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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

1209 MONTGOMERY HIGHWAY

Room/suite

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

BIRMINGHAM, AL 35216F Name and address of principal officer **ROBERT W. REBAR, M.D.**
SAME AS C ABOVE

D Employer identification number

04-2284338

E Telephone number

(205) 978-5000G Gross receipts \$ **77,928,028.**H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: ▶ **WWW.ASRM.ORG**K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶L Year of formation: **1944** M State of legal domicile: **CA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	ASRM IS A MULTIDISCIPLINARY ORGANIZATION DEDICATED TO THE ADVANCEMENT OF THE ART, SCIENCE, AND	
	2	Check this box <input type="checkbox"/> 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	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	40
	6	Total number of volunteers (estimate if necessary)	6	250
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b		Net unrelated business taxable income from Form 990-T, line 34	7b	6,359.
Expenses	8	Contributions and grants (Part VIII, line 1h)	4,203,952.	3,593,705.
	9	Program service revenue (Part VIII, line 2g)	5,030,832.	4,912,472.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	907,257.	1,706,711.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,639,694.	1,566,873.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,781,735.	11,779,761.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	137,000.	59,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,361,185.	3,376,749.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,171,798.	4,848,080.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	8,669,983.	8,284,329.
	19	Revenue less expenses - Subtract line 18 from line 12	3,111,752.	3,495,432.
	20	Total assets (Part X, line 16)	39,094,217.	41,082,730.
	21	Total liabilities (Part X, line 26)	3,872,002.	3,487,049.
	22	Net assets or fund balances - Subtract line 21 from line 20	35,222,215.	37,595,681.

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 **Robert W. Rebar** Date **05/08/13**
 ▶ **ROBERT W. REBAR, M.D., EXECUTIVE DIRECTOR**
 Type or print name and title

Paid ▶ Print/Type preparer's name **MATT L. GRIFFITH** Preparer's signature **Matt Griffith** Date **05/07/13** Check if self-employed ☐ PTIN **P00966290**
 Preparer Use Only ▶ Firm's name ▶ **SELLERS RICHARDSON HOLMAN & WEST, LLP** Firm's EIN ▶ **26-2732677**
 ▶ Firm's address ▶ **216 SUMMIT BOULEVARD, STE 300**
BIRMINGHAM, AL 35243 Phone no. **205-278-0001**

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

☒ X**1** Briefly describe the organization's mission

• **ASRM IS A MULTIDISCIPLINARY ORGANIZATION DEDICATED TO THE ADVANCEMENT OF THE ART, SCIENCE, AND PRACTICE OF REPRODUCTIVE MEDICINE. THE SOCIETY ACCOMPLISHES ITS MISSION THROUGH THE PURSUIT OF EXCELLENCE IN EDUCATION AND RESEARCH AND THROUGH ADVOCACY ON BEHALF OF PATIENTS,**

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ **687,285.** including grants of \$ _____) (Revenue \$ _____)
PUBLISHING MONTHLY EDUCATIONAL PERIODICAL

4b (Code _____) (Expenses \$ **672,725.** including grants of \$ _____) (Revenue \$ _____)
COMMITTEES AND SPECIAL INTEREST GROUPS

4c (Code _____) (Expenses \$ **3,416,111.** including grants of \$ _____) (Revenue \$ _____)
ANNUAL MEETING-LECTURES

4d Other program services (Describe in Schedule O)

(Expenses \$ **106,742.** including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **4,882,863.**

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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 through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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>		X
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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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		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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)?		X
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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		
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		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

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

☒ **X**

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	19			
b Enter the number of voting members included in line 1a, above, who are independent		18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6		X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
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?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
DAN CARRE - 205-978-5000
1209 MONTGOMERY HIGHWAY, BIRMINGHAM, AL 35216-2809

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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. 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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) WILLIAM E. GIBBONS, M.D. PAST PRESIDENT	2.00	X						0.	0.	8,664.
(2) ROGERIO A. LOBO, M.D. IMMEDIATE PAST PRESIDENT	2.00	X						0.	0.	38,385.
(3) LINDA C. GIUDICE, M.D., PH.D. PRESIDENT-ELECT	2.00	X						0.	0.	23,227.
(4) MARC FRITZ, M.D. DIRECTOR (FINANCE)	2.00	X						0.	0.	7,161.
(5) MICHAEL DIAMOND, M.D. DIRECTOR (PUBLICATIONS)	2.00	X						0.	0.	3,042.
(6) CHRISTOS COUTIFARIS, M.D. DIRECTOR (FINANCE)	2.00	X						0.	0.	0.
(7) ANN DAVIS, M.D. DIRECTOR (FINANCE)	2.00	X						0.	0.	7,151.
(8) MARK SIGMAN, M.D. SRS REPRESENTATIVE	2.00	X						0.	0.	1,421.
(9) R. STAN WILLIAMS, M.D. SART ALTERNATIVE REPRESENT	2.00	X						0.	0.	1,916.
(10) GLENN L. SCHATTMAN, M.D. SART ALTERNATIVE REPRESENT	2.00	X						0.	0.	719.
(11) NANCY L. BRACKETT, PH.D. DIRECTOR (PUBLICATIONS)	2.00	X						0.	0.	774.
(12) GRACE CENTOLA, PH.D. SMRU ALTERNATIVE REPRESENTATIVE	2.00	X						0.	0.	6,121.
(13) ROBERT M. OATES, M.D. SMRU REPRESENTATIVE	2.00	X						0.	0.	4,819.
(14) STEVEN T. NAKAJIMA, M.D. SREI ALTERNATIVE REPRESENTATIVE	2.00	X						0.	0.	588.
(15) VICKIE GAMBLE DIRECTOR OF RESOURCES & FACILITIES	60.00	X						58,272.	0.	335.
(16) DOLORES J. LAMB, P.H.D. PRESIDENT	2.00			X				0.	0.	48,402.
(17) CATHERINE RACOWSKY, PH.D. SECRETARY	2.00			X				0.	0.	3,145.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) STUART S. HOWARDS, M.D. TREASURER	2.00			X				0.	0.	8,785.
(19) ROBERT W. REBAR, M.D. EXECUTIVE DIRECTOR	60.00			X				347,208.	0.	3,478.
(20) BRADLEY J. VAN VOORHIS, M.D. SREI REPRESENTATIVE	2.00			X				0.	0.	878.
(21) RICHARD REINDOLLAR, M.D. VICE PRESIDENT	2.00			X				0.	0.	11,135.
(22) ANDREW R. LABARBERA, PH.D. SCIENTIFIC DIRECTOR	60.00					X		143,172.	0.	2,101.
(23) SEAN TIPTON DIRECTOR OF PUBLIC AFFAIRS	60.00					X		136,749.	0.	38,503.
(24) LEONARD SIEGEL FORMER CHIEF FINANCIAL OFFICER	60.00						X	159,175.	0.	17,829.
1b Sub-total								844,576.	0.	238,579.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								844,576.	0.	238,579.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PSAV DALLAS, 925 FREEPORT PARKWAY, SUITE 100, COPPELL, TX 75019	AUDIO VISUAL FOR ANNUAL MEETING	405,012.
CENTERPLATE @ SAN DIEGO CONVENTION CENTER 9800 INTERNATIONAL DRIVE, ORLANDO, FL 32819	CATERING FOR ANNUAL MEETING	358,780.
BLUE CROSS BLUE SHIELD OF ALABAMA PO BOX 360037, BIRMINGHAM, AL 35236-0037	INSURANCE	265,527.
CRAFTSMAN PRINTING INC. 120 CITATION COURT, BIRMINGHAM, AL 35209	PUBLICATIONS PRINTER	223,645.
PEABODY ORLANDO HOTEL 9801 INTERNATIONAL DRIVE, ORLANDO, FL 32819	HOTEL, CATERING & AUDIO VISUAL FOR ANN	186,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

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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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	51,624.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,542,081.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			3,593,705.			
Program Service Revenue	2 a <u>SALE OF EDUCATIONAL MA</u>	Business Code	541800	1,332,616.	1,332,616.		
	b <u>PUBLICATION OF JOURNAL</u>		541800	1,267,020.	1,267,020.		
	c <u>MEMBERSHIP DUES</u>		541800	1,189,261.	1,189,261.		
	d <u>POST GRADUATE COURSES</u>		541800	582,310.	582,310.		
	e <u>ANNUAL MEETING</u>		541800	470,015.	470,015.		
	f All other program service revenue		541800	71,250.		71,250.	
	g Total. Add lines 2a-2f			4,912,472.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,166,793.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties				33,493.	33,493.		
6 a Gross rents		(i) Real	(ii) Personal				
b Less rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other	66652095			
b Less cost or other basis and sales expenses				66112177			
c Gain or (loss)				539,918.			
d Net gain or (loss)				539,918.	539,918.		
8 a Gross income from fundraising events (not including \$ 51,624. of contributions reported on line 1c) See Part IV, line 18		a		7,524.			
b Less direct expenses		b		36,090.			
c Net income or (loss) from fundraising events				<28,566.>			<28,566.>
9 a Gross income from gaming activities See Part IV, line 19		a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10 a 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				
11 a <u>ENDOWMENTS</u>		541800	1,381,734.	1,381,734.			
b <u>OTHER REVENUE</u>		541800	173,315.	173,315.			
c <u>MAILING LIST ROYALTIES</u>		541800	6,897.	6,897.			
d All other revenue							
e Total. Add lines 11a-11d			1,561,946.				
12 Total revenue. See instructions.			11779761.	6,976,579.	71,250.	1138227.	

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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).

