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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH INC Doing Business As		D Employer identification number 43-0691437
	Number and street (or P O box if mail is not delivered to street address) 1000 CORPORATE BOULEVARD		Room/suite
	City or town, state or country, and ZIP + 4 LINTHICUM HEIGHTS, MD 21090		E Telephone number (410) 689-3700
	F Name and address of principal officer MICHAEL SHEPPARD 1000 CORPORATE BOULEVARD LINTHICUM HEIGHTS, MD 21090		H(a) Is this a group return for affiliates? ☐ Yes ☒ No
	Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)
J Website: WWW AUANET ORG		H(c) Group exemption number	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other			L Year of formation 1902
			M State of legal domicile MD

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROMOTE STANDARDS OF UROLOGICAL EDUCATION, RESEARCH, AND THE PUBLICATION OF SCIENTIFIC LITERATURE		
	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)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	116
	6 Total number of volunteers (estimate if necessary)	6	253
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,287,770	
b Net unrelated business taxable income from Form 990-T, line 34	7b	464,324	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,511,402	3,426,064
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,850,991	19,261,408
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,882,805	2,376,173
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	303,940	335,443
		24,549,138	25,399,088
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	846,318	5,287,747
	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)	6,812,552	7,144,687
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	11,580,011	10,542,334
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,238,881	22,974,768
	19 Revenue less expenses Subtract line 18 from line 12	5,310,257	2,424,320
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	94,467,786	106,022,498
	21 Total liabilities (Part X, line 26)	19,871,456	21,852,485
	22 Net assets or fund balances Subtract line 21 from line 20	74,596,330	84,170,013

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			2011-05-05 Date	
	MICHAEL SHEPPARD CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JULIA FLANNERY	Preparer's signature JULIA FLANNERY	Date	Check if self-employed ☐	PTIN
	Firm's name RSM MCGLADREY INC				Firm's EIN
	Firm's address 100 INTERNATIONAL DRIVE SUITE 1400 BALTIMORE, MD 21202				Phone no (410) 246-9300
May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No					

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

TO IMPROVE PRACTICE AND PATIENT CARE BY PROVIDING AFFORDABLE QUALITY UROLOGICAL EDUCATION

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 \$ 17,160,108 including grants of \$ 5,287,747) (Revenue \$ 19,596,851)

THE OBJECTIVE AND PURPOSE FOR WHICH THE AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH, INC (AUAER) IS ORGANIZED ARE TO PROMOTE THE HIGHEST STANDARDS OF UROLOGICAL CLINICAL CARE THROUGH EDUCATION, TO ESTABLISH EVIDENCE-BASED GUIDELINES, AND TO PRESENT INVESTIGATIVE STUDIES ON CRITICAL AREAS OF RESEARCH AND PRACTICE OVER A HUNDRED DIDACTIC AND HANDS-ON LABORATORY COURSES CERTIFIED TO AWARD CONTINUING MEDICAL EDUCATION CREDITS ARE OFFERED ANNUALLY TO PHYSICIANS AND ALLIED HEALTH CARE PROVIDERS ADDITIONALLY, CERTIFIABLE EDUCATIONAL INSTRUCTION IS OFFERED THROUGH WEB RESOURCES, HOME STUDY PRODUCTS, VIDEO CONFERENCES AND THE PUBLICATION OF SCIENTIFIC ABSTRACTS ANNUALLY THE WORLD'S LARGEST SCIENTIFIC SYMPOSIUM DEDICATED TO THE FIELD OF UROLOGY PROVIDES A GATHERING OF OVER 16,000 MEDICAL PROFESSIONALS FROM AROUND THE WORLD TO DISCUSS THE LATEST TREATMENT TECHNIQUES AND RESEARCH IN THE FIELD OF UROLOGICAL MEDICINE THE JOURNAL OF UROLOGY IS A PEER-REVIEWED SCHOLARLY MONTHLY PUBLICATION THAT REACHES OVER 90% OF PRACTICING BOARD CERTIFIED DOMESTIC UROLOGISTS THE COMPLETE JOURNAL IS AN ESTABLISHED RESOURCE IN MEDICAL LIBRARIES WORLDWIDE, AND SPECIAL EDITIONS ARE AVAILABLE IN SEVERAL FOREIGN LANGUAGES THIS JOURNAL BRINGS SOLID COVERAGE OF THE CLINICALLY RELEVANT CONTENT NEEDED TO STAY AT THE FOREFRONT OF THE FIELD OF UROLOGY BY PRESENTING INVESTIGATIVE STUDIES ON CRITICAL AREAS OF RESEARCH AND PRACTICE, SURVEY ARTICLES PROVIDING SHORT CONDENSATIONS OF THE BEST AND MOST IMPORTANT UROLOGY LITERATURE WORLDWIDE, AND PRACTICE-ORIENTED REPORTS ON SIGNIFICANT CLINICAL OBSERVATIONS

