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Form 990

## 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

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

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

B Check if applicable:	C Name of organization <b>BIOMEDICAL ENGINEERING SOCIETY</b>		D Employer identification number <b>36-6212451</b>
<input type="checkbox"/> Address change	Doing Business As		E Telephone number <b>(301) 459-1999</b>
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address)		Room/Suite <b>1125</b>
<input type="checkbox"/> Initial return	8201 CORPORATE DRIVE		City or town, state or country, and ZIP + 4 <b>LANDOVER MD 20785-2224</b>
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			G Gross receipts \$ <b>2,154,422</b>
<input type="checkbox"/> Application pending	F Name and address of principal officer: <b>Richard E. Waugh, PhD 210 Georgia Hall, Rochester, NY 14627</b>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) ( ) (insert no.)	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website:	► <a href="http://WWW.BMES.ORG">WWW.BMES.ORG</a>		
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: <b>1968</b>	
			M State of legal domicile <b>MD</b>

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: **To encourage development, integration and utilization of knowledge in the biomedical engineering field.**

Client Copy

2 Check this box ►  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) . . . . .

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .

6 Total number of volunteers (estimate if necessary) . . . . .

7a Total unrelated business revenue from Part VIII, column (C), line 12, **RECEIVED**

b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

3	18
4	18
5	7
6	250
7a	0
7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) . . . . .	481,132	405,388
9 Program service revenue (Part VIII, line 2g) . . . . .	997,211	1,090,781
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,759	-8,326
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	104,493	250,570
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,618,595	1,738,413
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	500	1,500
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	332,624	484,675
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► <b>RECEIVED</b>	0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	1,095,881	1,184,133
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	1,429,005	1,670,308
19 Revenue less expenses. Subtract line 18 from line 12 . . . . .	189,590	68,105

Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) . . . . .	1,680,991	1,768,495
21 Total liabilities (Part X, line 26) . . . . .	3,956	23,355
22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .	1,677,035	1,745,140

## 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

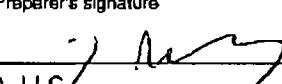
Signature of officer

Edward Schiltz, Executive Director

Date

8-10-2011

Type or print name and title

Preparer's Use Only	Print/Type preparer's name <b>Thomas Desiderio</b>	Preparer's signature 	Date <b>8/4/2011</b>	Check <input type="checkbox"/> If self-employed <b>P00153261</b>
	Firm's name ► <b>Thomas J. Desiderio, CPA, LLC</b>		Firm's EIN ► <b>52-2336882</b>	
	Firm's address ► <b>711 Bestgate Road, Suite 204, Annapolis, MD 21401</b>		Phone no. <b>(410) 573-9580</b>	

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

 Yes  NoFor Paperwork Reduction Act Notice, see the separate Instructions.  
(HTA)

Form 990 (2010)

G/1

**Part III****Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 

Briefly describe the organization's mission:

To encourage development, integration and utilization of knowledge in the biomedical engineering field.

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 \$ 614,506 including grants of \$ 0 ) (Revenue \$ 1,076,250)

Annual Meeting: Biomedical Engineering Society continued the tradition offering an excellent technical content and a meeting environment that offered many opportunities for discussion and social interaction. Highlights of the meeting included topics on artificial organs, cardiovascular system, biomaterials, cellular engineering, neural engineering, biomechanics, tissue engineering, job fair and exhibition.

4b (Code: ..... ) (Expenses \$ 138,054 including grants of \$ 0 ) (Revenue \$ 365,415)

Membership: The membership consisted of a wide variety of professionals and leaders that were helpful in the professional development and contributed to the pursuit of excellence in the field of biomedical engineering. There are several categories of membership: regular members, associate members, student members, emeritus members, and corporate members. BMES publishes a monthly peer-reviewed scientific journal which is included in the membership fee of regular members.