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

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 United States. See Part IV, line 21	59,500.	59,500.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,164,013.	699,156.	464,857.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,664,646.	950,524.	714,122.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	154,632.	88,296.	66,336.	
9 Other employee benefits	235,899.	134,700.	101,199.	
10 Payroll taxes	157,559.	89,967.	67,592.	
11 Fees for services (non-employees)				
a Management				
b Legal	95,232.	54,378.	40,854.	
c Accounting	32,052.	18,302.	13,750.	
d Lobbying	60,000.	34,260.	25,740.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	356,230.	203,410.	152,820.	
17 Travel	750,313.	428,434.	321,879.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,073,100.	612,747.	460,353.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	213,176.	121,725.	91,451.	
23 Insurance	121,174.	69,191.	51,983.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INCOME TAX	4,600.	2,626.	1,974.	
b PRINTING & PUBLICATIONS	627,680.	358,409.	269,271.	
c EQUIPMENT RENTAL	606,551.	346,345.	260,206.	
d OTHER ADMINISTRATIVE CO	336,290.	192,024.	144,266.	
e All other expenses	571,682.	418,869.	152,813.	
25 Total functional expenses. Add lines 1 through 24e	8,284,329.	4,882,863.	3,401,466.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,155,669.	1	1,268,179.
	2 Savings and temporary cash investments	1,006,790.	2	659,439.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,055,826.	4	2,223,265.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	24,782.	8	36,645.
	9 Prepaid expenses and deferred charges	409,103.	9	311,113.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,141,327.		
	b Less accumulated depreciation	10b 1,705,158.	10c	1,436,169.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11	33,378,417.	12	34,712,045.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	451,583.	15	435,875.
16 Total assets. Add lines 1 through 15 (must equal line 34)	39,094,217.	16	41,082,730.	
Liabilities	17 Accounts payable and accrued expenses	1,070,851.	17	880,991.
	18 Grants payable		18	
	19 Deferred revenue	2,801,151.	19	2,606,058.
	20 Tax-exempt bond liabilities		20	
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,872,002.	26	3,487,049.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		32,663,738.	27	33,868,033.
28 Temporarily restricted net assets		1,558,477.	28	1,326,648.
29 Permanently restricted net assets		1,000,000.	29	2,401,000.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		35,222,215.	33	37,595,681.
34 Total liabilities and net assets/fund balances		39,094,217.	34	41,082,730.

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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	11,779,761.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,284,329.
3	Revenue less expenses Subtract line 2 from line 1	3	3,495,432.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,222,215.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<1,121,967.>
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	37,595,680.

Part XII Financial Statements and Reporting

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

☒

- 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?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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 separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4303005.	4014610.	3451709.	4168348.	3542081.	19479753.
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	3960386.	5046816.	4459865.	5030831.	4912472.	23410370.
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	8263391.	9061426.	7911574.	9199179.	8454553.	42890123.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1448901.	1744124.	1291166.	1766494.	487,785.	6738470.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	1448901.	1744124.	1291166.	1766494.	487,785.	6738470.
8 Public support (Subtract line 7c from line 6)						36151653.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	8263391.	9061426.	7911574.	9199179.	8454553.	42890123.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	987,196.	905,607.	869,923.	870,759.	1166794.	4800279.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	987,196.	905,607.	869,923.	870,759.	1166794.	4800279.
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.)	81,830.	209,331.	349,679.	188,480.	203,270.	1032590.
13 Total support (Add lines 9, 10c, 11, and 12)	9332417.	10176364.	9131176.	10258418.	9824617.	48722992.

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 2011 (line 8, column (f) divided by line 13, column (f))	15	74.20 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	71.77 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	9.85 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	9.68 %

19a 33 1/3% support tests - 2011. 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 - 2010. 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 ☐

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2011

Open to Public
Inspection

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization **THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE** Employer identification number **04-2284338**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

THE AMERICAN SOCIETY FOR REPRODUCTIVE

Schedule C (Form 990 or 990-EZ) 2011 **MEDICINE**

04-2284338 Page 2

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	172,332.													
c Total lobbying expenditures (add lines 1a and 1b)	172,332.													
d Other exempt purpose expenditures	8,109,619.													
e Total exempt purpose expenditures (add lines 1c and 1d)	8,281,951.													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	564,098.													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	141,025.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	592,919.	552,811.	583,265.	564,098.	2,293,093.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,439,640.
c Total lobbying expenditures	159,460.	368,926.	393,950.	172,332.	1,094,668.
d Grassroots nontaxable amount	148,230.	138,203.	145,816.	141,025.	573,274.
e Grassroots ceiling amount (150% of line 2d, column (e))					859,911.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

THE AMERICAN SOCIETY FOR REPRODUCTIVE

Schedule C (Form 990 or 990-EZ) 2011 **MEDICINE**

04-2284338 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization **THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE**

Employer identification number
04-2284338

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

☐ Yes ☐ No

Schedule D (Form 990) 2011

**THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE**

Schedule D (Form 990) 2011

04-2284338 Page **3**

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) VANGUARD INVESTMENTS	34,712,045.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	34,712,045.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

THE AMERICAN SOCIETY FOR REPRODUCTIVE

Schedule D (Form 990) 2011

MEDICINE

04-2284338 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,779,761.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,284,329.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,495,432.
4	Net unrealized gains (losses) on investments	4	<1,121,967.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	<1,121,967.>
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	2,373,465.

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

1	Total revenue, gains, and other support per audited financial statements	1	10,607,898.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	<1,121,967.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<1,121,967.>
3	Subtract line 2e from line 1	3	11,729,865.
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 7b	4a	
b	Other (Describe in Part XIV)	4b	49,896.
c	Add lines 4a and 4b	4c	49,896.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,779,761.

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

1	Total expenses and losses per audited financial statements	1	8,234,432.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	<46.>
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<46.>
3	Subtract line 2e from line 1	3	8,234,478.
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 7b	4a	
b	Other (Describe in Part XIV)	4b	49,850.
c	Add lines 4a and 4b	4c	49,850.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,284,328.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE SOCIETY APPLIES GUIDANCE ISSUED BY THE FINANCIAL

ACCOUNTING STANDARDS BOARD (FASB) RELATING TO UNCERTAINTY IN INCOME

TAXES. THIS GUIDANCE REQUIRES ENTITIES TO ASSESS THEIR TAX POSITIONS FOR

THE LIKELIHOOD THAT THEY WOULD BE OVERTURNED UPON INTERNAL REVENUE SERVICE

(IRS) EXAMINATION OR UPON EXAMINATION BY STATE TAXING AUTHORITIES. IN

ACCORDANCE WITH THIS GUIDANCE, THE SOCIETY HAS ASSESSED ITS TAX POSITIONS

AND DETERMINED THAT IT DOES NOT HAVE ANY POSITIONS AT JUNE 30, 2012 AND

2011, THAT IT WOULD BE UNABLE TO SUBSTANTIATE. UNDER STATUTE, THE SOCIETY

Part XIV Supplemental Information (continued)

IS SUBJECT TO IRS AND STATE TAXING AUTHORITY REVIEW FOR TAX YEARS
2009-2011. THE SOCIETY HAS FILED TAX RETURNS THROUGH 2011.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NETTED AGAINST INCOME ON FINANCIAL

STATEMENTS 49,850.

PRIOR PERIOD ADJUSTMENT 46.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 49,896.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NETTED AGAINST INCOME ON FINANCIAL

STATEMENTS 49,850.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Employer identification number
04-2284338

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- ☐
- Yes
- ☐
- No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

THE AMERICAN SOCIETY FOR REPRODUCTIVE

Schedule G (Form 990 or 990-EZ) 2011 **MEDICINE**

04-2284338 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		SILENT AUCTION (event type)	FUN RUN (event type)	NONE (total number)	
Revenue	1 Gross receipts	14,644.	44,504.		59,148.
	2 Less Charitable contributions	14,644.	36,980.		51,624.
	3 Gross income (line 1 minus line 2)		7,524.		7,524.
Direct Expenses	4 Cash prizes	0.	0.		
	5 Noncash prizes	0.	0.		
	6 Rent/facility costs	0.	0.		
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,853.	25,237.		36,090.
	10 Direct expense summary Add lines 4 through 9 in column (d)				(36,090)
	11 Net income summary Combine line 3, column (d), and line 10				<28,566.>

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities. _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Schedule G (Form 990 or 990-EZ) 2011 **MEDICINE**

11 Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13* Indicate the percentage of gaming activity operated in

a The organization's facility

13a	%
-----	---

b An outside facility

13b	%
-----	---

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name

Address

16 Gaming manager information

Name

Gaming manager compensation ► \$ _____

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions.

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

2011

**Open to Public
Inspection**

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

► Attach to Form 990.

Name of the organization **THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE**

Employer identification number
04-2284338

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	<p>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.</p>
---------	--

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
REGENTS OF THE UNIVERSITY OF CALIFORNIA - BOX 0897 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	30,000.	0.			ADVANCEMENT OF THE ART, SCIENCE, & PRACTICE OF REPRODUCTIVE MEDICINE
NEW JERSEY MEDICAL SCHOOL- UMDNJ 185 SOUTH ORANGE AVENUE, MSB E506 NEWARK, NJ 07103			25,000.	0.			ADVANCEMENT OF THE ART, SCIENCE, & PRACTICE OF REPRODUCTIVE MEDICINE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE

Schedule I (Form 990) (2011)

04-2284338

Page 2

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.
Part III can be duplicated 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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

**THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE**

Employer identification number

04-2284338

Part I Questions Regarding Compensation

- 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.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.
- 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?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3) and 501(c)(4) organizations 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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.
- 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

THE AMERICAN SOCIETY FOR REPRODUCTIVE

Schedule J (Form 990) 2011 **MEDICINE** **04-2284338** Page **2**

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT W. REBAR, M.D.	(i)	338,466.	0.	8,742.	54,000.	13,314.	414,522.
	(ii)	0.	0.	0.	0.	0.	0.
2 ANDREW R. LABARBERA, PH.D.	(i)	138,955.	0.	4,217.	31,332.	7,360.	181,864.
	(ii)	0.	0.	0.	0.	0.	0.
3 SEAN TIPTON	(i)	136,749.	0.	0.	26,503.	12,000.	175,252.
	(ii)	0.	0.	0.	0.	0.	0.
4 LEONARD SIEGEL	(i)	149,901.	0.	9,274.	17,668.	161.	177,004.
	(ii)	0.	0.	0.	0.	0.	0.
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

THE AMERICAN SOCIETY FOR REPRODUCTIVE

MEDICINE

Schedule J (Form 990) 2011

04-2284338

Page 3

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINES 4A-B: ITEM 8A: LEONARD SIEGEL RECEIVED A SEVERANCE PAYMENT

IN THE AMOUNT OF \$35,637.