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 17,160,108

Form 990 (2010)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
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	3	No
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	4	No
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	5	
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 	6	No
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 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8 Yes	
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 	9	No
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 	10 Yes	
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. 	11a Yes	
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. 	11b	No
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. 	11c	No
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. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
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. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
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 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	14b Yes	
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
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 U S ? If "Yes," complete Schedule F, Parts III and IV	16 Yes	
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)	17	No
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	18	No
19 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	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	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	38	Yes	

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	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	325		
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	Yes		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	116		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes		
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			No
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
8					
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
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.	13a			
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.	13b			
c	Enter the amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
14a					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Yes	
10b	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?	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
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	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		No
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?		No
16b	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 Form 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ☒ MARK CAMPOBELLO 1000 CORPORATE BOULEVARD LINTHICUM, MD 21090 (410) 689-3705

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTON J BUESCHEN MD IMMEDIATE PAST PRESIDENT	6 00	X		X				49,719	31,787	0
(2) ROBERT C FLANIGAN MD SECRETARY	6 00	X		X				63,343	40,498	0
(3) THOMAS J ROHNER JR MD DIRECTOR	1 00	X						2,027	1,296	0
(4) PRAMOD C SOGANI MD DIRECTOR	1 00	X						2,456	1,570	0
(5) RICHARD A MEMO MD TREASURER	6 00	X		X				61,275	39,175	0
(6) DATTA G WAGLE MD PRESIDENT	6 00	X		X				41,625	26,612	0
(7) CHARLES W LOGAN MD DIRECTOR	1 00	X						2,020	1,291	0
(8) B THOMAS BROWN MD DIRECTOR	1 00	X						2,783	1,779	0
(9) JOHN C PRINCE MD DIRECTOR	1 00	X						348	223	0
(10) DAVID F GREEN MD DIRECTOR	1 00	X						2,108	1,348	0
(11) DENNIS A PESSIS MD DIRECTOR	1 00	X						2,166	1,384	0
(12) KEVIN PRANIKOFF MD DIRECTOR	1 00	X						1,686	1,078	0
(13) SUSHIL S LACY MD PRESIDENT - ELECT	6 00	X		X				10,474	6,696	0
(14) JOHN H LYNCH MD DIRECTOR	1 00	X						2,302	1,472	0
(15) J BRANTLY THRASHER MD DIRECTOR	1 00	X						1,209	773	0
(16) MICHAEL T SHEPPARD CEO	23 00			X				256,163	163,777	36,612

Part VII

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. 7
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		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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
GES EXPOSITION SERVICES INC 7050 LINDELL AVENUE LAS VEGAS, NV 89118	CONVENTION CONTRACTOR	511,292
PROJECTION INC DBA PROJECTION PRESENTA PO BOX 890472 CHARLOTTE, NC 28289	AUDIO/VISUAL SERVICES	464,837
ELSEVIER INC 1600 JOHN F KENNEDY BLVD 1800 PHILADELPHIA, PA 19103	PUBLISHER	443,867
CADMUS PO BOX 822934 PHILADELPHIA, PA 19182	PUBLISHER	418,546
KUSHNER & ASSOCIATES 3444 CLOUDCROFT DRIVE MALIBU, CA 90265	TRANSPORTATION SERVICES	379,863
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 18		