4c (Code: ..... ) (Expenses \$ 40,406 including grants of \$ 0 ) (Revenue \$ 0 )

Accreditation: The relatively new accreditation criteria for the programs, commonly referred to as engineering criteria (EC), include many of the past requirements and also includes the practice of continuous improvement with input from constituencies. The overall emphasis is to set the minimum knowledge level for the entry into the engineering profession.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 158,257 including grants of \$

0 ) (Revenue \$

0 )

4e Total program service expenses ► 951,223

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .

2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .

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? If "Yes," complete Schedule D, Part I . . . . .

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .

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? If "Yes," complete Schedule D, Part IV . . . . .

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .

c Did the organization report an amount for Investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

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? If "Yes," complete Schedule F, Parts I and IV . . . . .

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? If "Yes," complete Schedule F, Parts II and IV . . . . .

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? If "Yes," complete Schedule F, Parts III and IV . . . . .

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .

b Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note, Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .

	Yes	No
1	X	
2	X	
3		X
4		X
5		
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d		X
11e		X
11f		X
12a	X	
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

**Part IV Checklist of Required Schedules (continued)**

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? If "Yes," complete Schedule I, Parts I and II . . . . .

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? If "Yes," complete Schedule I, Parts I and III . . . . .

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .

d 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? If "Yes," complete Schedule L, Part I . . . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .

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? If "Yes," complete Schedule L, Part II . . . . .

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? If "Yes," complete Schedule L, Part III . . . . .

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions):

A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .

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," complete Schedule R, Part V, line 2 . . . . .

Yes  No

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O . . . . .

	Yes	No
21	X	
22	X	
23	X	
24a	X	
24b	X	
24c	X	
24d	X	
25a	X	
25b	X	
26	X	
27	X	
28a	X	
28b	X	
28c	X	
29	X	
30	X	
31	X	
32	X	
33	X	
34	X	
35	X	
36	X	
37	X	
38	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response to any question in this Part V

		Yes	No	
a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	13	
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	7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
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 instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	6a		X
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?	6b		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a		X
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7b		
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?	7c		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7f		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a		
B	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	10a		
a	Did the organization make any taxable distributions under section 4966?	10b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	11a		
10	<b>Section 501(c)(7) organizations.</b> Enter:	11b		
a	Initiation fees and capital contributions included on Part VIII, line 12.	12a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	12b		
11	<b>Section 501(c)(12) organizations.</b> Enter:	13a		
a	Gross income from members or shareholders.	13b		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	13c		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	14a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	14b		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
c	Enter the amount of reserves on hand.			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

**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.

Check if Schedule O contains a response to any question in this Part VI.

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year. **1a** 18  Yes  No

b Enter the number of voting members included in line 1a, above, who are independent. **1b** 18  Yes  No

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  2 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?  3 X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4 X

5 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 X

6 Does the organization have members or stockholders?  6 X

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  7a X

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?  8a X

b Each committee with authority to act on behalf of the governing body?  8b 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.  9 X

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

10a Does the organization have local chapters, branches, or affiliates?  10a 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?  10b X

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  11a X

b Describe in Schedule O the process, if any, used by the organization to review this Form 990  12a X

12a Does the organization have a written conflict of interest policy? If "No," go to line 13.  12b X

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12c 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.  13 X

13 Does the organization have a written whistleblower policy?  14 X

14 Does the organization have a written document retention and destruction policy?  15 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?  15a X

a The organization's CEO, Executive Director, or top management official.  15b X

b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)  16a X

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?  16b 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 ► MD

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: ► The organization (301) 459-1599