ITEM 8B: ROBERT REBAR \$16,500; ANDREW LABARBERA \$10,000; SEAN TIPTON \$5,000

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

**THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE**

Employer identification number
04-2284338

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRACTICE OF REPRODUCTIVE MEDICINE. THE SOCIETY ACCOMPLISHES ITS
MISSION THROUGH THE PURSUIT OF EXCELLENCE IN EDUCATION AND RESEARCH AND
THROUGH ADVOCACY ON BEHALF OF PATIENTS, PHYSICIANS, AND AFFILIATED
HEALTH CARE PROVIDERS. THE SOCIETY IS COMMITTED TO FACILITATING AND
SPONSORING EDUCATIONAL ACTIVITIES FOR THE LAY PUBLIC AND CONTINUING
MEDICAL EDUCATION ACTIVITIES FOR PROFESSIONALS WHO ARE ENGAGED IN THE
PRACTICE OF AND RESEARCH IN REPRODUCTIVE MEDICINE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PHYSICIANS, AND AFFILIATED HEALTH CARE PROVIDERS. THE SOCIETY IS
COMMITTED TO FACILITATING AND SPONSORING EDUCATIONAL ACTIVITIES FOR THE
LAY PUBLIC AND CONTINUING MEDICAL EDUCATION ACTIVITIES FOR
PROFESSIONALS WHO ARE ENGAGED IN THE PRACTICE OF AND RESEARCH IN
REPRODUCTIVE MEDICINE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES

EXPENSES \$ 106,742. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERS OF ASRM ARE GENERALLY
HEALTH CARE PROFESSIONALS

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF ASRM MAY ELECT OTHER
HEALTH CARE PROFESSIONAL MEMEBERS TO THE ORGANIZATION

Name of the organization **THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE**

Employer identification number
04-2284338

FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS ARE APPROVED BY THE BOARD OF DIRECTORS. IN THE ABSENCE OF THE BOARD (MEETS TWO TIMES A YEAR), THE EXECUTIVE COMMITTEE WILL MAKE DECISIONS ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 WILL BE REVIEWED BY THE 5 MEMBERS OF THE PRESIDENTIAL CHAIN AS WELL AS THE TREASURER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 12C: BY DECEMBER 31ST OF EACH YEAR ALL MEMBERS OF THE BOARD OF DIRECTORS WILL BE SENT A FORM ON WHICH THEY MUST DISCLOSE ANY RELATIONSHIPS THAT MIGHT BE PERCEIVED AS POTENTIAL CONFLICTS OF INTEREST. THESE DISCLOSURE STATEMENTS WILL BE FILED IN THE HOME OFFICE AND MADE AVAILABLE FOR REVIEW UPON REQUEST. ANNUALLY THE EXECUTIVE COMMITTEE WILL REVIEW THESE STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 15: THE PERFORMANCE REVIEW COMMITTEE EVALUATES AND APPROVES THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER TOP MANAGEMENT EMPLOYEES. THEY REVIEW COMPARABLE COMPENSATION OF SIMILAR POSITIONS IN OTHER ORGANIZATIONS AND MAINTAIN RECORDS OF THESE MEETINGS AND DECISIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE AVAILABLE ON WEBSITES AND BY REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -1,121,967.

FORM 990, PART XII, LINE 2C

Name of the organization THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINEEmployer identification number
04-2284338

THE PROCESS FOR SELECTION OF AN INDEPENDENT ACCOUNTANT TO PERFORM THE
AUDIT HAS NOT CHANGED FROM THE PREVIOUS YEAR.

**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

2011
Open to Public
Inspection

Name of the organization

**THE AMERICAN SOCIETY FOR REPRODUCTIVE
MEDICINE**

Employer identification number
04-2284338

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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" to 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 entity?	
						Yes	No
SOCIETY FOR ASSISTED REPRODUCTIVE TECHNOLOGY - 63-0941694, 1209 MONTGOMERY HIGHWAY, BIRMINGHAM, AL 35216	EXTEND KNOWLEDGE & SUPPORT IN ALL ASPECTS OF ASSISTED REPRODUCTIVE TECHNOLOGY	ALABAMA	501(C)(3)	7	N/A		X
SOCIETY FOR REPRODUCTIVE ENDOCRINOLOGISTS, INC. - 63-0941692, 1209 MONTGOMERY HIGHWAY, BIRMINGHAM, AL 35216	EXTEND KNOWLEDGE & SUPPORT RESEARCH IN HUMAN REPRODUCTIVE ENDOCRINOLOGY	ALABAMA	501(C)(3)	7	N/A		X
SOCIETY OF REPRODUCTIVE SURGEONS, INC. - 63-0941873, 1209 MONTGOMERY HIGHWAY, BIRMINGHAM, AL 35216	EXTEND KNOWLEDGE OF HUMAN REPRODUCTIVE SURGERY	ALABAMA	501(C)(3)	7	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2011

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

[illegible]

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

[illegible]

THE AMERICAN SOCIETY FOR REPRODUCTIVE

Schedule R (Form 990) 2011

MEDICINE

04-2284338 Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 of this schedule

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 or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

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
SOCIETY FOR ASSISTED REPRODUCTIVE (1) TECHNOLOGY	P	90,000	ACTUAL CASH AMOUNTS
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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)

Lined area for supplemental information.

Summary Asset Ledger
From 7/1/2011 Through 6/30/2012

18002 -
FURNITURE AND
EQUIPMENT-F&S

Asset ID	Description	Acquisition Date	Cost	Life	Beginning Depreciation	Current Depreciation	Accumulated Depreciation	Net Book Value	Last Depreciation Date
000445	COLOR PRINTER	2/15/2008	1,041.14	60	711.45	208.20	919.65	121.49	6/30/2012
	Total 18002 - FURNITURE AND EQUIPMENT-F&S		1,041.14		711.45	208.20	919.65	121.49	

18007 -
FURNITURE AND
EQUIPMENT

Asset ID	Description	Acquisition Date	Cost	Life	Beginning Depreciation	Current Depreciation	Accumulated Depreciation	Net Book Value	Last Depreciation Date
000016	SHELVING	1/1/1984	3,560.00	0	3,560.00	0.00	3,560.00	0.00	12/31/1988
000020	CHAIR & DESK	1/1/1984	1,030.00	0	1,030.00	0.00	1,030.00	0.00	12/31/1988
000021	2 TABLES, 2 CHAIRS	1/1/1984	1,276.00	0	1,276.00	0.00	1,276.00	0.00	12/31/1988
000022	2 LAMPS, 1 PICTURE	1/1/1984	610.00	0	610.00	0.00	610.00	0.00	12/31/1988
000023	2 PICTURES, 1 LAMP	1/1/1984	386.00	0	386.00	0.00	386.00	0.00	12/31/1988
000024	TABLE DESK	1/1/1984	677.00	0	677.00	0.00	677.00	0.00	12/31/1988
000025	SHELVING	1/1/1984	325.00	0	325.00	0.00	325.00	0.00	12/31/1988
000026	LAMP	1/1/1984	221.00	0	221.00	0.00	221.00	0.00	12/31/1988
000028	CHEST	1/1/1984	579.00	0	579.00	0.00	579.00	0.00	12/31/1988
000030	2 ARM CHAIRS	1/1/1984	442.00	0	442.00	0.00	442.00	0.00	12/31/1988
000031	CONF TABLE, 12 CHAIRS	1/1/1984	7,105.00	0	7,105.00	0.00	7,105.00	0.00	12/31/1988
000032	2 PICTURES	1/1/1984	241.00	0	241.00	0.00	241.00	0.00	12/31/1988
000033	FIXTURES	1/1/1984	1,614.00	0	1,614.00	0.00	1,614.00	0.00	12/31/1988
000045	WRITING TABLE AND LAMP	1/1/1985	300.00	0	300.00	0.00	300.00	0.00	12/31/1989
000046	BOARD ROOM ACCESSORIES	1/1/1985	859.00	0	859.00	0.00	859.00	0.00	12/31/1989
000048	WOODEN BOOKCASE 7'	1/1/1985	144.00	0	144.00	0.00	144.00	0.00	12/31/1989
000052	FILE CABINET	1/1/1985	103.00	0	103.00	0.00	103.00	0.00	12/31/1989
000056	2 FILE CABINETS	1/1/1985	276.00	0	276.00	0.00	276.00	0.00	12/31/1989
000059	BOOKCASE	1/1/1986	177.00	0	177.00	0.00	177.00	0.00	12/31/1990
000061	INSULATED FILE CABINET	1/1/1986	989.00	0	989.00	0.00	989.00	0.00	12/31/1990
000064	FILE CABINET	1/1/1986	182.00	0	182.00	0.00	182.00	0.00	12/31/1990
000065	2 BOOKCASES	1/1/1986	353.00	0	353.00	0.00	353.00	0.00	12/31/1990
000069	WORK TABLE AND CHAIRS	1/1/1986	303.00	0	303.00	0.00	303.00	0.00	12/31/1990
000076	4 CHAIRS	1/1/1986	647.00	0	647.00	0.00	647.00	0.00	12/31/1990