Part VIII

Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d		2,000,000			
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f		1,426,064			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		3,426,064			
	Program Service Revenue	2a		Business Code		
ANNUAL MEETINGS		541800	7,770,374	7,306,831	463,543	
b JOURNAL OF UROLOGY		541900	6,926,166		6,926,166	
c EDUCATION		541900	3,560,149		3,560,149	
d AUA NEWS		541800	850,923	26,696	824,227	
e MANAGEMENT SERVICES		541900	116,296	116,296		
f All other program service revenue			37,500			
g Total. Add lines 2a-2f		19,261,408				
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)			2,039,009	
	4 Income from investment of tax-exempt bond proceeds . . .					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		10,530,065			
	b Less cost or other basis and sales expenses		10,192,901			
	c Gain or (loss)		337,164			
	d Net gain or (loss)		337,164			337,164
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events . . .					
	9a Gross income from gaming activities See Part IV, line 19 . . . a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities . . .					
10a Gross sales of inventory, less returns and allowances						
a						
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code				
11a MISCELLANEOUS INCOME		900099	335,443	335,443		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		335,443				
12 Total revenue. See Instructions		25,399,088	7,822,766	1,287,770	12,862,488	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	5,235,447	5,235,447		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	33,800	33,800		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	18,500	18,500		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,262,844	629,296	633,548	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,013,160	1,999,822	2,013,338	
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	530,527	264,370	266,157	
9	Other employee benefits	775,277	386,333	388,944	
10	Payroll taxes	562,879	280,492	282,387	
a	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting	136,885	124,744	12,141	
d	Lobbying	14,701	13,397	1,304	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	61,940	61,940		
g	Other	1,624,780	1,480,669	144,111	
12	Advertising and promotion				
13	Office expenses	1,317,998	1,152,240	165,758	
14	Information technology				
15	Royalties				
16	Occupancy	119,413	10,296	109,117	
17	Travel	2,041,613	1,726,074	315,539	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	133,895	133,895		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	896,623	77,303	819,320	
23	Insurance	155,469	62,655	92,814	
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	CONTRACT SERVICES	3,021,199	2,748,776	272,423	
b	AWARDS & STIPENDS	534,817	532,156	2,661	
c	HISTORY FUND	234,537		234,537	
d	INCOME TAXES	187,903	187,903		
e	BUILDING ACTIVITIES	60,561		60,561	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	22,974,768	17,160,108	5,814,660	0
26	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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			694,420	2	3,524,920
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			764,774	4	612,620
	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). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,299,038	9	1,161,183
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	22,392,600			
	b	Less: accumulated depreciation	10b	6,082,734	16,810,438	10c	16,309,866
	11	Investments—publicly traded securities			74,808,875	11	84,327,634
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			90,241	15	86,275
16	Total assets. Add lines 1 through 15 (must equal line 34)			94,467,786	16	106,022,498	
Liabilities	17	Accounts payable and accrued expenses			1,825,451	17	2,153,107
	18	Grants payable				18	
	19	Deferred revenue			2,653,125	19	3,303,322
	20	Tax-exempt bond liabilities			9,000,000	20	8,800,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			4,779,525	23	4,569,436
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			1,613,355	25	3,026,620
	26	Total liabilities. Add lines 17 through 25			19,871,456	26	21,852,485
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			74,318,914	27	83,876,611
	28	Temporarily restricted net assets			101,993	28	117,979
	29	Permanently restricted net assets			175,423	29	175,423
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			74,596,330	33	84,170,013
	34	Total liabilities and net assets/fund balances			94,467,786	34	106,022,498

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,399,088
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,974,768
3	Revenue less expenses Subtract line 2 from line 1	3	2,424,320
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74,596,330
5	Other changes in net assets or fund balances (explain in Schedule O)	5	7,149,363
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	84,170,013

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 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated 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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH INC	Employer identification number 43-0691437
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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 the supported organization?

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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

(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
			Yes	No	Yes	No	Yes	No	
Total									

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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
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 ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—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 ▶		
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 ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart 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.")	3,880,639	6,713,828	2,137,991	3,511,402	3,426,064	19,669,924
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	8,560,331	8,346,708	16,135,910	17,329,398	17,563,221	67,935,568
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	12,440,970	15,060,536	18,273,901	20,840,800	20,989,285	87,605,492
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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	2,235,181	2,179,166	1,470,090	703,126	355,135	6,942,698
c Add lines 7a and 7b	2,235,181	2,179,166	1,470,090	703,126	355,135	6,942,698
8 Public Support (Subtract line 7c from line 6)						80,662,794