8201 Corporate Drive, Suite 1125, Landover, MD 20785

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
Check if Schedule O contains a response to any question in this Part VII 
**Schedule A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See Instructions for definition of "key employee."
- List the organization's **five current highest compensated employees** (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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
		Or Director	Individual Trustee	Institutional Trustee	Officer	Key Employee	Highest Compensated Employee	Former	
(1) Richard E. Waugh, PhD President		2.	X		X				0 0 0
(2) Richard T. Hart, PhD Secretary		1.	X		X				0 0 0
(3) Martha L. Gray, PhD Treasurer		1.	X		X				0 0 0
(4) Lori A. Setton, PhD Publications Board Chair		1.	X						0 0 0
(5) Gilda A. Barabino, PhD Finance Comm Chair		1.	X						0 0 0
(6) Edward L. Schilling, III Executive Director	50.	X			X X			170,775	0 0 0
(7) Gerard Cote, PhD Board Member		1.	X						0 0 0
(8) Philip LeDuc, PhD Board Member		1.	X						0 0 0
(9) Nicholas L'Heureux, PhD Board Member		1.	X						0 0 0
(10) Angelique Louie, PhD Board Member		1.	X						0 0 0
(11) Raphael Lee, MD, ScD, FACS Board Member		1.	X						0 0 0
(12) Newton de Faria, PhD Board Member		1.	X						0 0 0
(13) Gabriel Grulonu, PhD Board Member		1.	X						0 0 0
(14) Nicholas A. Peppas, ScD Board Member		1.	X						0 0 0
(15) Paul Citron, BSEE, MSEE Board Member		1.	X						0 0 0
(16) Jane Grande-Allen, PhD Board Member		1.	X						0 0 0

Form 990 (2010)

## BIOMEDICAL ENGINEERING SOCIETY

36-6212451

Page 8

## Part VII

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule D)	(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
		Officer or Director	Individual trustee or Director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	
(17) Shelly Sakiyama-Elbert, PhD Board Member	1. X							0	0 0
(18) David A. Vorp, PhD Board Member	1. X							0	0 0
(19) .....								0	0 0
(20) .....									
(21) .....									
(22) .....									
(23) .....									
(24) .....									
(25) .....									
(26) .....									
(27) .....									
(28) .....									
1b Sub-total . . . . . ►								170,775	0 0
c Total from continuation sheets to Part VII, Section A . . . . . ►								0	0 0
d Total (add lines 1b and 1c) . . . . . ►								170,775	0 0

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 ► 1

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 . . . . .

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 . . . . .

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

	Yes	No
3		X
4		X
5		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
		0
		0
		0
		0
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 ► 0		

## Part VIII Statement of Revenue

Contributions, gifts, grants and other similar amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns . . . . .	1a 0			
1b	Membership dues . . . . .	1b 365,415			
1c	Fundraising events . . . . .	1c 0			
1d	Related organizations . . . . .	1d 0			
1e	Government grants (contributions) . . . . .	1e 0			
1f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f 39,973			
g	Noncash contributions included in lines 1a-1f: . . . . .	\$ 0			
h	Total. Add lines 1a-1f . . . . .	► 405,388			
Program Service Revenue		Business Code			
2a	Meetings . . . . .		1,076,250	1,076,250	
b	Publications . . . . .		14,531	14,531	
c	----- . . . . .		0		
d	----- . . . . .		0		
e	----- . . . . .		0		
f	All other program service revenue . . . . .		0		
g	Total. Add lines 2a-2f . . . . .	► 1,090,781			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	► 50,258		50,258
4	Income from investment of tax-exempt bond proceeds . . . . .	► 0			
5	Royalties . . . . .	► 195,485			195,485
6a	Gross Rents . . . . .	(i) Real	(ii) Personal		
b	Less: rental expenses . . . . .				
c	Rental income or (loss) . . . . .				
d	Net rental income or (loss) . . . . .	0	0	0	
7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other		
b	Less: cost or other basis and sales expenses . . . . .	357,425	0		
c	Gain or (loss) . . . . .	416,009	0		
d	Net gain or (loss) . . . . .	-58,584	0	-58,584	
8a	Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18 . . . . .	0	a	0	
b	Less: direct expenses . . . . .	b	0	0	
c	Net income or (loss) from fundraising events . . . . .	►	0	0	
9a	Gross income from gaming activities. See Part IV, line 19. . . . .	a	0		
b	Less: direct expenses . . . . .	b	0		
c	Net income or (loss) from gaming activities . . . . .	►	0	0	
10a	Gross sales of inventory, less returns and allowances . . . . .	a	0		
b	Less: cost of goods sold . . . . .	b	0		
c	Net income or (loss) from sales of inventory . . . . .	►	0	0	
Miscellaneous Revenue		Business Code			
11a	List rentals . . . . .		15,373	15,373	
b	Misc. . . . .		5,320	5,320	
c	Net assets released from reserves . . . . .		34,392	34,392	
d	All other revenue . . . . .		0		
e	Total. Add lines 11a-11d . . . . .	► 55,085			
12	Total revenue. See instructions. . . . .	► 1,738,413	1,145,866	0	245,743

