.44	173.18	259.77	
000503	06/15/09	875.25	P	SLMM	05 00	0.00	875.25	05/31/10	14.59	14.59	175.05	189.64	
000515	05/01/10	1,033.30	P	SLMM	05 00	0.00	1,033.30	05/31/10	0.00	17.22	34.44	34.44	
000516	05/01/10	1,878.24	P	SLMM	05 00	0.00	1,878.24	05/31/10	0.00	31.31	62.61	62.61	
000518	06/01/10	1,209.74	P	SLMM	05 00	0.00	1,209.74		0.00	20.16	20.16	20.16	
000519	06/01/10	1,386.49	P	SLMM	05 00	0.00	1,386.49		0.00	23.11	23.11	23.11	
000520	06/01/10	479.12	P	SLMM	05 00	0.00	479.12		0.00	7.99	7.99	7.99	
	Location = WASH	23,430.98				0.00	23,430.98		14,111.95	160.08	1,460.77	15,572.72	
	Less disposals and transfers Count = 0	0.00				0.00	0.00		0.00			0.00	
	Net Subtotal Count = 12	23,430.98				0.00	23,430.98		14,111.95	160.08	1,460.77	15,572.72	
Grand Total													
	Less disposals and transfers Count = 0	0.00				0.00	0.00		0.00			0.00	
	Net Grand Total Count = 300	3,024,420.39				0.00	3,024,420.39		1,099,201.40	17,653.43	178,603.54	1,277,804.94	

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE	Employer identification number 04-2284338
	Number, street, and room or suite no. If a P O box, see instructions 1209 MONTGOMERY HIGHWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BIRMINGHAM, AL 35216	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

NANCY FRANKEL

- The books are in the care of ▶ **1209 MONTGOMERY HIGHWAY - BIRMINGHAM, AL 35216-2809**
Telephone No. ▶ **205-978-5000** FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ ☐ calendar year _____ or
▶ ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE	Employer identification number 04-2284338
	Number, street, and room or suite no. If a P.O. box, see instructions. 1209 MONTGOMERY HIGHWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BIRMINGHAM, AL 35216	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **1209 MONTGOMERY HIGHWAY - BIRMINGHAM, AL 35216-2809**

Telephone No **205-978-5000**

FAX No

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 16, 2011**
- 5 For calendar year , or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

- 7 State in detail why you need the extension

ADDITIONAL TIME NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title **CPA**

Date