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	12,440,970	15,060,536	18,273,901	20,840,800	20,989,285	87,605,492
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,281,853	2,304,902	2,532,210	1,882,805	2,039,009	10,040,779
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	285,434	306,961	219,544	254,470	306,454	1,372,863
c Add lines 10a and 10b	1,567,287	2,611,863	2,751,754	2,137,275	2,345,463	11,413,642
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	481,557	143,799	163,638	303,940	335,443	1,428,377
13 Total support (Add lines 9, 10c, 11 and 12.)	14,489,814	17,816,198	21,189,293	23,282,015	23,670,191	100,447,511
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	80.300 %	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	79.020 %	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	11.360 %	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	10.530 %	
19a 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 ▶			
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 ▶			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶			

Part IV

Supplemental Information. 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).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH INC	Employer identification number 43-0691437
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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?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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	☐ Yes ☐ 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) ☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space
2	Complete lines 2a–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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
4	Number of states where property subject to conservation easement is located ▶ _____
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
	(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
	(ii) Assets included in Form 990, Part X ▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a	Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
b	Assets included in Form 990, Part X ▶ \$ _____

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒ Public exhibition

d

☐ Loan or exchange programs

b

☒ Scholarly research

e

☐ Other

c

☒ 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	6,175,423	6,175,423	6,175,423		
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	6,175,423	6,175,423	6,175,423		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

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

3a(i)

Yes

No

b

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

3a(ii)

Yes

3b

Yes

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,975,858		2,975,858
b Buildings		15,107,069	3,101,485	12,005,584
c Leasehold improvements				
d Equipment		4,309,673	2,981,249	1,328,424
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				16,309,866

Schedule D (Form 990) 2010

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	125,399,088
2	Total expenses (Form 990, Part IX, column (A), line 25)	22,974,768
3	Excess or (deficit) for the year Subtract line 2 from line 1	2,424,320
4	Net unrealized gains (losses) on investments	7,149,363
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	7,149,363
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	9,573,683

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	133,013,201
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a7,149,363	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d9,990,286	
e	Add lines 2a through 2d	2e17,139,649
3	Subtract line 2e from line 1	315,873,552
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a61,940	
b	Other (Describe in Part XIV)4b9,463,596	
c	Add lines 4a and 4b	4c9,525,536
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	525,399,088

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	130,111,125
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d7,332,192	
e	Add lines 2a through 2d	2e7,332,192
3	Subtract line 2e from line 1	322,778,933
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a61,940	
b	Other (Describe in Part XIV)4b133,895	
c	Add lines 4a and 4b	4c195,835
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	522,974,768

Part XIVSupplemental 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, 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.

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE ORGANIZATIONS' COLLECTIONS ARE MADE UP OF ARTIFACTS OF HISTORICAL SIGNIFICANCE, SCIENTIFIC SPECIMENS, AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC, AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE ORGANIZATIONS HAVE NOT CAPITALIZED OBJECTS DONATED TO THE HISTORY OF UROLOGY MUSEUM, AND, AS A RESULT, DOES NOT LIST ANY VALUE FOR THOSE OBJECTS ON THE COMBINED STATEMENTS OF FINANCIAL POSITION.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUNDS ARE HELD AND ADMINISTERED BY BOTH THE AMERICAN UROLOGICAL ASSOCIATION FOUNDATION, INC., A RELATED EXEMPT ORGANIZATION, AND THE AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH, INC. ENDOWMENT FUNDS ARE USED TO SUPPORT RESEARCH SCHOLARSHIPS AND AWARDS FOR THE ADVANCEMENT OF UROLOGIC MEDICINE.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	IN JULY 2006, THE FASB ISSUED FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB STATEMENT NO. 109 ("FIN 48"). AS OF DECEMBER 31, 2010 AND 2009, AUAER HAD NO MATERIAL UNRECOGNIZED/DERECOGNIZED TAX BENEFITS OR TAX PENALTIES OR INTEREST.
PART XII, LINE 2D - OTHER ADJUSTMENTS		FINANCIAL STATEMENTS ARE CONSOLIDATED AMERICAN UROLOGICAL ASSOCIATION, INC. 10,501,114 AMERICAN UROLOGICAL ASSOCIATION FOUNDATION, INC. 6,672,619. INCOME ELIMINATED ON THE CONSOLIDATED STATEMENTS -7,183,447.
PART XII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT INCOME 9,463,596.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FINANCIAL STATEMENTS ARE CONSOLIDATED AMERICAN UROLOGICAL ASSOCIATED, INC. 11,475,017 AMERICAN UROLOGICAL ASSOCIATION FOUNDATION, INC. 3,040,622. EXPENSES ELIMINATED ON CONSOLIDATED FINANCIAL STATEMENTS -7,183,447.
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INTEREST EXPENSE REPORTED SEPERATELY ON FINANCIAL STATEMENTS 133,895.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
AMERICAN UROLOGICAL ASSOCIATION
EDUCATION AND RESEARCH INC