**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).*

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . . . .	1,500	1,500		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	170,775		170,775	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	213,194		213,194	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	17,313		17,313	
9 Other employee benefits . . . . .	52,288		52,288	
10 Payroll taxes . . . . .	31,105		31,105	
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	4,778		4,776	
c Accounting . . . . .	13,624		13,624	
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17 . . . . .	0			
f Investment management fees . . . . .	4,210		4,210	
g Other . . . . .	11,613		11,613	
12 Advertising and promotion . . . . .	57,118	57,118		
13 Office expenses . . . . .	59,386		59,386	
14 Information technology . . . . .	63,032		63,032	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	44,807		44,807	
17 Travel . . . . .	33,957	33,957		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	636,386	614,506	21,880	
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	6,118	0	6,118	0
23 Insurance . . . . .	4,982		4,962	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Bank and credit card fees . . . . .	21,502	21,502		
b Postage and delivery . . . . .	13,489	13,489		
c Springer payments . . . . .	87,191	67,191		
d Stipends . . . . .	96,313	96,313		
e Dues, subscriptions and reference materials . . . . .	20,799	20,799		
f All other expenses . . . . .	24,848	24,848		
25 Total functional expenses. Add lines 1 through 24f . . . . .	1,670,308	951,223	719,085	0

Joint costs. Check here ►  if following  
SOP 98-2 (ASC 958-720). 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
<b>Assets</b>				
1	Cash—non-interest-bearing . . . . .	677,975	1	440,963
2	Savings and temporary cash investments . . . . .		2	
3	Pledges and grants receivable, net . . . . .	78,500	3	0
4	Accounts receivable, net . . . . .	15,571	4	0
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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instructions) . . . . .		6	
7	Notes and loans receivable, net . . . . .	0	7	0
8	Inventories for sale or use . . . . .		8	
9	Prepaid expenses and deferred charges . . . . .	5,880	9	0
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	80,111	
b	Less: accumulated depreciation . . . . .	10b	55,073	14,047 10c 25,038
11	Investments—publicly traded securities . . . . .	886,904	11	1,300,380
12	Investments—other securities. See Part IV, line 11 . . . . .	0	12	0
13	Investments—program-related. See Part IV, line 11 . . . . .	0	13	0
14	Intangible assets . . . . .	0	14	0
15	Other assets. See Part IV, line 11 . . . . .	2,114	15	2,114
16	<b>Total assets. Add lines 1 through 15 (must equal line 34)</b> . . . . .	1,680,991	16	1,768,495
<b>Liabilities</b>		3,956	17	23,355
17	Accounts payable and accrued expenses . . . . .		18	
18	Grants payable . . . . .	0	19	
19	Deferred revenue . . . . .		20	
20	Tax-exempt bond liabilities . . . . .		21	
21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		22	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	23	0
23	Secured mortgages and notes payable to unrelated third parties . . . . .	0	24	0
24	Unsecured notes and loans payable to unrelated third parties . . . . .	0	25	0
25	Other liabilities. Complete Part X of Schedule D . . . . .	3,956	26	23,355
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets . . . . .		27	
28	Temporarily restricted net assets . . . . .		28	
29	Permanently restricted net assets . . . . .		29	
Organizations that do not follow SFAS 117, check here ► <input checked="" 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 . . . . .	1,677,035	32	1,745,140
33	Total net assets or fund balances . . . . .	1,677,035	33	1,745,140
34	<b>Total liabilities and net assets/fund balances</b> . . . . .	1,680,991	34	1,768,495

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	1,738,413
2	1,670,308
3	68,105
4	1,677,035
5	
6	1,745,140