Summary Asset Ledger
From 7/1/2011 Through 6/30/2012

Asset ID	Description	Acquisition Date	Cost Life	Beginning Depreciation	Current Depreciation	Accumulated Depreciation	Net Book Value	Last Depreciation Date
000083	2 WORK TABLES	5/28/1987	255.00 0	255.00	0.00	255.00	0.00	4/30/1992
000087	EXECUTIVE DESK	1/1/1988	902.00 0	902.00	0.00	902.00	0.00	12/31/1992
000088	CREDENZA	1/5/1988	696 00 0	696 00	0.00	696 00	0.00	12/31/1992
000092	CONFERENCE TABLE	1/5/1988	1,232.75 0	1,232.75	0.00	1,232.75	0.00	12/31/1992
000094	OFFICE FURNITURE	2/22/1988	1,114.94 0	1,114.94	0.00	1,114.94	0.00	1/31/1993
000095	DESK AND ACCESSORIES	7/1/1988	691 26 0	691.26	0.00	691 26	0.00	6/30/1993
000096	SHELVING, BRACES, BOXES	2/9/1988	1,980.72 0	1,980.72	0.00	1,980.72	0.00	1/31/1993
000099	SECRETARIAL DESK	3/7/1988	746.86 0	746.86	0.00	746.86	0.00	2/28/1993
000106	WALNUT BOOKCASE	3/16/1988	118.00 0	118.00	0.00	118.00	0.00	2/28/1993
000112	WALNUT BOOKCASE	3/23/1988	109 00 0	109.00	0.00	109 00	0.00	2/28/1993
000115	ADJUSTABLE TABLE	3/30/1988	88.00 0	88.00	0.00	88.00	0.00	2/28/1993
18007 - FURNITURE AND EQUIPMENT								
000116	FILE DRAWERS	5/1/1988	2,462.07 0	2,462.07	0.00	2,462.07	0.00	4/30/1993
000120	BOOKCASE, DESK, CHAIR	8/1/1988	789 66 0	789.66	0.00	789.66	0.00	7/31/1993
000121	WALNUT BOOKCASE	9/1/1988	147 66 0	147 66	0.00	147.66	0.00	8/30/1993
000124	DESK, CRT TABLE, DRAWERS	11/1/1988	959.79 0	959.79	0.00	959.79	0.00	10/31/1993
000125	1 CHAIR	12/1/1988	226.84 0	226.84	0.00	226 84	0.00	11/30/1993
000126	BOOKCASE	12/1/1988	365.51 0	365.51	0.00	365.51	0.00	10/31/1993
000139	BOOKCASE	7/1/1988	85.00 0	85.00	0.00	85 00	0.00	6/30/1993
000140	PICTURES	4/1/1988	300.51 0	300.51	0.00	300.51	0.00	3/31/1993
000142	DESK	4/14/1988	130.00 0	130.00	0.00	130.00	0.00	3/31/1993
000143	CHAIR	4/14/1988	140.57 0	140.57	0.00	140.57	0.00	3/31/1993
000144	2 DRAWER FILE CABINET	4/14/1988	108.07 0	108.07	0.00	108.07	0.00	3/31/1993
000151	WALNUT BOOKCASE	5/16/1989	620 00 0	620.00	0.00	620.00	0.00	4/30/1994
000153	WALNUT BOOKCASE	6/21/1989	112.00 0	112.00	0.00	112.00	0.00	5/31/1994
000154	6 FOLDING CHAIRS	8/2/2012	337 00 0	337.00	0.00	337.00	0.00	5/31/1994
000155	WALNUT CONFERENCE TAABLE	6/21/1989	340.00 0	340.00	0.00	340 00	0.00	5/31/1994
000156	4 GRAY GUEST CHAIRS	6/21/1989	516 00 0	516.00	0.00	516.00	0.00	5/31/1994
000158	DESK ATTACHMENT	10/1/1989	145.00 0	145.00	0.00	145.00	0.00	9/30/1994
000159	DESK	10/1/1989	135.00 0	135 00	0.00	135 00	0.00	9/30/1994
000160	DRAWERS/DRAWER FILE	10/1/1989	348.00 0	348 00	0.00	348 00	0.00	9/30/1994
000165	MO 4202 DELEAVER	1/15/1990	887.14 0	887.14	0.00	887.14	0.00	12/31/1994

Summary Asset Ledger
From 7/1/2011 Through 6/30/2012

000168	TABLE LIGHT AND FILE CABINET	3/7/1990	2,853.59	0	2,853.59	0.00	2,853.59	0.00	2/28/1995
000172	SOFA AND FILE CABINET. ANDREWS	5/11/1990	1,902.46	0	1,902.46	0.00	1,902.46	0.00	4/30/1995
000173	FURNITURE/ANDREWS	5/23/1990	618.46	0	618.46	0.00	618.46	0.00	4/30/1995
000178	ALUM CASE	8/15/1990	1,239.15	0	1,239.15	0.00	1,239.15	0.00	7/31/1995
000180	FURNITURE FOR REC AREA	11/26/1990	778.96	0	778.96	0.00	778.96	0.00	10/31/1995
000187	CHAIRS/VISSCHER	2/22/1991	3,709.69	0	3,709.69	0.00	3,709.69	0.00	1/31/1996
000188	DESK AND CREDENZA	3/1/1991	6,827.67	0	6,827.67	0.00	6,827.67	0.00	2/29/1996
000204	SECRETARIAL DESK	1/1/1993	1,546.15	0	1,546.15	0.00	1,546.15	0.00	12/31/1999
000205	SECRETARIAL DESK	1/1/1993	1,546.15	0	1,546.15	0.00	1,546.15	0.00	12/31/1999
000206	SECRETARIAL DESK	1/1/1993	1,546.15	0	1,546.15	0.00	1,546.15	0.00	12/31/1999
000207	SECRETARIAL DESK	1/1/1993	1,546.15	0	1,546.15	0.00	1,546.15	0.00	12/31/1999
000208	SECRETARIAL DESK	1/1/1993	1,615.70	0	1,615.70	0.00	1,615.70	0.00	12/31/1999
000209	EXECUTIVE DESK	1/1/1993	2,077.94	0	2,077.94	0.00	2,077.94	0.00	12/31/1999
000210	EXECUTIVE DESK	1/1/1993	2,077.94	0	2,077.94	0.00	2,077.94	0.00	12/31/1999

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FURNITURE AND
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Asset ID	Description	Acquisition Date	Cost Life	Beginning Depreciation	Current Depreciation	Accumulated Depreciation	Net Book Value	Last Depreciation Date
000211	LATERAL FILE	1/1/1993	1,110.66	1,110.66	0.00	1,110.66	0.00	12/31/1999
000212	RETURN IN LOBBY	1/1/1993	372.36	372.36	0.00	372.36	0.00	12/31/1999
000215	GUEST CHAIRS	1/1/1993	295.32	295.32	0.00	295.32	0.00	12/31/1999
000216	GUEST CHAIRS	1/1/1993	295.32	295.32	0.00	295.32	0.00	12/31/1999
000217	GUEST CHAIRS	1/1/1993	295.32	295.32	0.00	295.32	0.00	12/31/1999
000218	GUEST CHAIRS	1/1/1993	295.32	295.32	0.00	295.32	0.00	12/31/1999
000219	GUEST CHAIRS	1/1/1993	295.32	295.32	0.00	295.32	0.00	12/31/1999
000220	GUEST CHAIRS	1/1/1993	295.32	295.32	0.00	295.32	0.00	12/31/1999
000221	GUEST CHAIRS	1/1/1993	295.32	295.32	0.00	295.32	0.00	12/31/1999
000222	GUEST CHAIRS	1/1/1993	295.32	295.32	0.00	295.32	0.00	12/31/1999
000223	GUEST CHAIRS	1/1/1993	295.32	295.32	0.00	295.32	0.00	12/31/1999
000224	GUEST CHAIRS	1/1/1993	295.32	295.32	0.00	295.32	0.00	12/31/1999
000225	GUEST CHAIRS	1/1/1993	295.32	295.32	0.00	295.32	0.00	12/31/1999
000226	GUEST CHAIRS	1/1/1993	295.32	295.32	0.00	295.32	0.00	12/31/1999
000227	GUEST CHAIRS	1/1/1993	295.32	295.32	0.00	295.32	0.00	12/31/1999
000229	SOFA	1/1/1993	1,412.40	1,412.40	0.00	1,412.40	0.00	12/31/1999
000231	CONFERENCE CHAIRS	1/1/1993	288.90	288.90	0.00	288.90	0.00	12/31/1999
000232	CONFERENCE CHAIRS	1/1/1993	288.90	288.90	0.00	288.90	0.00	12/31/1999
000233	CONFERENCE CHAIRS	1/1/1993	288.90	288.90	0.00	288.90	0.00	12/31/1999
000234	CONFERENCE CHAIRS	1/1/1993	288.90	288.90	0.00	288.90	0.00	12/31/1999
000235	RECEPTION DESK	1/1/1993	2,849.41	2,849.41	0.00	2,849.41	0.00	12/31/1999