Employer identification number

43-0691437

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

For grant makers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3

Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICE	EDUCATION, TRAVEL, MEETING, MISCELLANEOUS	237,662
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICE	EDUCATION, TRAVEL, MISCELLANEOUS	208,242
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICE	EDUCATION, MEETING, MISCELLANEOUS	100
NORTH AMERICA	0	0	PROGRAM SERVICE	EDUCATION, TRAVEL, MEETING, MISCELLANEOUS	145,954
SOUTH AMERICA	0	0	PROGRAM SERVICE	EDUCATION, MEETING, MISCELLANEOUS	116,758
SOUTH ASIA	0	0	PROGRAM SERVICE	EDUCATION	120,034
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICE	MISCELLANEOUS	30,047
SOUTH AMERICA	0	0	GRANTMAKING		6,000
NORTH AMERICA			GRANTMAKING		2,200
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		1,000
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		4,500
SOUTH ASIA	0	0	GRANTMAKING		4,800
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICE	EDUCATION, TRAVEL, MISCELLANEOUS	2,000
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICE	EDUCATION, TRAVEL, MISCELLANEOUS	550
3a Sub-total		0			864,797
b Total from continuation sheets to Part I		0			15,050
c Totals (add lines 3a and 3b)		0			879,847

1

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
EDUCATION ASSISTANCE	NORTH AMERICA	2	2,200	WIRE TRANSFER			
EDUCATION ASSISTANCE	EAST ASIA AND THE PACIFIC	3	4,500	WIRE TRANSFER			
EDUCATION ASSISTANCE	EUROPE (INCLUDING ICELAND & GREENLAND)	1	1,000	WIRE TRANSFER			
EDUCATION ASSISTANCE	SOUTH AMERICA	3	6,000	WIRE TRANSFER			
EDUCATION ASSISTANCE	SOUTH ASIA	2	4,800	WIRE TRANSFER			

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes

☒ No

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2010

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
AMERICAN UROLOGICAL ASSOCIATION
EDUCATION AND RESEARCH INC

Employer identification number
43-0691437

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN GERIATRIC SOCIETY350 FIFTH AVENUE SUITE 801 NEW YORK, NY 10118	13-1950856	501(C)(3)	6,000				GENERAL SUPPORT FOR UROLOGIC RESEARCH PROGRAMS
(2) INTERNATIONAL VOLUNTEERS IN UROLOGY 3269 S MAIN ST STE 230 SALT LAKE CITY, UT 84115	58-2263983	501(C)(3)	15,000				GENERAL SUPPORT FOR UROLOGIC RESEARCH PROGRAMS
(3) SOCIETY FOR BASIC UROLOGIC RESEARCH 1100 EAST WOODFIELD ROAD SUITE 520 SCHAUMBERG, IL 60173	36-3607930	501(C)(3)	10,000				GENERAL SUPPORT FOR UROLOGIC RESEARCH PROGRAMS
(4) AMERICAN UROLOGICAL ASSOCIATION FOUNDATION INC1000 CORPORATE BOULEVARD LINTHICUM, MD 21093	20-3210212	501(C)(3)	5,183,447				GENERAL SUPPORT FOR UROLOGIC RESEARCH PROGRAMS

2

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

4

3

Enter total number of other organizations

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE USE OF GRANT FUNDS ARE MONITORED THROUGH AUAER'S REPRESENTATION AT SUB-SPECIALTY SOCIETY MEETINGS, REVIEW OF REPORTS, AND LIAISON RELATIONSHIPS WITH GRANT RECIPIENTS

Software ID:

Software Version:

