

**Return of Organization Exempt From Income Tax**

**2008**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

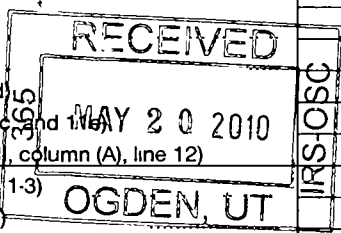
**A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type  See Specific Instructions	<b>C Name of organization</b> <b>THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE</b>	<b>D Employer identification number</b> <b>04-2284338</b>
		<b>E Telephone number</b> <b>(205) 978-5000</b>	<b>G Gross receipts \$</b> <b>10,229,410.</b>
<b>F Name and address of principal officer</b> <b>ROBERT W. REBAR, M.D.</b> <b>SAME AS C ABOVE</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶	
<b>J Website:</b> ▶ <b>WWW.ASRM.ORG</b>		<b>L Year of formation:</b> <b>1944</b> <b>M State of legal domicile:</b> <b>CA</b>	
<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

**Part I Summary**

SCANNED JUL 15 2009  
 ACTIVITIES & GOVERNANCE

<b>1</b> Briefly describe the organization's mission or most significant activities. <b>ASRM IS A MULTIDISCIPLINARY ORGANIZATION DEDICATED TO THE ADVANCEMENT OF THE ART, SCIENCE, AND</b>			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>	
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>	
<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>30</b>	
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>250</b>	
<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>105,500.</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>29,105.</b>	
		<b>Prior Year</b>	<b>Current Year</b>
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>8</b>	<b>2,965,295.</b>	<b>4,014,610.</b>
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>9</b>	<b>3,920,545.</b>	<b>5,046,816.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	<b>1,639,279.</b>	<b>905,607.</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	<b>1,467,301.</b>	<b>221,053.</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	<b>9,992,420.</b>	<b>10,188,086.</b>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	<b>163,872.</b>	<b>198,398.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	<b>2,525,821.</b>	<b>2,909,789.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>16b</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>17</b>	<b>4,610,956.</b>	<b>5,107,467.</b>
<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	<b>7,300,649.</b>	<b>8,215,654.</b>
<b>19</b> Revenue less expenses - Subtract line 18 from line 12	<b>19</b>	<b>2,691,771.</b>	<b>1,972,432.</b>
		<b>Beginning of Year</b>	<b>End of Year</b>
<b>20</b> Total assets (Part X, line 16)	<b>20</b>	<b>28,276,439.</b>	<b>26,782,709.</b>
<b>21</b> Total liabilities (Part X, line 26)	<b>21</b>	<b>2,161,015.</b>	<b>3,235,544.</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	<b>26,115,424.</b>	<b>23,547,165.</b>



**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** ▶ *Nancy R. Frankel* Signature of officer Date **5/14/10**  
 ▶ **NANCY FRANKEL, COO** Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature: *[Signature]* Date: **5-14-10** Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: **SELLERS RICHARDSON HOLMAN & WEST, LLP**  
**216 SUMMIT BOULEVARD, STE 300**  
**BIRMINGHAM, AL 35243**  
 EIN ▶ \_\_\_\_\_ Phone no. ▶ **205-278-0001**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION *9-15/10*

THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE

Form 990 (2008)

04-2284338 Page 2

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  
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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 716,457. including grants of \$ ) (Revenue \$ )  
PUBLISHING MONTHLY EDUCATIONAL PERIODICAL

4b (Code: ) (Expenses \$ 582,378. including grants of \$ ) (Revenue \$ )  
COMMITTEES AND SPECIAL INTEREST GROUPS

4c (Code: ) (Expenses \$ 2,804,416. including grants of \$ ) (Revenue \$ )  
ANNUAL MEETING-LECTURES

4d Other program services. (Describe in Schedule O)  
(Expenses \$ 162,155. including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 4,265,406. (Must equal Part IX, Line 25, column (B))

**THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**

Form 990 (2008)