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Asset ID	Description	Acquisition Date	Cost Life	Beginning Depreciation	Current Depreciation	Accumulated Depreciation	Net Book Value	Last Depreciation Date
000236	OPEN BOOK CASE	1/1/1993	754.35 0	754.35	0.00	754.35	0.00	12/31/1999
000237	OPEN BOOK CASE	1/1/1993	754.35 0	754.35	0.00	754.35	0.00	12/31/1999
000238	OPEN BOOK CASE	1/1/1993	754.35 0	754.35	0.00	754.35	0.00	12/31/1999
000239	BOOK CASE WITH DOORS	1/1/1993	762.91 0	762.91	0.00	762.91	0.00	12/31/1999
000240	BOOK CASE WITH DOORS	1/1/1993	762.91 0	762.91	0.00	762.91	0.00	12/31/1999
000241	END TABLE	1/1/1993	390.55 0	390.55	0.00	390.55	0.00	12/31/1999
000242	END TABLE	1/1/1993	390.55 0	390.55	0.00	390.55	0.00	12/31/1999
000243	END TABLE	1/1/1993	338.12 0	338.12	0.00	338.12	0.00	12/31/1999
000244	END TABLE	1/1/1993	286.78 0	286.78	0.00	286.78	0.00	12/31/1999
000245	CONFERENCE TABLE	1/1/1993	1,927.05 0	1,927.05	0.00	1,927.05	0.00	12/31/1999
000246	CONFERENCE CHAIR	1/1/1993	375.84 0	375.84	0.00	375.84	0.00	12/31/1999
000247	CONFERENCE CHAIR	1/1/1993	375.84 0	375.84	0.00	375.84	0.00	12/31/1999
000248	CONFERENCE CHAIR	1/1/1993	375.84 0	375.84	0.00	375.84	0.00	12/31/1999
000249	CONFERENCE CHAIR	1/1/1993	375.84 0	375.84	0.00	375.84	0.00	12/31/1999
000250	CONFERENCE TABLE	1/1/1993	571.38 0	571.38	0.00	571.38	0.00	12/31/1999
000251	BOOKCASE	1/1/1993	571.38 0	571.38	0.00	571.38	0.00	12/31/1999
000252	BOOKCASE	1/1/1993	571.38 0	571.38	0.00	571.38	0.00	12/31/1999
000253	BOOKCASE	1/1/1993	294.25 0	294.25	0.00	294.25	0.00	12/31/1999

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Asset ID	Description	Acquisition Date	Cost Life	Beginning Depreciation	Current Depreciation	Accumulated Depreciation	Net Book Value	Last Depreciation Date
000254	BOOKCASE	1/1/1993	294.25 0	294.25	0.00	294.25	0.00	12/31/1999
000255	CREDENZA	1/1/1993	909.50 0	909.50	0.00	909.50	0.00	12/31/1999
000257	GUEST CHAIR	2/1/1993	295.32 0	295.32	0.00	295.32	0.00	1/31/2000
000258	SITE PREPARATION	2/1/1993	6,686.00 0	6,686.00	0.00	6,686.00	0.00	1/31/1998
000261	WORK TABLE	3/1/1993	546.77 0	546.77	0.00	546.77	0.00	2/29/2000
000265	CHAIR	1/1/1993	421.20 0	421.20	0.00	421.20	0.00	3/31/2000
000268	BRONZE PLAQUE	5/1/1993	1,966.82 0	1,966.82	0.00	1,966.82	0.00	4/30/2000
000269	LATERAL FILE EX DIR	5/1/1993	1,594.08 0	1,594.08	0.00	1,594.08	0.00	4/30/2000
000291	CONFERENCE FURNITURE	9/1/1994	2,800.00 0	2,800.00	0.00	2,800.00	0.00	8/31/1999
000302	LATER FILES W/ BOOKCASE	7/1/1996	3,901.95 0	3,901.95	0.00	3,901.95	0.00	6/30/2003
000303	BOOKCASES	7/1/1996	1,279.57 0	1,279.57	0.00	1,279.57	0.00	6/30/2003
000304	SECRETARIAL DESK	7/1/1996	1,710.17 0	1,710.17	0.00	1,710.17	0.00	6/30/2003
000306	DESK/WARDROBE	8/1/1996	6,644.70 0	6,644.70	0.00	6,644.70	0.00	7/31/2003
000307	ORIENTAL RUG	8/1/1996	7,796.02 0	7,796.02	0.00	7,796.02	0.00	7/31/2003
000308	EXECUTIVE CHAIR	11/1/1996	1,334.29 0	1,334.29	0.00	1,334.29	0.00	10/31/2003

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Asset ID	Description	Acquisition Date	Cost Life	Beginning Depreciation	Current Depreciation	Accumulated Depreciation	Net Book Value	Last Depreciation Date
000309	CHAIRS WITH WELT TRIM	1/9/1997	1,416.96 0	1,416.96	0.00	1,416.96	0.00	12/31/2003
000334	LIBRARY BOOKCASES	3/1/1999	2,724.03 0	2,724.03	0.00	2,724.03	0.00	2/28/2006
000335	EXECUTIVE DESK	3/1/1999	4,319.79 0	4,319.79	0.00	4,319.79	0.00	2/28/2006
000336	LEXMARK PRINTER	8/1/1999	1,874.88 0	1,874.88	0.00	1,874.88	0.00	7/31/2004
000339	LEXMARK OPRA S625	10/1/1999	1,067.04 0	1,067.04	0.00	1,067.04	0.00	9/30/2004
000343	CHAIRS	2/1/2000	728.35 0	728.35	0.00	728.35	0.00	1/31/2007
000344	LATERAL FILE	2/1/2000	915.62 0	915.62	0.00	915.62	0.00	1/31/2007
000346	NETWORK WIRING	2/1/2000	6,004.00 0	6,004.00	0.00	6,004.00	0.00	1/31/2005
000347	DESK	3/1/2000	4,387.77 0	4,387.77	0.00	4,387.77	0.00	2/28/2007
000348	DESK	3/1/2000	2,983.28 0	2,983.28	0.00	2,983.28	0.00	2/28/2007
000349	FILE CABINET	3/1/2000	1,291.27 0	1,291.27	0.00	1,291.27	0.00	2/28/2007
000350	RECEPTION FURNITURE	3/1/2000	433.75 0	433.75	0.00	433.75	0.00	2/28/2007
000351	DOWNSTAIRS CUBICLE	3/1/2000	6,738.30 0	6,738.30	0.00	6,738.30	0.00	2/28/2007
000352	REBAR'S FURNITURE	4/1/2000	10,148.27 0	10,148.27	0.00	10,148.27	0.00	3/31/2007
000353	UPSTAIRS CUBICLE ADDITIONS	4/1/2000	1,784.70 0	1,784.70	0.00	1,784.70	0.00	3/31/2007
000354	UPSTAIRS CUBICLE ADDITIONS	4/1/2000	5,198.08 0	5,198.08	0.00	5,198.08	0.00	3/31/2007
000355	UPSTAIRS CUBICLE ADDITIONS	4/1/2000	10,906.46 0	10,906.46	0.00	10,906.46	0.00	3/31/2007
000356	UPSTAIRS CUBICLE ADDITIONS	4/1/2000	1,357.39 0	1,357.39	0.00	1,357.39	0.00	3/31/2007
000358	FURNITURE	9/1/2000	3,561.89 0	3,561.89	0.00	3,561.89	0.00	8/30/2007
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000361	LEXMARK PRINTERS	11/1/2000	1,132.92 0	1,132.92	0.00	1,132.92	0.00	10/31/2005
000362	FAX MACHINE	12/1/2000	2,808.00 0	2,808.00	0.00	2,808.00	0.00	11/30/2005
000365	DESK FOR EXECUTIVE AREA	4/1/2001	6,796.87 0	6,796.87	0.00	6,796.87	0.00	3/31/2008
000366	DESK	4/1/2001	6,328.24 0	6,328.24	0.00	6,328.24	0.00	3/31/2008
000367	OFFICE FURNITURE	7/1/2001	5,426.41 0	5,426.41	0.00	5,426.41	0.00	6/30/2008
000373	AS400 COMPUTER	12/1/2002	48,091.87 0	48,091.87	0.00	48,091.87	0.00	11/30/2007
000374	EXECUTIVE DIRECTOR FURNITURE	4/1/2003	6,592.18 0	6,592.18	0.00	6,592.18	0.00	3/31/2010
000375	AS 400 COMPUTER	7/1/2003	101,239.41 0	99,552.08	0.00	99,552.08	1,687.33	6/30/2008
000376	4 DRAWER LATERAL CREDENZA	7/1/2003	698.63 0	690.32	0.00	690.32	8.31	6/30/2010
000377	4 DRAWER WOOD LATERAL FILE	7/1/2003	2,468.81 0	2,439.43	0.00	2,439.43	29.38	6/30/2010