EIN: 43-0691437

Name: AMERICAN UROLOGICAL ASSOCIATION
EDUCATION AND RESEARCH INC

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
GYRUS-ACMI ESSAY PRIZE	6	6,000			
AMBROSE REED PRIZE	1	1,500			
HUGH HAMPTON YOUNG AWARD	1	2,000			
RAMON GUITERAS AWARD	1	3,000			
WILLIAM P DIDUSCH AWARD	1	1,000			
RETROSPECTROSCOPE AWARD	1	1,000			
ENDOCRINE FORUM HONARIUM	4	800			
AUA EXCHANGE GRANT	7	10,500			
FULLER AWARD	1	2,000			
LIFETIME ACHIEVEMENT AWARD	1	2,000			
PROSTATE CANCER FOUNDATION AWARD	2	2,000			
REPORTING AWARD	2	1,000			
SPECIALTY SOCIETY GRANT	1	1,000			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
AMERICAN UROLOGICAL ASSOCIATION
EDUCATION AND RESEARCH INC

Employer identification number

43-0691437

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☒ First-class or charter travel ☐ Housing allowance or residence for personal use ☒ Travel for companions ☐ Payments for business use of personal residence ☒ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL T SHEPPARD	(i)	236,365	19,798	0	20,747	3,688	280,598	0
	(ii)	151,120	12,657	0	13,265	2,358	179,400	0
(2) MARK P CAMPOBELLO	(i)	117,481	17,389	0	18,053	7,369	160,292	0
	(ii)	75,111	11,117	0	11,542	4,711	102,481	0
(3) KEVIN A WOHLFORT	(i)	121,570	18,833	0	20,083	11,829	172,315	0
	(ii)	77,725	12,040	0	12,840	7,563	110,168	0
(4) PETER J PLOURD	(i)	117,568	14,860	0	18,814	3,420	154,662	0
	(ii)	75,166	9,501	0	12,028	2,187	98,882	0
(5) JANET V SKOREPA	(i)	174,796	27,303	0	28,953	18,387	249,439	0
	(ii)	0	0	0	0	0	0	0
(6) HENRIETTA D HUBBARD	(i)	141,280	15,040	0	20,931	4,532	181,783	0
	(ii)	0	0	0	0	0	0	0
(7) PATRICIA BANKS	(i)	77,540	8,330	0	7,781	2,716	96,367	0
	(ii)	49,575	5,325	0	4,974	1,736	61,610	0
(8) SUSAN A KERNS	(i)	74,635	2,855	0	10,746	13,935	102,171	0
	(ii)	47,718	1,826	0	6,870	8,909	65,323	0
(9) DEBORAH F POLLY	(i)	124,276	13,123	0	19,506	9,083	165,988	0
	(ii)	0	0	0	0	0	0	0
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	OFFICERS AND DIRECTORS ARE ENTITLED TO FIRST CLASS TRAVEL ON TRIPS OVER ESTABLISHED TIME AND DISTANCE LIMITS. THIS AMOUNT IS NOT INCLUDED IN TAXABLE COMPENSATION. OFFICERS AND DIRECTORS ARE ENTITLED TO TRAVEL FOR COMPANIONS ON SELECT TRIPS DURING THE YEAR. THIS AMOUNT IS INCLUDED IN TAXABLE COMPENSATION. THE PRESIDENT, THE PRESIDENT ELECT, AND THE IMMEDIATE PAST PRESIDENT RECEIVE TAX INDEMNIFICATION AND GROSS UP PAYMENTS FOR 50% OF THEIR SPOUSAL TRAVEL IN THE FOLLOWING YEAR. THIS AMOUNT IS INCLUDED IN TAXABLE COMPENSATION.

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 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 AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH INC	Employer identification number 43-0691437
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		DURING 2010, THE BYLAWS OF THE ORGANIZATION WERE CHANGED THE ONLY SIGNIFICANT CHANGE WAS TO THE OFFICERS OF THE BOARD OF DIRECTORS THE HISTORIAN IS NO LONGER AN OFFICER OF THE BOARD, AND THE TREASURER-ELECT IS NOW CONSIDERED AN OFFICER THE TREASURER-ELECT IS A NON-VOTING MEMBER OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		ALL MEMBERS HAVE A RIGHT TO APPROVE/CHANGE BY LAWS AND TO ELECT THE TREASURER AND SECRETARY OFFICER POSITIONS OF THE ORGANIZATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		SEE EXPLANATION FOR LINE 6

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		SEE EXPLANATION FOR LINE 6

