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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

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

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

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

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

F Group Exemption Number: **▶**

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

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

I Website: **▶ N/A**

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

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **▶ \$ 27,376.**

| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) | | Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/> | |
|--|---|---|---------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | |
| | 2 Program service revenue including government fees and contracts | 2 | 24,480. |
| | 3 Membership dues and assessments | 3 | 2,875. |
| | 4 Investment income | 4 | 21. |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | | |
| c Less: direct expenses from gaming and fundraising events | 6c | | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less: cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe in Schedule O) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 27,376. | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | 2,000. |
| | 13 Professional fees and other payments to independent contractors | 13 | 550. |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | 981. |
| | 16 Other expenses (describe in Schedule O) | 16 | 17,170. |
| | 17 Total expenses. Add lines 10 through 16 | 17 | 20,701. |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 6,675. |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 51,902. |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | 0. |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 58,577. |

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LHA For Paperwork Reduction Act Notice, see the separate Instructions.

Form **990-EZ** (2011)

SCANNED APR 16 2012

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

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

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 52,437. | 59,442. |
| 23 Land and buildings | | |
| 24 Other assets (describe in Schedule O) | | |
| 25 Total assets | 52,437. | 59,442. |
| 26 Total liabilities (describe in Schedule O) SEE SCHEDULE O | 535. | 865. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 51,902. | 58,577. |

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

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

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

| 28 | 28a | 28b |
|--|---------|---------|
| PROVIDE EDUCATION TO IMPROVE THE UROLOGICAL FIELD | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 20,701. | |
| 29 | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 20,701. |

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

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

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|--|--|---|--|
| ROSS A RAMES MD, MUSC DEPT OF UROLOGY PO BOX 250620, CHARLESTON, PETER P O'KELLY MD, 805 PAMPLICO HWY STE B125, FLORENCE, SC 29501 | PRESIDENT 0.50 | 0. | 0. | 0. |
| BRADLEY WELLS STEELE MD, 641 ST ANDREWS BLVD, CHARLESTON, SC 29407 | PRESIDENT ELECT 0.50 | 0. | 0. | 0. |
| THOMAS BRIAN WILLARD MD, 139 SUMMERPLACE DRIVE, WEST COLUMBIA, SC | SECRETARY-TREASURER (2011-2012) 0.50 | 0. | 0. | 0. |
| THOMAS B EDMUNDS JR MD, 1333 TAYLOR ST STE 2B, COLUMBIA, SC 29201 | IMMEDIATE PAST PRESIDENT (2010-2011) 0.50 | 1,000. | 0. | 0. |
| RICHARD W YOUNG MD, 823 82ND PKWY, MYRTLE BEACH, SC 29572-4607 | SESAUA DELEGATE (2012-2014) / ALTER 0.50 | 0. | 0. | 0. |
| ELIZABETH W BOZEMAN MD, 391 SERPENTINE DRIVE SUITE 500, DAVID HINKLE LAMB MD, 139 SUMMERPLACE DRIVE, WEST COLUMBIA, SC | SESAUA DELEGATE (2011-2013) / ALTER 0.50 | 0. | 0. | 0. |
| ALEXANDER W RAMSAY MD, 1470 TOBIAS GADSON BLVD SUITE 201, CHARLESTON, JOHN J BRITTON JR MD, 641 ST ANDREWS BLVD, CHARLESTON, SC 29407 | SCMA INTER-SPECIALTY COUNCIL DELEGA 0.50 | 0. | 0. | 0. |
| JAMES KEVIN O'KELLY MD, 1509 W EVANS ST, FLORENCE, SC 29501-3327 | SCMA INTER-SPECIALTY COUNCIL ALT. D 0.50 | 0. | 0. | 0. |
| GARY D BOZEMAN MD, 391 SERPENTINE DRIVE SUITE 500, SPARTANBURG, SC | SESAUA DELEGATE (2007-2009) / ALTER 0.50 | 0. | 0. | 0. |
| | SESAUA DELEGATE (2006-2008) / ALTER 0.50 | 0. | 0. | 0. |
| | AUA REP., HEALTH POLICY COMMITTEE (0.50 | 0. | 0. | 0. |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

- 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911; section 4912; section 4955
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Table with columns Yes and No. Rows 33-40e. Values: 33 (No), 34 (No), 35a (No), 35b (N/A), 35c (No), 36 (No), 37a (0), 37b (No), 38a (No), 38b (N/A), 39a (N/A), 39b (N/A), 40a (N/A), 40b (N/A), 40c (N/A), 40d (N/A), 40e (No).

41 List the states with which a copy of this return is filed. NONE
42a The organization's books are in care of SOUTH CAROLINA MEDICAL ASSOC Telephone no. 803-798-6207
Located at 132 WESTPARK BLVD, COLUMBIA, SC ZIP + 4 29210

- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country:
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
If "Yes," enter the name of the foreign country:

Table with columns Yes and No. Rows 42b, 42c. Values: 42b (No), 42c (No).

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

- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Table with columns Yes and No. Rows 44a-45b. Values: 44a (No), 44b (No), 44c (No), 44d (No), 45a (No), 45b (No).

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

| | | |
|----|-----|----|
| | Yes | No |
| 46 | | X |

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
 49a Did the organization make any transfers to an exempt non-charitable related organization?
 b If "Yes," was the related organization a section 527 organization?

| | | |
|-----|-----|----|
| | Yes | No |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |

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

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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

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

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
 Signature of officer: *[Signature]* Date: 3/12/12
 BRADLEY WELLS STEELE, MD, SECRETARY/TREASURER
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: JESSE M. SWEARINGEN III
 Preparer's signature: *[Signature]* Date: 02/10/12
 Check if self-employed PTIN: P00021105
 Firm's name: BAUKNIGHT PIETRAS & STORMER, P.A. Firm's EIN:
 Firm's address: 1517 GERVAIS STREET COLUMBIA, SC 29201 Phone no. 803-771-8943

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

SOUTH CAROLINA UROLOGICAL ASSOCIATION

Employer identification number
20-2089536

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

| DESCRIPTION OF PROPERTY: | AMOUNT: |
|--------------------------|---------|
| INTEREST INCOME | 21. |

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

| DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |
|---|----------------|
| SERVICE FEE FOR ADMINISTRATIVE SALARIES | 4,913. |
| MEETING EXPENSE | 546. |
| ANNUAL MEETING EXPENSE | 11,584. |
| SUPPLIES EXPENSE | 44. |
| CONTRIBUTION | 83. |
| TOTAL TO FORM 990-EZ, LINE 16 | 17,170. |

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

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|------------------|--------------|-------------|
| ACCOUNTS PAYABLE | 535. | 865. |

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

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

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

