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Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.  
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No 1545-1150

# 2010

Open to Public Inspection

**A For the 2010 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**  
**SOUTH CAROLINA UROLOGICAL ASSOCIATION**

**D Employer identification number**  
**20-2089536**

**E Telephone number**  
**803-798-6207**

**F Group Exemption Number**  
 Number ▶

**G Accounting Method**  Cash  Accrual Other (specify) ▶

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

**I Website:** ▶ **N/A**

**J Tax-exempt status** (check only one) —  501(c)(3)  501(c) ( **6** ) ◀ (insert no )  4947(a)(1) or  527

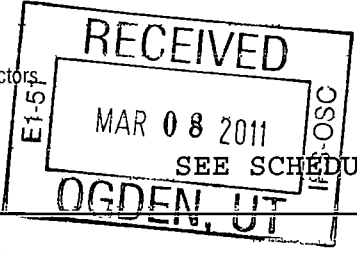
**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **13,958.**

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

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	
	2 Program service revenue including government fees and contracts	
	3 Membership dues and assessments	12,535.
	4 Investment income	1,400.
	5a Gross amount from sale of assets other than inventory	23.
	5b Less, cost or other basis and sales expenses	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6 Gaming and fundraising events	
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
6c Less direct expenses from gaming and fundraising events		
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a Gross sales of inventory, less returns and allowances		
7b Less cost of goods sold		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8 Other revenue (describe in Schedule O)		
9 <b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>13,958.</b>	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	
	11 Benefits paid to or for members	
	12 Salaries, other compensation, and employee benefits	2,000.
	13 Professional fees and other payments to independent contractors	4,695.
	14 Occupancy, rent, utilities, and maintenance	
	15 Printing, publications, postage, and shipping	980.
	16 Other expenses (describe in Schedule O)	16,212.
	17 <b>Total expenses.</b> Add lines 10 through 16	<b>23,887.</b>
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>&lt;9,929.&gt;</b>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	61,831.
20 Other changes in net assets or fund balances (explain in Schedule O)	0.	
21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	<b>51,902.</b>	



SCANNED MAR 9 4 2011 Net Assets

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2010)

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02-02-11

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**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	62,341.	52,437.
23 Land and buildings		
24 Other assets (describe in Schedule O) <b>SEE SCHEDULE O</b>	200.	0.
25 <b>Total assets</b>	62,541.	52,437.
26 <b>Total liabilities</b> (describe in Schedule O) <b>SEE SCHEDULE O</b>	710.	535.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	61,831.	51,902.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **ANNUAL MEETING FOR UROLOGISTS**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 <b>PROVIDE EDUCATION TO IMPROVE THE UROLOGICAL FIELD</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 <b>Total program service expenses</b> (add lines 28a through 31a)		32

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
T. BRIAN WILLARD, MD, POST OFFICE BOX 11188, COLUMBIA, SC 29211	PRESIDENT 0.50	0.	0.	0.
ROSS A. RAMES, MD, POST OFFICE BOX 11188, COLUMBIA, SC 29211	PRESIDENT-ELECT 0.50	0.	0.	0.
PETER P. O'KELLY, MD, POST OFFICE BOX 11188, COLUMBIA, SC 29211	SECRETARY-TREASURER 0.50	0.	0.	0.
THOMAS B. EDMUNDS, MD, POST OFFICE BOX 11188, COLUMBIA, SC 29211	IMMEDIATE PAST PRESIDENT 0.50	0.	0.	0.
RICHARD W. YOUNG, MD, POST OFFICE BOX 11188, COLUMBIA, SC 29211	SESAUA DELEGATE 0.50	0.	0.	0.
ELIZABETH W. BOZEMAN, MD, POST OFFICE BOX 11188, COLUMBIA, SC 29211	SESAUA DELEGATE 0.50	1,000.	0.	0.
DAVID H. LAMB, MD, POST OFFICE BOX 11188, COLUMBIA, SC 29211	SCMA INTER-SPECIALTY COUN. DE 0.50	1,000.	0.	0.
ALEXANDER W. RAMSAY, MD, POST OFFICE BOX 11188, COLUMBIA, SC 29211	SCMA INTER-SPECIALTY COUN. AL 0.50	0.	0.	0.
JOHN J. BRITTON JR., MD, POST OFFICE BOX 11188, COLUMBIA, SC 29211	SESAUA DELEGATE 0.50	0.	0.	0.
J. KEVIN O'KELLY, MD, POST OFFICE BOX 11188, COLUMBIA, SC 29211	SESAUA DELEGATE 0.50	0.	0.	0.
GARY D. BOZEMAN, MD, POST OFFICE BOX 11188, COLUMBIA, SC 29211	AUA REP./HEALTH POLICY COMMIT 0.50	0.	0.	0.
NORRIS W. WHITLOCK, MD, POST OFFICE BOX 11188, COLUMBIA, SC 29211	SESAUA DELEGATE 0.50	0.	0.	0.