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE, SENIOR STAFF, AND AN ELECTRONIC COPY WAS PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL COMMITTEE MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT THE COI'S ARE REVIEWED BY ALL COMMITTEE CHAIRMEN PRIOR TO ALL MEETINGS THE REVIEW IS LISTED AS A DISCUSSION ITEM ON EVERY COMMITTEE AGENDA AND THE REVIEW AND DISCUSSION IS DOCUMENTED IN THE COMMITTEE MEETING MINUTES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE CEO'S SALARY IS DETERMINED EACH YEAR BY THE EXECUTIVE COMPENSATION COMMITTEE. THIS COMMITTEE IS COMPRISED OF THREE AUAER BOARD MEMBERS. THE AUAER TREASURER, DIRECTOR OF HUMAN RESOURCES AND AED, FINANCE & ORGANIZATIONAL SERVICES SERVE AS NON-VOTING LIAISONS/ADVISORS TO THE COMMITTEE. AT THE BEGINNING OF THE CONTRACT PERIOD (5 YEARS AS OF 2008) HUMAN RESOURCES CONDUCTED A SALARY SURVEY AND IT WAS DETERMINED THAT THE CEO'S SALARY WOULD BE INCREASED TO THE 75TH PERCENTILE OF THE 2008 AVERAGE SALARY FOR COMPARABLE POSITIONS. A PROPOSED PLAN WAS PREPARED TO REACH THIS TARGET OVER THE FIVE YEAR PERIOD. A COMPREHENSIVE PERFORMANCE REVIEW WAS COMPLETED BY VARIOUS GROUPS INCLUDING AUAER STAFF, BOARD MEMBERS AND COMMITTEE CHAIRS. THE COMPENSATION COMMITTEE'S RECOMMENDATION WAS REVIEWED AND VOTED ON BY THE BOARD OF DIRECTORS. ALL COMPENSATION DISCUSSIONS ARE CONDUCTED DURING AN EXECUTIVE SESSION OF THE BOARD WHERE THE CEO IS NOT PRESENT. AUAER DOES NOT HAVE A FORMAL PROCESS THAT INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION FOR DETERMINING COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. HOWEVER, THE ORGANIZATION DOES SUBSCRIBE TO SALARY SURVEYS AND USES AN INTERNAL COMPENSATION COMMITTEE TO REVIEW THE COMPENSATION OF SELECT POSITIONS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THESE ITEMS ARE ALL AVAILABLE UPON REQUEST AT OUR CORPORATE OFFICE, 1000 CORPORATE BOULEVARD, LINTHICUM, MD 21090

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 7,149,363

Identifier	Return Reference	Explanation
		FORM 990 - PART I, LINE 6 THE NUMBER OF VOLUNTEERS IS ESTIMATED BY CALCULATING THE NUMBER OF VOLUNTEERS BASED ON THE PARTICIPATION ON PHYSICIAN COMMITTEES

Identifier	Return Reference	Explanation
		FORM 990 - FUNCTIONAL EXPENSES EMPLOYEES OF THE AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH (AUAER) ALSO PROVIDE SERVICES TO THE AMERICAN UROLOGICAL ASSOCIATION, INC (AUA), A RELATED EXEMPT ORGANIZATION, AND TO THE AMERICAN UROLOGICAL ASSOCIATION FOUNDATION (AUAF), A RELATED EXEMPT ORGANIZATION THE AUA AND THE AUAF REIMBURSES THE AUAER FOR THOSE SERVICES AS WELL AS FOR ANY USE OF BUILDING OR OTHER ASSETS OWNED BY THE AUAER THROUGH A COST SHARING ARRANGEMENT

Identifier	Return Reference	Explanation
		FORM 990, PART VII THE BOARD OF DIRECTORS AND COMMITTEE MEMBERS OF THE AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH, INC (AUAER) ROTATE ON A FISCAL YEAR CYCLE TYPICALLY JUNE 1ST THROUGH MAY 31ST