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b Were the organization's financial statements audited by an independent accountant?	X	
2c 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.		
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

SCHEDULE A  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

## Public Charity Status and Public Support

OMB No. 1645-0047

2010

Open to Public  
InspectionComplete if the organization is a section 601(c)(3) organization or a section  
4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

Name of the organization

BIOMEDICAL ENGINEERING SOCIETY

Employer identification number

36-6212451

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

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

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

2  A school described in section 170(b)(1)(A)(II). (Attach Schedule E.)

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

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

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

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

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

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

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

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

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

a  Type I      b  Type II      c  Type III—Functionally Integrated      d  Type III—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?

	Yes	No
11g(i)		
11g(II)		
11g(III)		

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

(I) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(IV) Is the organization in col. (I) listed in your governing document?	(V) Did you notify the organization in col. (I) of your support?	(VI) Is the organization in col. (I) organized in the U.S.?	(VII) Amount of support
(A)						0
(B)						0
(C)						0
(D)						0
)						0
<b>Total</b>						0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
4 Total. Add lines 1 through 3 . . . . .	0	0	0	0	0	0
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. . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0
11 Total support. Add lines 7 through 10. . . . .						0
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 . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	0.00%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	0.00%
16a 33 1/3% support test-2010. 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 . . . . . ► <input type="checkbox"/>		
b 33 1/3% support test-2009. 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 . . . . . ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test-2010. 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 . . . . . ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2009. 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 . . . . . ► <input type="checkbox"/>		
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	369,614	516,144	535,183	481,132	405,388	2,307,461
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 . . . . .	836,131	852,748	783,557	997,211	1,000,781	4,560,428
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
6 Total. Add lines 1 through 5 . . . . .	1,205,745	1,368,892	1,318,740	1,478,343	1,496,169	6,867,889
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	0	200,000	10,000	0	0	210,000
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
c Add lines 7a and 7b . . . . .	0	200,000	10,000	0	0	210,000
8 Public support (Subtract line 7c from line 6.) . . . . .						6,657,889

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 . . . . .	1,205,745	1,368,892	1,318,740	1,478,343	1,496,169	6,867,889
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	104,969	176,670	186,987	140,252	242,244	851,122
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
c Add lines 10a and 10b . . . . .	104,969	176,670	186,987	140,252	242,244	851,122
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .	1,310,714	1,545,562	1,505,727	1,618,595	1,738,413	7,719,011
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 . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	86.25%
16 Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	16	81.79%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	11.03%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	18	9.15%
a 33 1/3% support tests—2010. 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 . . . . . ► <input type="checkbox"/>		
b 33 1/3% support tests—2009. 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 . . . . . ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Schedule A (Form 990 or 990-EZ) 2010**

BIOMEDICAL ENGINEERING SOCIETY

36-6212451

Page 4

## Part IV

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

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. 1546-0047

2010

Open to Public  
Inspection

Name of the organization

BIOMEDICAL ENGINEERING SOCIETY

Employer identification number

36-6212451

**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 education)	<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.	
a Total number of conservation easements . . . . .	Held at the End of the Tax Year
b Total acreage restricted by conservation easements . . . . .	2a
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1 . . . . .	► \$ . . . . .
(ii) Assets included in Form 990, Part X . . . . .	► \$ . . . . .
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenues included in Form 990, Part VIII, line 1 . . . . .	► \$ . . . . .
b Assets included in Form 990, Part X . . . . .	► \$ . . . . .