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

Check if the organization used Schedule O to respond to any question in this Part V

X

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Table with columns Yes, No and row 33. No is marked with X.

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

Table with columns Yes, No and row 34. No is marked with X.

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.

Table with columns Yes, No and row 35. Both are blank.

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

Table with columns Yes, No and row 35a. No is marked with X.

b If "Yes," has it filed a tax return on Form 990-T for this year?

Table with columns Yes, No and row 35b. Both are marked with N/A.

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Table with columns Yes, No and row 36. No is marked with X.

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a 0.

Table with columns Yes, No and row 37a. Both are blank.

b Did the organization file Form 1120-POL for this year?

Table with columns Yes, No and row 37b. No is marked with X.

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Table with columns Yes, No and row 38a. No is marked with X.

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b N/A

39 Section 501(c)(7) organizations. Enter

Table with columns Yes, No and row 38b. Both are blank.

a Initiation fees and capital contributions included on line 9

39a N/A

b Gross receipts, included on line 9, for public use of club facilities

39b N/A

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911

N/A

section 4912

N/A

section 4955

N/A

Table with columns Yes, No and row 40a. Both are blank.

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Table with columns Yes, No and row 40b. Both are marked with N/A.

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

N/A

Table with columns Yes, No and row 40c. Both are blank.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

N/A

Table with columns Yes, No and row 40d. Both are blank.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Table with columns Yes, No and row 40e. No is marked with X.

41 List the states with which a copy of this return is filed

NONE

42 a The organization's books are in care of SOUTH CAROLINA MEDICAL ASSOC

Telephone no. 803-798-6207

Located at 132 WESTPARK BLVD, COLUMBIA, SC

ZIP + 4 29210

Table with columns Yes, No and row 41. Both are blank.

b 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)?

Table with columns Yes, No and row 42a. No is marked with X.

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

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

Table with columns Yes, No and row 42b. No is marked with X.

If "Yes," enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43 N/A

Table with columns Yes, No and row 42c. No is marked with X.

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 43. Both are blank.

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44a. No is marked with X.

c Did the organization receive any payments for indoor tanning services during the year?

Table with columns Yes, No and row 44b. No is marked with X.

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Table with columns Yes, No and row 44c. No is marked with X.

Table with columns Yes, No and row 44d. Both are blank.

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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

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

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

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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: *Peter P. Kelly* Date: *2/9/2011*  
**PETER P. O'KELLY, MD, SECRETARY/TREASURER**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name <i>Jesse Swearingen III</i>	Preparer's signature <i>Jesse Swearingen III</i>	Date <i>2/9/2011</i>	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name <b>BAUKNIGHT PETERAS &amp; STORMER, P.A.</b>		Firm's EIN <input type="checkbox"/>		
Firm's address <b>1517 GERVAIS STREET COLUMBIA, SC 29201</b>		Phone no. <b>803-771-8943</b>		

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

SOUTH CAROLINA UROLOGICAL ASSOCIATION

Employer identification number

20-2089536

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	23.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
SERVICE FEE FOR ADMINISTRATIVE SALARIES	6,150.
MEETING EXPENSE	2,533.
ANNUAL MEETING EXPENSE	6,977.
AUA RECEPTION EXPENSE	500.
MISCELLANEOUS EXPENSE	52.
TOTAL TO FORM 990-EZ, LINE 16	16,212.

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID ANNUAL MEETING	200.	0.

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	710.	535.

**FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:**

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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

Schedule O (Form 990 or 990-EZ) (2010)

