



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ



Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

☐ Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization
CALIFORNIA UROLOGICAL ASSOCIATION INC

Number and street (or P O box, if mail is not delivered to street address)Room/suite

1950 Old Tustin Avenue

City or town, state or country, and ZIP + 4

Santa Ana, CA 92705

D Employer identification number

33-0418602

E Telephone number

(714) 550-9155

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:▶ cuanet.org

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 ▶ \$ 41,601

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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	11,372
	3	Membership dues and assessments	3	30,080
	4	Investment income	4	149
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events	6d	0
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
Expenses	c	Less direct expenses from gaming and fundraising events	6c	0
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	0
	b	Less cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	41,601
	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
Net Assets	13	Professional fees and other payments to independent contractors	13	20,000
	14	Occupancy, rent, utilities, and maintenance	14	6,000
	15	Printing, publications, postage, and shipping	15	12,518
	16	Other expenses (describe in Schedule O)	16	8,710
	17	Total expenses. Add lines 10 through 16	17	47,228
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,627
	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	126,061
	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	120,434

Part II Balance Sheets

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

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	126,061	22	120,434
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	Total assets	126,061	25	120,434
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	126,061	27	120,434

Part III Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose? To preserve and protect present and future urological care for the people of California by addressing the following socioeconomic issues 1) quality of care, 2) access of care, 3) medical progress, development, implementation and economic support of new technology		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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	Education Policy Programs Health Policy Forum held annually provides approx 300 urologists and health professionals state and national health policy updates, legal/regulatory information, and workshops on improving practice efficiency and patient care (300 clients) (Grants \$ 0) If this amount includes foreign grants, check here	28a	12,000
29	Publications CUA Report sent regularly to allow members to seek current info on standards of practice and other issues relevant to quality of care and practice management Also provides electronic bulletins and alerts to all California urologists re health issues and new technology (10 bulletins) (Grants \$ 0) If this amount includes foreign grants, check here	29a	4,800
30	Annual Meeting and Speaker Provide open forum at annual meeting held annually for all California Urologists to express and propose solutions to concerns over areas affecting patient care, standards of practice, new technology, and regulatory matters Ideas and best practice guidelines are shared An expert speaker presentation on the latest advances in patient wellness and urological health issues provides attendees important and timely updates for one year out (100 clients) (Grants \$ 0) If this amount includes foreign grants, check here	30a	6,200
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	23,000

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

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

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

		Yes	No
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	33	No
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)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	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)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	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	35c	No
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	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	No
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?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ☐ _____, section 4912 ☐ _____, section 4955 ☐ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ☐ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ☐ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ☐ CA		
42a	The organization's books are in care of ☐ Chris DeSantis Telephone no ☐ (714) 550-9155 1950 Old Tustin Avenue Located at ☐ Santa Ana, CA ZIP + 4 ☐ 92705		
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 .	42b	No
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 ☐ _____	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		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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)	45b	No

		Yes	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		No

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.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	If "Yes," was the related organization a section 527 organization?		

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

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

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 "

(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		Date		
	Chris DeSantis CEO				
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN	
				Phone no	
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 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 CALIFORNIA UROLOGICAL ASSOCIATION INC	Employer identification number 33-0418602
---	--

Identifier	Return Reference	Explanation
F99Z_P01_S00_L16	Form 990-EZ, Part I, Line 16	Other expenses include credit card fees, telephone & Internet, filing fees, accounting, travel, committee & membership meetings, supplies

Additional Data

Software ID: 11000129
Software Version: v1.00
EIN: 33-0418602
Name: CALIFORNIA UROLOGICAL ASSOCIATION INC

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Medical Association Management Company 1950 Old Tustin Avenue Santa Ana, CA 92705	Exec Secretary/CEO 25	20,000	0	0
Eugene Rhee MD 4650 Palm Avenue San Diego, CA 92154	President 5	0	0	0
Joseph Kuntze MD 1041 Murray St Suite B San Luis Obispo, CA 93405	Past President 5	0	0	0
Philip Weintraub MD 2601 W Alameda Suite 416 Los Angeles, CA 91505	President-elect 5	0	0	0
David Benjamin 160 Green Valley Road Suite 203 Freedom, CA 95019	Treasurer/Sec 5	0	0	0