## BIOMEDICAL ENGINEERING SOCIETY

36-6212451

Schedule D (Form 990) 2010

Page 2

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

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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

Amount	
1c	0
1d	
1e	
1f	0

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	0				
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	0	0	0		

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

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

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

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

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

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	80,111	55,073	25,038
e Other	0	0	0	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 25,038

## BIOMEDICAL ENGINEERING SOCIETY

36-6212451

Page 3

Schedule D (Form 990) 2010

**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
(1) Financial derivatives . . . . .	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other . . . . .	0	
(A) . . . . .	0	
(B) . . . . .	0	
(C) . . . . .	0	
(D) . . . . .	0	
(E) . . . . .	0	
(F) . . . . .	0	
(G) . . . . .	0	
(H) . . . . .	0	
(I) . . . . .	0	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►</b>	<b>0</b>	

**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
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►</b>	<b>0</b>	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►</b>	<b>0</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►</b>	<b>0</b>

2. FIN 48 (ASC 740) 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 (ASC 740).

## BIOMEDICAL ENGINEERING SOCIETY

36-6212451

Page 4

Schedule D (Form 990) 2010

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

1	1,738,413
2	1,670,308
3	68,105
4	
5	
6	
7	
8	
9	0
10	68,105

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

1	1,788,168
2	
2a	
2b	
2c	
2d	
2e	0
3	1,788,168
4	
4a	
4b	-49,755
4c	-49,755
5	1,738,413

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

1	1,697,057
2	
2a	
2b	
2c	
2d	
2e	0
3	1,697,057
4	
4a	
4b	-26,749
4c	-26,749
5	1,670,308

**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 XII Line 4b Accrual to cash adjustments

Part XIII Line 4b Accrual to cash adjustments

BIOMEDICAL ENGINEERING SOCIETY

36-6212451

Page 5

**Schedule D (Form 890) 2010**

Part XIV Supplemental Information (continued)

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

BIOMEDICAL ENGINEERING SOCIETY

Employer identification number

36-6212451

Form 990, Part III, Line 4d: Program Service Expenses: 158,257, Grants and allocations: 0.

Other - publications (journal and newsletters)

Form 990 Part VI Section B Line 11A The 990 is reviewed by the Executive Director and the

Treasurer

Form 990 Part VI Section B Line 15A The Executive Committee determines the compensation for

the Executive Director.

Form 990 Part VI Section C Line 19 The organization's bylaws are available on its website. The

organization's conflict of interest policy is available upon request.

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

Page 2

Name of the organization

BIOMEDICAL ENGINEERING SOCIETY

Employer identification number

36-6212451

Form 8868

(Rev. January 2011)

Department of the Treasury  
Internal Revenue ServiceApplication 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.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**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.

Type or print	Name of exempt organization <b>BIOMEDICAL ENGINEERING SOCIETY</b>	Employer identification number <b>36-6212451</b>
File by the due date for filing your return. See Instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>8201 CORPORATE DRIVE, Room No. 1125</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LANDOVER</b>	MD <b>20785-2224</b>

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-T (corporation)	07
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

- The books are in the care of ► The organization

Telephone No. ► (301) 459-1599

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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 2010 or
- tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, 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, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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