Identifier	Return Reference	Explanation
HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A	SEVERAL DIRECTORS OF AMERICAN UROLOGICAL ASSOCIATION EDUCATION & RESEARCH, INC ARE ALSO DIRECTORS OF AMERICAN UROLOGICAL ASSOCIATION FOUNDATION, INC ,A RELATED ORGANIZATION HOURS DEVOTED TO AMERICAN UROLOGICAL ASSOCIATION FOUNDATION, INC ARE LISTED BELOW THESE HOURS ARE ALL UNCOMPENSATED, VOLUNTEER HOURS INDIVIDUAL HOURS DEVOTED TO AUAF DATTA G WAGLE, M D 1 SUSHIL S LACY, M D 1 ANTON J BUESCHEN, M D 1 ROBERT C FLANIGAN, M D 1 RICHARD A MEMO, M D 1 JOHN H LYNCH, M D 5 DAVID F GREEN, M D 5 PRAMOD C SOGANI, M D 5 DENNIS A PESSIS, M D 5 KEVIN PRANIKOFF, M D 5 J BRANTLY THRASHER, M D 5 B THOMAS BROWN, M D 5 JOHN C PRINCE, M D 5 CHARLES W LOGAN, M D 5 THOMAS J ROHNER, JR , M D 5 SEVERAL DIRECTORS OF AMERICAN UROLOGICAL ASSOCIATION EDUCATION & RESEARCH, INC ARE ALSO DIRECTORS OF AMERICAN UROLOGICAL ASSOCIATION, INC ,A RELATED ORGANIZATION HOURS DEVOTED TO AMERICAN UROLOGICAL ASSOCIATION, INC ARE LISTED BELOW INDIVIDUAL HOURS DEVOTED TO AUA DATTA G WAGLE, M D 3 SUSHIL S LACY, M D 3 ANTON J BUESCHEN, M D 3 ROBERT C FLANIGAN, M D 3 RICHARD A MEMO, M D 3 JOHN H LYNCH, M D 5 DAVID F GREEN, M D 5 PRAMOD C SOGANI, M D 5 DENNIS A PESSIS, M D 5 KEVIN PRANIKOFF, M D 5 J BRANTLY THRASHER, M D 5 B THOMAS BROWN, M D 5 JOHN C PRINCE, M D 5 CHARLES W LOGAN, M D 5 THOMAS J ROHNER, JR , M D 5 AN OFFICER OF AMERICAN UROLOGICAL ASSOCIATION EDUCATION & RESEARCH, INC IS ALSO AN OFFICER OF AMERICAN UROLOGICAL ASSOCIATION FOUNDATION, INC ,A RELATED ORGANIZATION HOURS DEVOTED TO AMERICAN UROLOGICAL ASSOCIATION FOUNDATION, INC ARE LISTED BELOW THESE HOURS ARE ALL UNCOMPENSATED, VOLUNTEER HOURS INDIVIDUAL HOURS DEVOTED TO AUAF MICHAEL T SHEPPARD 5 SEVERAL OFFICERS, KEY EMPLOYEES, AND HIGHLY COMPENSATED OF AMERICAN UROLOGICAL ASSOCIATION EDUCATION & RESEARCH, INC ARE ALSO EMPLOYEES OF AMERICAN UROLOGICAL ASSOCIATION, INC , A RELATED ORGANIZATION HOURS DEVOTED TO AMERICAN UROLOGICAL ASSOCIATION, INC ARE LISTED BELOW INDIVIDUAL HOURS DEVOTED TO AUA MICHAEL T SHEPPARD 12 MARK P COMPOBELLO 16 KEVIN A WOHOFORT 16 PETER J PLOURD 16 PATRICIA BANKS 16 MICHAEL A PRETL 8 SUSAN A KERNS 16

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN UROLOGICAL ASSOCIATION
EDUCATION AND RESEARCH INC

Employer identification number

43-0691437

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) AMERICAN UROLOGICAL ASSOCIATION INC 1000 CORPORATE BOULEVARD LINTHICUM HEIGHTS, MD 21090 52-2205122	EXEMPT ORGANIZATION	MD	501(C)(6)		N/A		No
(2) AMERICAN UROLOGICAL ASSOCIATION FOUNDATION INC 1000 CORPORATE BOULEVARD LINTHICUM HEIGHTS, MD 21090 20-3210212	EXEMPT ORGANIZATION	MD	501(C)(3)	7	N/A		No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

Yes

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH INC	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 43-0691437
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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 the instructions for a higher limit for certain businesses	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
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	
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	
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	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
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	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 .	13	

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	
16	Other depreciation (including ACRS)	16	896,623

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		

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
19a 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

20a 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	
22	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	896,623
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	

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? ☐ Yes ☐ No						24b If "Yes," is the evidence written? ☐ Yes ☐ 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	
25Special 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									
		%							
		%							
		%							
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			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

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)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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?	Yes	No
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		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2010 tax year (see instructions)					
43 A mortization 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	