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Asset ID	Description	Acquisition Date	Cost Life	Beginning Depreciation	Current Depreciation	Accumulated Depreciation	Net Book Value	Last Depreciation Date
000378	DATUM LIBRARY SHELVING	9/1/2003	7,548.24 0	7,413.45	0.00	7,413.45	134.79	8/31/2010
000380	4 DRAWER LATERAL CREDENZA	7/1/2003	1,521.38 0	1,503.27	0.00	1,503.27	18.11	6/30/2010
000381	BELLSOUTH PHONE SYSTEM	6/30/2004	24,865.13 0	24,865.13	0.00	24,865.13	0.00	5/31/2011
000382	LASER COLOR PRINTER UPSTAIRS	7/1/2004	2,763.00 0	2,716.95	0.00	2,716.95	46.05	6/30/2009
000383	BELLSOUTH PHONE	7/1/2004	521.49 84	490.46	31.04	521.50	(0.01)	11/30/2011
000386	AIR COND UNIT FOR COMPUTER ROOM	6/25/2005	6,514.00 84	6,048.71	465.30	6,514.01	(0.01)	12/30/2011
000387	14 THERMOSTATS	6/1/2005	3,896.00 84	3,617.71	278.28	3,895.99	0.01	12/30/2011
000389	4 ATHALONG4 3200 COMPUTER SYSTEMS	10/1/2005	3,616.62 0	3,616.62	0.00	3,616.62	0.00	9/30/2010
000390	2 ATHLONG4 3200 COMPUTER SYSTEMS	10/1/2005	1,770.16 0	1,770.16	0.00	1,770.16	0.00	9/30/2010
000391	TOSHIBA PROTOGE LAPTOPS	11/16/2005	2,505.67 0	2,505.67	0.00	2,505.67	0.00	10/31/2010
000392	MAC COMPUTER SYSTEM	11/16/2005	2,444.77 0	2,444.77	0.00	2,444.77	0.00	10/30/2010
000393	4100 BLACK LASER FAX	11/16/2005	287.99 0	287.99	0.00	287.99	0.00	10/31/2010
000394	QUARK SOFTWARE	11/16/2005	386.93 0	386.93	0.00	386.93	0.00	10/31/2010
000395	QUARK SOFTWARE	11/14/2005	704.76 0	704.76	0.00	704.76	0.00	10/31/2010
000396	MAC CREATIVE SUITE SOFTWARE	11/12/2005	1,062.63 0	1,062.63	0.00	1,062.63	0.00	10/31/2010
000397	OFFICE PRO 2003 SOFTWARE	11/12/2005	1,700.84 0	1,700.84	0.00	1,700.84	0.00	10/31/2010

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Asset ID	Description	Acquisition Date	Cost Life	Beginning Depreciation	Current Depreciation	Accumulated Depreciation	Net Book Value	Last Depreciation Date
000398	ANNUAL MEETING TRUNKS	1/5/2006	2,320.00 84	1,822.87	331.44	2,154.31	165.69	6/30/2012
000399	EPSON PERFECTION PHOTO SCANNER	3/1/2006	197.74 0	197.74	0.00	197.74	0.00	2/28/2011
000400	NETWORK SVR SOFTWARE	3/10/2006	603.46 0	603.46	0.00	603.46	0.00	2/28/2011
000401	ADOBE ACROBAT 7.0 PROFESSIONAL FOR MAC	3/1/2006	434.91 0	434.91	0.00	434.91	0.00	2/28/2011
000402	DESK	3/29/2006	961.89 84	755.76	137.40	893.16	68.73	6/30/2012
000403	BRIDGE DESK	3/29/2006	172.21 84	135.30	24.60	159.90	12.31	6/30/2012

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000404	CREDENZA	3/29/2006	629 48 84	494.61	89.88	584 49	44 99	6/30/2012
000405	4 DRAWER LATERAL FILE	3/29/2006	1,049 40 84	824 56	149.88	974 44	74 96	6/30/2012
000406	4 SEAGATE WEBMAIL SERVER 80 GB	2/14/2006	327 00 0	327.00	0.00	327.00	0 00	3/31/2011
000407	4 ATHLON36 3200 SYSTEMS	3/6/2006	2,759.88 0	2,759.88	0.00	2,759.88	0.00	3/31/2011
000408	2003 SERVER ATHLON 4800 64 X 2	3/16/2006	1,714.57 0	1,714.57	0 00	1,714.57	0 00	4/30/2011
000409	2003 EXCHANGE ATHLON 4800 64 X 2	3/16/2006	1,618.65 0	1,618.65	0 00	1,618.65	0.00	4/30/2011
000410	LCD PROJECTOR	4/1/2006	980.91 0	980.91	0.00	980.91	0.00	3/31/2011
000411	DESK	4/18/2006	1,655.17 84	1,300.48	236.40	1,536 88	118.29	6/30/2012
000412	CREDENZA	4/18/2006	894.89 84	703.12	127.80	830.92	63.97	6/30/2012
000413	EXCHANGE SERVER ENT 2003 W/ 25 USERS	8/18/2005	1,977.85 0	1,977.85	0.00	1,977.85	0.00	3/31/2011
000416	SONIC WALL TZ SOFTWARE	9/1/2006	1,224.88 60	1,122.83	102.04	1,224.87	0 01	10/30/2011
000417	4 DESKTOP COMPUTERS	11/1/2006	2,563.86 60	2,350.06	213 80	2,563.86	0.00	10/30/2011
000419	UNKNOWN	4/15/2007	1,305.83 60	1,088.21	217 59	1,305.80	0.03	4/30/2012
000421	UPSTAIRS KITCHEN ALLPIANCES	6/1/2007	4,390.47 84	2,561.11	627 24	3,188 35	1,202.12	6/30/2012
000423	OFFICE DESK AND LATERAL FILE	7/1/2007	1,960.53 84	980.28	280.08	1,260 36	700.17	6/30/2012
000424	OFFICE DESK AND CREDENZA	7/1/2007	2,635.20 84	1,317.61	376.44	1,694.05	941 15	6/30/2012
000425	36' TABLE TOP AND BASE	7/1/2007	916.63 84	458.32	130.92	589.24	327.39	6/30/2012
000426	4 CHAIRS	7/1/2007	1,458 60 84	729.30	208.32	937.62	520.98	6/30/2012

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000427	LUNCH ROOM TABLES AND CHARIS	7/1/2007	6,674 66 84	3,337 32	953.52	4,290 84	2,383.82	6/30/2012
000428	4 ZODY TASK CHAIRS WITH MESH BACK	7/1/2007	2,858.91 84	1,429 47	408.36	1,837.83	1,021 08	6/30/2012
000429	5 SIT ON MID BACK CHAIRS	7/1/2007	2,357.12 84	1,178.56	336 72	1,515.28	841.84	6/30/2012
000430	1 HB TASK CHAIR	7/1/2007	446 11 84	223 06	63 72	286 78	159 33	6/30/2012

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000431	UPSTARIS CONFERENCE ROOMS AV EQUIPMENT	9/1/2007	12,092.91 60	8,465.03	2,418.60	10,883.63	1,209.28	6/30/2012
000432	LATERAL FILE	9/1/2007	758.35 84	379.19	108.36	487.55	270.80	6/30/2012
000433	F&S OFFICE SCREEN	10/1/2007	512.08 84	256.06	73.20	329.26	182.82	6/30/2012
000434	ATHLON 64X2 COMPUTER AND 19 IN LCD MONITOR	10/3/2007	991.90 60	694.33	198.36	892.69	99.21	6/30/2012
000435	DELL LAPTOP COMPUTER	11/1/2007	3,312.37 60	2,318.65	662.52	2,981.17	331.20	6/30/2012
000436	DELL LAPTOP COMPUTER	11/1/2007	3,312.37 60	2,318.65	662.52	2,981.17	331.20	6/30/2012
000437	1 ZODY TASK CHAIR WITH MESH BACK	11/9/2007	590.19 84	295.09	84.36	379.45	210.74	6/30/2012
000438	OFFICE DESK	11/9/2007	1,121.52 84	560.77	160.20	720.97	400.55	6/30/2012
000439	10 RECTANGLE TABLES AND 24 MB TASK CHAIRS	11/26/2007	17,138.90 84	8,569.47	2,448.36	11,017.83	6,121.07	6/30/2012
000443	FRAMED LITHOGRAPHS	1/1/2008	1,203.96 84	602.00	171.96	773.96	430.00	6/30/2012
000446	LASER PRINTER	2/10/2008	836.49 60	571.61	167.28	738.89	97.60	6/30/2012
000449	HP DV2620US LAPTOP COMPUTER	5/1/2008	920.00 60	582.67	183.96	766.63	153.37	6/30/2012
000450	SPARE SERVER	4/15/2008	619.12 60	392.10	123.84	515.94	103.18	6/30/2012
000451	ALTHON 4200 COMPUTER	5/1/2008	657.27 60	416.26	131.40	547.66	109.61	6/30/2012
000452	SAGE MIP ACCOUNTING SOFTWARE	6/30/2008	11,977.00 60	7,186.20	2,395.44	9,581.64	2,395.36	6/30/2012
000453	ADDITIONAL VOICE MESSAGING SEATS IN PHONE SYSTEM	6/1/2008	599.50 60	369.69	119.88	489.57	109.93	6/30/2012
000454	2 ALTHON 4400 COMPUTER SYSTEMS	6/1/2008	1,314.54 60	810.64	262.92	1,073.56	240.98	6/30/2012
000455	ALTHON 4400 COMPUTER SYSTEM	6/1/2008	727.03 60	448.35	145.44	593.79	133.24	6/30/2012

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000456	COMPUTER COMPONENTS	6/1/2008	961.38 60	592.86	192.24	785.10	176.28	6/30/2012
000457	7 COPIES OF OFFICE 2007	6/4/2008	721.81 60	445.11	144.36	589.47	132.34	6/30/2012