Form 4562 Stat - 990

Item No.	Description of Property	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conventional Code	Prior Accum Deprec., 179, Bonus	2010 Deprec.	2010 Accum. Deprec.	
7	Desk	3/13/2003	F-11	100.00%	281	0	0	0	0	281	7	SL	HY	273	8	281	
8	Copier	5/28/2005	F-6	100.00%	1,272	0	0	0	0	1,272	5	SL	HY	1,184	108	1,272	
9	Phones	8/13/2005	F-6	100.00%	2,470	0	0	0	0	2,470	5	SL	HY	2,264	206	2,470	
2	Network Server	5/31/2006	F-6	100.00%	5,591	0	0	0	0	5,591	5	SL	HY	5,591	1,118	6,124	
10	New Phone System	1/17/2008	F-6	100.00%	7,745	0	0	0	0	7,745	5	SL	HY	7,745	1,549	4,518	
11	Furniture	5/7/2008	F-11	100.00%	2,076	0	0	0	0	2,076	7	SL	HY	2,076	484	780	
21	Office Furniture	2/3/2010	F-11	100.00%	382	0	0	0	0	382	7	SL	HY	0	27	27	
22	Office Furniture	3/4/2010	F-11	100.00%	7,829	0	0	0	0	7,829	7	SL	HY	0	545	545	
23	Plants	3/16/2010	F-11	100.00%	509	0	0	0	0	509	7	SL	HY	0	36	36	
24	Office Furniture	4/6/2010	F-11	100.00%	1,105	0	0	0	0	1,105	7	SL	HY	0	79	79	
25	Conf. Room Chairs (12)	4/14/2010	F-11	100.00%	1,840	0	0	0	0	1,840	7	SL	HY	0	131	131	
30	Dell Inspiron PC	4/21/2010	F-5	100.00%	680	0	0	0	0	680	5	SL	HY	0	68	68	
31	Gatesway Monitors	4/21/2010	F-5	100.00%	670	0	0	0	0	670	5	SL	HY	0	87	67	
32	Dell T310 Server	5/12/2010	F-5	100.00%	3,415	0	0	0	0	3,415	5	SL	HY	0	342	342	
29	Desktop Folder	5/14/2010	F-11	100.00%	300	0	0	0	0	300	7	SL	HY	0	21	21	
26	Office Furniture	5/18/2010	F-11	100.00%	934	0	0	0	0	934	7	SL	HY	0	67	67	
27	Backcase	5/20/2010	F-11	100.00%	231	0	0	0	0	231	7	SL	HY	0	17	17	
28	Chairs (2)	6/2/2010	F-11	100.00%	783	0	0	0	0	783	7	SL	HY	0	56	56	
34	Office Furniture	12/11/2010	F-11	100.00%	996	0	0	0	0	996	7	SL	HY	0	71	71	
<b>Listed Property</b>																	
Listed property with more than 50% business use (Line 25 and 26)																	
13	3 Dell Computers	3/18/2007	F-4	100.00%	2,784	0	0	0	0	2,784	5	SL	HY	1,587	553	2,120	
16	Computer Equip	6/13/2003	F-4	100.00%	1,441	0	0	0	0	1,441	5	SL	HY	0	0	1,441	
15	Computer Equipment	10/11/2008	F-4	100.00%	10,018	0	0	0	0	10,018	5	SL	HY	0	0	10,019	
14	Dell Computer	7/13/2008	F-4	100.00%	955	0	0	0	0	955	5	SL	HY	0	287	478	
19	Dell Tower	8/30/2005	F-4	100.00%	698	0	0	0	0	698	5	SL	HY	0	607	677	
20	Dell Tower	12/31/2006	F-4	100.00%	904	0	0	0	0	904	5	SL	HY	0	741	724	
12	IBM Laptop	1/31/2007	F-4	100.00%	1,270	0	0	0	0	1,270	5	SL	HY	0	254	985	
17	Media Temple	4/23/2004	F-4	100.00%	364	0	0	0	0	364	5	SL	HY	0	0	364	
33	PC - Ed	12/16/2010	F-4	100.00%	568	0	0	0	0	568	5	SL	HY	0	57	57	
Total listed prop with > 50% business use																	
																15,569	1,306
																15,569	1,306

Digitized by srujanika@gmail.com

Listed property with more than 50% business use (Line 25 and 26)

॥ ੧੩ ॥

Form 4562

U.S. Department of the Treasury  
Internal Revenue Service (99)Depreciation and Amortization  
(Including Information on Listed Property)OMB No. 1545-0172  
2010  
Attachment  
Sequence No. 67Name(s) shown on return Business or activity to which this form relates Identifying number  
BIOMEDICAL ENGINEERING SOCIETY 990 36-6212451

## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	20,043
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
Other depreciation (including ACRS)	16	4,812

## Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

## Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

## Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

## Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	1,308
Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.		
Enter here and on the appropriate lines of your return. Partnerships and S corporations - see Instructions	22	6,118
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate Instructions.

Form 4562 (2010)

Form 4562 (2010)

## BIOMEDICAL ENGINEERING SOCIETY

36-6212451

Page 2

## Part V

**Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)					25			
26 Property used more than 50% in a qualified business use:								
		%						
		%						
See statement								1,306
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1					28	1,306		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1					29	0		

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See Instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.	Yes	No

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
Amortization of costs that begins during your 2010 tax year (see instructions):					
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					0