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000458	PEDESTAL DESK WITH LEFT RETURN	6/19/2008	1,263.78 84	541.62	180.60	722.22	541.56	6/30/2012
000459	LASER PRINTER	6/15/2008	346.48 60	213.68	69.24	282.92	63.56	6/30/2012
000460	HITACHI 4000 PROJECTOR AND DROP DOWN SCREEN	6/27/2008	6,754.48 60	4,052.70	1,350.84	5,403.54	1,350.94	6/30/2012
000461	ACROBAT 9.0 SOFTWARE - 10 COPIES	6/27/2008	1,692.54 60	1,015.53	338.52	1,354.05	338.49	6/30/2012
000462	4 DRAWER LATERAL FILE	6/25/2008	1,331.98 84	570.84	190.32	761.16	570.82	6/30/2012
000463	EKTRON CMS SOFTWARE	5/15/2008	17,250.00 60	7,187.50	3,450.00	10,637.50	6,612.50	6/30/2012
000464	WEBSITE DEVELOPMENT	9/1/2009	50,264.85 60	12,566.21	10,053.00	22,619.21	27,645.64	6/30/2012
000465	EUCLID CLEARVANTAGE SOFTWARE	4/30/2008	110,675.00 60	53,492.92	22,134.96	75,627.88	35,047.12	6/30/2012
000466	AMS SYSTEM IMPLEMENTATION	6/30/2008	2,019.32 60	976.00	403.92	1,379.92	639.40	6/30/2012
000467	SAGE ACCOUNTING SOFTWARE	7/15/2008	1,100.00 60	660.00	219.96	879.96	220.04	6/30/2012
000468	TELECONFERENCE TELEPHONE	7/15/2008	399.99 60	240.00	80.04	320.04	79.95	6/30/2012
000469	DESKTOP PRINTER	7/15/2008	446.81 60	268.08	89.40	357.48	89.33	6/30/2012
000470	SONICWALL SOFTWARE	8/1/2008	1,000.74 60	583.77	200.16	783.93	216.81	6/30/2012
000471	ATHLON COMPUTER SYSTEM	9/1/2008	552.63 60	313.17	110.52	423.69	128.94	6/30/2012
000472	TOSHIBA LAPTOP TOS- R500	9/15/2008	2,100.49 60	1,190.28	420.12	1,610.40	490.09	6/30/2012
000473	PANEL SYSTEM RECONFIG AND REPAIR	7/15/2008	7,544.08 84	3,233.19	1,077.72	4,310.91	3,233.17	6/30/2012
000474	ATHLON COMPUTER SYSTEM	10/15/2008	1,030.05 60	566.53	206.04	772.57	257.48	6/30/2012
000475	AMS SOFTWARE DEVELOPMENT	1/20/2009	135,012.07 60	65,255.83	27,002.40	92,258.23	42,753.84	6/30/2012
000476	AMS SERVER	10/1/2008	6,381.79 60	3,084.54	1,276.32	4,360.86	2,020.93	6/30/2012
000477	2 SQL PROCESSOR LICENSE	1/20/2009	3,130.40 60	1,513.03	626.04	2,139.07	991.33	6/30/2012

18007 -
FURNITURE AND
EQUIPMENT

Asset ID	Description	Acquisition Date	Cost Life	Beginning Depreciation	Current Depreciation	Accumulated Depreciation	Net Book Value	Last Depreciation Date
000478	BACKUP SYSTEM FOR AMS SERVER	11/1/2008	1,987.01 60	960.39	397.44	1,357.83	629.18	6/30/2012

Summary Asset Ledger
From 7/1/2011 Through 6/30/2012

Asset ID	Description	Acquisition Date	Cost Life	Beginning Depreciation	Current Depreciation	Accumulated Depreciation	Net Book Value	Last Depreciation Date
000479	WEBSITE DEVELOPMENT	3/31/2009	138,370.46 60	34,592.61	27,674.04	62,266.65	76,103.81	6/30/2012
000480	REWORK WORKSTATIONS	12/31/2008	2,093.75 84	747.77	299.16	1,046.93	1,046.82	6/30/2012
000481	PRINTER	12/31/2008	334.68 60	167.35	66.96	234.31	100.37	6/30/2012
000482	5 FLAT SCREEN COMPUTER MONITORS	1/9/2009	1,149.95 60	574.98	230.04	805.02	344.93	6/30/2012
000483	5 ATHLON COMPUTER SYSTEMS	1/10/2009	3,270.00 60	1,580.50	654.00	2,234.50	1,035.50	6/30/2012
000484	REUPHOLSTER PANEL SYSTEMS	1/27/2009	1,485.34 84	530.48	212.16	742.64	742.70	6/30/2012
000486	22 INCH MONITOR	2/12/2009	267.05 60	129.08	53.40	182.48	84.57	6/30/2012
000487	5 ACER WIDE FLAT SCREEN MONITORS	2/18/2009	1,291.65 60	602.77	258.36	861.13	430.52	6/30/2012
000488	PRINTER	2/23/2009	616.36 60	287.63	123.24	410.87	205.49	6/30/2012
000489	2 DELL SERVERS	2/28/2009	8,639.13 60	4,031.60	1,727.88	5,759.48	2,879.65	6/30/2012
000490	FILE MAKER MEETING TEMPLATE	3/20/2009	2,300.00 60	1,035.00	459.96	1,494.96	805.04	6/30/2012
000491	DESK AND RETURN WITH CENTER DRAWER AND KEYBOARD TRAY	3/31/2009	1,973.64 84	634.39	282.00	916.39	1,057.25	6/30/2012
000492	5 ACER FLAT SCREEN MONITORS	1/30/2009	1,095.45 60	529.47	219.12	748.59	346.86	6/30/2012
000493	DESK WITH RETURN, 2 DRAWER LATERAL FILE	4/9/2009	2,738.75 84	847.71	391.20	1,238.91	1,499.84	6/30/2012
000494	7 OFFICE 2007 UPDATES	4/16/2009	721.81 60	312.78	144.36	457.14	264.67	6/30/2012
000495	INDESIGN PREMIUM SOFTWARE, ACROBAT 9.0 SOFTWARE	4/28/2009	1,837.46 60	796.23	367.44	1,163.67	673.79	6/30/2012
000496	DELL T3400 COMPUTER SYSTEM	4/10/2009	1,363.61 60	590.89	272.76	863.65	499.96	6/30/2012
000497	12 DELL T3400 COMPUTER SYSTEMS	4/8/2009	13,350.00 60	5,785.00	2,670.00	8,455.00	4,895.00	6/30/2012
000498	3 ZODY CHAIRS	4/30/2009	2,003.52 84	620.14	286.20	906.34	1,097.18	6/30/2012
000499	REDESIGN AND INSTALL CUBICLES IN DOWNSTAIRS OFFICE	5/1/2009	2,950.21 84	913.16	421.44	1,334.60	1,615.61	6/30/2012
000500	DELL COMPUTER FOR EDUCATION DEPARTMENT	5/15/2009	4,140.70 60	1,725.29	828.12	2,553.41	1,587.29	6/30/2012

18007 -
FURNITURE AND
EQUIPMENT

Summary Asset Ledger
From 7/1/2011 Through 6/30/2012

Asset ID	Description	Acquisition Date	Cost Life	Beginning Depreciation	Current Depreciation	Accumulated Depreciation	Net Book Value	Last Depreciation Date
000501	CAPTIVATE SOFTWARE FOR EDUCATION DEPARTMENT	6/1/2009	1,317.88 60	549.13	263.52	812.65	505.23	6/30/2012
000502	3 NETBOOK COMPUTERS	6/15/2009	1,086.76 60	452.81	217.32	670.13	416.63	6/30/2012
000504	DESK, RETURN AND DRAWER FILE CABINET	7/23/2009	2,808.75 84	769.06	401.28	1,170.34	1,638.41	6/30/2012
000505	2 22 INCH MONITORS	7/27/2009	433.82 60	166.29	86.76	253.05	180.77	6/30/2012
000506	WEBSITE DEVELOPMENT	8/11/2009	10,136.12 60	2,534.03	2,027.28	4,561.31	5,574.81	6/30/2012
000507	INTRALEARN SOFTWARE	8/11/2009	25,750.00 60	9,441.67	5,150.04	14,591.71	11,158.29	6/30/2012
000508	VIRTUAL BACKUP SERVER	9/2/2009	9,512.77 60	3,170.92	1,902.60	5,073.52	4,439.25	6/30/2012
000509	DELL LAPTOP COMPUTER	9/1/2009	1,784.73 60	654.41	357.00	1,011.41	773.32	6/30/2012
000510	NETBOOK COMPUTER	9/17/2009	342.49 60	119.87	68.52	188.39	154.10	6/30/2012
000511	4 ZODY DESK CHAIRS	9/25/2009	2,671.37 84	667.85	381.60	1,049.45	1,621.92	6/30/2012
000513	EXPOCAD SOFTWARE AND AMS INTEGRATION	12/11/2009	4,295.00 60	1,073.75	858.96	1,932.71	2,362.29	6/30/2012
000514	2 MONITORS FOR SERVERS	4/1/2010	433.82 60	108.45	86.76	195.21	238.61	6/30/2012
000517	3 BANNER EXHIBIT DISPLAY AND SHIPPING CASE	5/14/2010	2,121.73 84	353.63	303.12	656.75	1,464.98	6/30/2012
000521	INTRALEARN INTEGRATION WITH CV	6/1/2010	21,000.00 60	3,850.00	4,200.00	8,050.00	12,950.00	6/30/2012
000522	3 HALOGEN SPOTLIGHT KIT FOR BANNER DISPLAYS	6/3/2010	438.90 84	67.93	62.76	130.69	308.21	6/30/2012
000525	20 WINDOWS 7 LICENSES	8/16/2010	2,267.20 60	377.87	453.48	831.35	1,435.85	6/30/2012
000526	7 DELL PRECISION T3500 NETBOOKS	8/16/2010	7,494.09 60	1,124.11	1,498.80	2,622.91	4,871.18	6/30/2012
000527	DELL INSPIRON 1110	8/16/2010	1,033.30 60	172.22	206.64	378.86	654.44	6/30/2012
000528	INTEGRATION OF INTRALEARN TO AMS	8/17/2010	7,500.00 60	1,125.00	1,500.00	2,625.00	4,875.00	6/30/2012
000529	2 MONITORS	8/20/2010	412.02 60	68.67	82.44	151.11	260.91	6/30/2012
000530	LATTITUDE LAPTOP	10/15/2010	1,725.64 60	230.09	345.12	575.21	1,150.43	6/30/2012
000531	3 23 INCH MONITORS	2/23/2011	618.03 60	41.20	123.60	164.80	453.23	6/30/2012
000532	7 DELL PRECISION T3500N	3/17/2011	7,704.64 60	385.23	1,540.92	1,926.15	5,778.49	6/30/2012
000533	10 WINDOWS 7 LICENSES	4/27/2011	1,133.60 60	37.79	226.68	264.47	869.13	6/30/2012

18007 -
FURNITURE AND
EQUIPMENT

Date

Page

Summary Asset Ledger
From 7/1/2011 Through 6/30/2012

000537	MAC AND SOFTWARE FOR JACKIE	6/3/2011	5,778.14 60	96.30	1,155.60	1,251.90	4,526.24	6/30/2012
000600	EDUCATION DEPARTMENT SOFTWARE	8/3/2011	1,300.26 60	0.00	238.37	238.37	1,061.89	6/30/2012
000601	2 DELL PRECISION T3500 COMPUTERS	9/13/2011	2,193.06 60	0.00	365.50	365.50	1,827.56	6/30/2012
000602	SOFTWARE UPGRADES	10/20/2011	2,239.24 60	0.00	335.88	335.88	1,903.36	6/30/2012
000603	ASUS PC NOTEBOOK	10/3/2011	910.03 60	0.00	136.53	136.53	773.50	6/30/2012
000604	2 DELL PRECISION T3500 COMPUTERS	4/20/2012	2,209.57 60	0.00	110.49	110.49	2,099.08	6/30/2012
000605	SAGE FIXED ASSETS SOFTWARE	6/19/2012	811.00 60	0.00	13.52	13.52	797.48	6/30/2012
000608	25 OFFICE PRO PLUS 2010 SOFTWARE	11/22/2011	2,080.00 60	0.00	277.36	277.36	1,802.64	6/30/2012
000609	2 COMBO MINI-GBIC	11/9/2011	1,234.20 60	0.00	164.56	164.56	1,069.64	6/30/2012
000610	DELL LATITUDE L13 LAPTOP	8/1/2011	824.27 60	0.00	151.14	151.14	673.13	6/30/2012
000612	ACER ASPIRE NETBOOK	2/23/2012	388.63 60	0.00	32.40	32.40	356.23	6/30/2012
000613	MAHOGONY DESK, EMILY DEBRUGE	2/20/2012	376.65 84	0.00	22.40	22.40	354.25	6/30/2012
Total 18007 - FURNITURE AND EQUIPMENT			1,226,569.41	750,627.06	149,514.32	900,141.38	326,428.03	

18008 -
FURNITURE &
EQUIPMENT -
WASHINGTON

Asset ID	Description	Acquisition Date	Cost Life	Beginning Depreciation	Current Depreciation	Accumulated Depreciation	Net Book Value	Last Depreciation Date
000319	COMPUTER NETWORK	10/1/1997	6,756.90 0	6,756.90	0.00	6,756.90	0.00	9/30/2002
000384	POWEREDGE 1600SC SERVER	12/1/2004	5,463.69 0	5,463.69	0.00	5,463.69	0.00	11/30/2009
000385	OPTIPLEX P4 COMPUTER WITH FLAT SCREEN	12/1/2004	1,607.50 0	1,607.50	0.00	1,607.50	0.00	11/30/2009
000415	DELL LAPTOP FOR SEAN	9/15/2006	966.84 60	886.28	80.55	966.83	0.01	10/30/2011
000440	DESKTOP COMPUTER FOR ELAENOR	1/15/2008	908.01 60	635.60	181.56	817.16	90.85	6/30/2012
000485	DELL LAPTOP COMPUTER	1/15/2009	865.90 60	432.95	173.16	606.11	259.79	6/30/2012

Summary Asset Ledger
From 7/1/2011 Through 6/30/2012

000503	DELL COMPUTER FOR WASHINGTON STAFF	6/15/2009	875 25 60	364 69	175 08	539.77	335.48	6/30/2012
000515	2 DESKTOP DELL INSPIRON 1110	4/7/2010	1,033 30 60	241 10	206 64	447.74	585 56	6/30/2012
000516	DC SERVER AND SERVER SOFTWARE	4/8/2010	1,878.24 60	438.26	375 60	813.86	1,064.38	6/30/2012
000518	DELL OPTIPLEX 980	5/7/2010	1,209.74 60	262.11	241 92	504.03	705 71	6/30/2012
000519	DELL POWEREDGE T310	5/7/2010	1,386.49 60	300.41	277.32	577.73	808.76	6/30/2012
000520	DELL VOSTRO 1014	5/7/2010	479.12 60	103 81	95.88	199.69	279 43	6/30/2012
000611	2 LEATHER MESH BACK CHAIRS	5/28/2012	1,108 00 84	0.00	26.38	26.38	1,081.62	6/30/2012
	Total 18008 - FURNITURE & EQUIPMENT - WASHINGTON		24,538 98	17,493.30	1,834.09	19,327.39	5,211.59	

18059 -
BUILDING

Asset ID	Description	Acquisition Date	Cost Life	Beginning Depreciation	Current Depreciation	Accumulated Depreciation	Net Book Value	Last Depreciation Date
000192	BUILDING	7/1/1991	788,779.00 378	499,768.64	25,040.64	524,809.28	263,969.72	6/30/2012
000256	BUILDING IMPROVEMENTS	1/1/1993	91,676.46 378	53,720 39	2,910.36	56,630.75	35,045.71	6/30/2012
000301	ENERGY MANAGEMENT SYSTEM	7/1/1996	21,639.00 0	21,639.00	0.00	21,639.00	0.00	6/30/2011
000333	14 HEAT PUMPS	12/1/1998	50,760.00 240	32,994.00	2,538.00	35,532.00	15,228 00	6/30/2012
000418	UNKNOWN	4/15/2007	100,420.00 240	20,894.09	5,021.04	25,915.13	74,504.87	6/30/2012
000420	BUILDING RENOVATION PROJECT	6/1/2007	174,449.87 180	47,489.40	11,630.04	59,119 44	115,330.43	6/30/2012
000422	2007 RENOVATIONS	10/1/2007	167,806.96 180	41,951.74	11,187.12	53,138.86	114,668 10	6/30/2012
000441	BUILDING IMPROVEMENTS	11/8/2012	9,703.00 180	2,264.04	646.92	2,910.96	6,792.04	6/30/2012
000442	PARKING LOT LIGHTING	3/1/2008	1,525 00 180	338.90	101 64	440 54	1,084.46	6/30/2012
000447	BUILDING RENOVATION	4/1/2008	985.00 180	213 43	65.64	279 07	705.93	6/30/2012
000448	NEW FENCE IN UPPER PARKING LOT	5/1/2008	4,140 00 180	874 00	276.00	1,150 00	2,990 00	6/30/2012
000512	LIGHTING FOR UPPER PARKING LOT	3/8/2010	4,445.00 180	395 11	296 28	691.39	3,753.61	6/30/2012
000523	2 1/2 TON HEAT PUMP UNIT	6/30/2010	6,277 00 240	313 85	313.80	627 65	5,649.35	6/30/2012
000524	14 THERMOSTAT COVERS	5/31/2010	726 32 240	39 35	36 36	75 71	650.61	6/30/2012
000534	3.5 ROOFTOP HEAT PUMP	4/1/2011	7,391.00 240	92.39	369.60	461.99	6,929 01	6/30/2012

Summary Asset Ledger
From 7/1/2011 Through 6/30/2012

000535	REPLACE UNIT #12	4/15/2011	11,580.00 240	144.75	579.00	723.75	10,856.25	6/30/2012
000536	RENOVATION TO DEB'S OFFICE	6/1/2011	3,970.00 240	16.54	198.48	215.02	3,754.98	6/30/2012
000606	REPLACE 3 ROOFTOP HEATPUMPS	3/16/2012	17,320.00 180	0.00	384.88	384.88	16,935.12	6/30/2012
000607	BUILDING IMPROVEMENTS, SPLIT UPSTAIRS OFFICE	6/25/2012	4,304.00 180	0.00	23.91	23.91	4,280.09	6/30/2012
Total 18059 - BUILDING			1,467,897.61	723,149.62	61,619.71	784,769.33	683,128.28	

18109 - LAND - BIRMINGHAM

Asset ID	Description	Acquisition Date	Cost Life	Beginning Depreciation	Current Depreciation	Accumulated Depreciation	Net Book Value	Last Depreciation Date
000193	LAND	7/1/1991	421,280.00 0	0.00	0.00	0.00	421,280.00	
Total 18109 - LAND - BIRMINGHAM			421,280.00	0.00	0.00	0.00	421,280.00	
Report Total			3,141,327.14	1,491,981.43	213,176.32	1,705,157.75	1,436,169.39	

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE	Employer identification number (EIN) or <input checked="" type="checkbox"/> 04-2284338
	Number, street, and room or suite no. If a P O box, see instructions. 1209 MONTGOMERY HIGHWAY	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BIRMINGHAM, AL 35216	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DAN CARRE

- The books are in the care of ► **1209 MONTGOMERY HIGHWAY - BIRMINGHAM, AL 35216-2809**
Telephone No ► **205-978-5000** FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☐ calendar year or
► ☒ tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions	
Type or print Name of exempt organization or other filer, see instructions THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE	Employer identification number (EIN) or <input checked="" type="checkbox"/> 04-2284338
File by the due date for filing your return. See instructions. Number, street, and room or suite no. If a P.O. box, see instructions. 1209 MONTGOMERY HIGHWAY	Social security number (SSN) <input type="checkbox"/>
City, town or post office, state, and ZIP code. For a foreign address, see instructions BIRMINGHAM, AL 35216	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

DAN CARRE

- The books are in the care of **1209 MONTGOMERY HIGHWAY - BIRMINGHAM, AL 35216-2809**
 Telephone No **205-978-5000** FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **MAY 15, 2013**
- 5 For calendar year , or other tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title **CPA**

Date