04-2284338 Page 3

**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>	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
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>		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<b>X</b>	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where 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>		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>X</b>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>X</b>	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the U S ?		<b>X</b>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>		<b>X</b>
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, Part II</i>	<b>X</b>	
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, Part III</i>		<b>X</b>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>X</b>	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
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 questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>		<b>X</b>
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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>		<b>X</b>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
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>		<b>X</b>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>

Form 990 (2008)

**THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**

Form 990 (2008)

04-2284338 Page 4

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> 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>		<b>X</b>
<b>33</b> 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>		<b>X</b>
<b>34</b> 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>	<b>X</b>	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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>		<b>X</b>

Form 990 (2008)

**THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**

Form 990 (2008)

04-2284338 Page 5

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	103	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	30	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
<b>b</b> If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
<b>c</b> If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
<b>6a</b> Did the organization solicit any contributions that were not tax deductible?	6a		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d		
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
<b>8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
<b>9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
<b>10 Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>			
<b>a</b> Gross income from members or shareholders	11a		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>	12b		

Form 990 (2008)

**THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body		
<b>1b</b> Enter the number of voting members that are independent		
<b>2</b> 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?		<b>X</b>
<b>3</b> 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?		<b>X</b>
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		<b>X</b>
<b>6</b> Does the organization have members or stockholders?	<b>X</b>	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<b>X</b>	
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<b>X</b>	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9a</b> Does the organization have local chapters, branches, or affiliates?	<b>X</b>	
<b>9b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	<b>X</b>	
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	<b>X</b>	
<b>11</b> Is there any officer, director or 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	<b>X</b>	

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>X</b>	
<b>13</b> Does the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b> Does the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b> 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:		
<b>a</b> The organization's CEO, Executive Director, or top management official?	<b>X</b>	
<b>b</b> Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	<b>X</b>	
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **NANCY FRANKEL - 205-978-5000**  
**1209 MONTGOMERY HIGHWAY, BIRMINGHAM, AL 35216-2809**

**THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**

Form 990 (2008)

04-2284338 Page 7

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List 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 the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
R. DALE MCCLURE, M.D. PRESIDENT	2.00	X		X			0.	0.	32,872.	
WILLIAM E. GIBBONS, M.D. PRESIDENT ELECT	2.00	X		X			0.	0.	14,581.	
ROGERIO A. LOBO, M.D. VICE-PRESIDENT	2.00	X		X			0.	0.	5,526.	
G. DAVID ADAMSON, M.D. IMMEDIATE PAST PRESIDENT	2.00	X		X			0.	0.	28,814.	
STEVEN J. ORY PAST PRESIDENT	2.00	X		X			0.	0.	8,930.	
CATHERINE RACOWSKY, PH.D SECRETARY	2.00	X		X			0.	0.	3,335.	
STUART S. HOWARDS, M.D. TREASURER	2.00	X		X			0.	0.	7,177.	
ROBERT W. REBAR, M.D. EXECUTIVE DIRECTOR	60.00	X		X	X		316,300.	0.	59,221.	
OWEN K. DAVIS, M.D. DIRECTOR	2.00	X					0.	0.	6,069.	
ELIZABETH E. PUSCHECK, M DIRECTOR	2.00	X					0.	0.	191.	
RICHARD J. PAULSON, M.D. DIRECTOR	2.00	X					0.	0.	2,263.	
WILLIAM D. SCHLAFF, M.D. DIRECTOR	2.00	X					0.	0.	3,098.	
NANNETTE F. SANTORO, M.D DIRECTOR, SREI ALTERNATE	2.00	X					0.	0.	10,019.	
REBECCA Z. SOKOL, M.D. DIRECTOR	2.00	X					0.	0.	5,703.	
KEITH B. ISAACSON, M.D. SRS REPRESENTATIVE	2.00	X					0.	0.	7,418.	
ANTHONY LUCIANO, M.D. SRS ALTERNATIVE REPRESEN	2.00	X					0.	0.	968.	
ELIZABETH S. GINSBURG, M SART REPRESENTATIVE	2.00	X					0.	0.	2,856.	

**THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**

Form 990 (2008)

04-2284338 Page 8

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK D. HORNSTEIN, M.D. SART ALTERNATIVE REPRESE	2.00	X					0.	0.	3,640.	
ROBERT E. BRANNIGAN, M.D. SMRU REPRESENTATIVE	2.00	X					0.	0.	4,246.	
NANCY L. BRACKETT, PH.D. SMRU ALTERNATIVE REPRESE	2.00	X					0.	0.	554.	
BRUCE R. CARR, M.D. SREI REPRESENTATIVE	2.00	X					0.	0.	5,368.	
NANCY FRANKEL CHIEF OPERATING OFFICER	60.00	X		X	X		194,450.	0.	44,610.	
ANDREW R. LABARBERA, PH. SCIENTFIC DIRECTOR	60.00	X		X	X		124,665.	0.	31,200.	
SEAN TIPTON DIRECTOR OF PUBLIC AFFAI	60.00			X	X		130,050.	0.	33,729.	
<b>1b Total</b>							<b>765,465.</b>	<b>0.</b>	<b>322,388.</b>	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in 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 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

(A) Name and business address	(B) Description of services	(C) Compensation
SMG FOOD & BEVERAGE, LLC 747 HOWARD STREET, SAN FRANCISCO, CA 94103	FOOD & BEVERAGE	498,942.
BLUE CROSS BLUE SHIELD PO BOX 360037, BIRMINGHAM, AL 35236-0037	INSURANCE	173,005.
THE BERNDT GROUP 3618 FALLS ROAD, BALTIMORE, MD 21211	WEB DESIGN	151,036.
PRINT USA, LLC, 112 WALTER DAVIS DRIVE, BIRMINGHAM, AL 35209	PRINTING	136,155.
ALAN DECHERNEY 11210 S. GLEN ROAD, POTOMAC, MD 20854	EDITOR	132,720.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 8

**THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**

Form 990 (2008)

04-2284338 Page 9

<b>Part VIII Statement of Revenue</b>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1 a Federated campaigns <b>1a</b>				
	b Membership dues <b>1b</b>				
	c Fundraising events <b>1c</b>				
	d Related organizations <b>1d</b>				
	e Government grants (contributions) <b>1e</b>				
	f All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	4014610.			
	g Noncash contributions included in lines 1a-1f \$				
	<b>h Total. Add lines 1a-1f</b>	4,014,610.			
<b>Program Service Revenue</b>	2 a <b>SALE OF EDUCATIONAL MA</b> <b>Business Code</b>	541800	1,282,832.	1,282,832.	
	b <b>PUBLICATION OF JOURNAL</b>	541800	1,049,705.	1,049,705.	
	c <b>MEMBERSHIP DUES</b>	541800	1,008,334.	1,008,334.	
	d <b>ANNUAL MEETING</b>	541800	886,855.	886,855.	
	e <b>POST GRADUATE COURSES</b>	541800	713,590.	713,590.	
	f All other program service revenue	541800	105,500.		105,500.
	<b>g Total. Add lines 2a-2f</b>		5,046,816.		
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		941,683.	
4 Income from investment of tax-exempt bond proceeds					
5 Royalties			11,722.	11,722.	
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			
b Less: cost or other basis and sales expenses		41,248. 76.			
c Gain or (loss)		<36,000.> <76.>			
d Net gain or (loss)			<36,076.>	<36,076.>	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a			
b Less: direct expenses		b			
c Net income or (loss) from fundraising events					
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 <b>Business Code</b>					
11 a <b>OTHER REVENUE</b>	541800	191,846.	191,846.		
b <b>ENDOWMENTS</b>	541800	9,500.	9,500.		
c <b>MAILING LIST ROYALTIES</b>	541800	7,985.	7,985.		
d All other revenue					
<b>e Total. Add lines 11a-11d</b>		209,331.			
<b>12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e</b>		10188086.5,	126,293.	105,500.	941,683.

**THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**

Form 990 (2008)

04-2284338 Page 10

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	185,398.	185,398.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	13,000.	13,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	974,900.	511,121.	463,779.	
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	1,420,025.	695,078.	724,947.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	223,590.	109,444.	114,146.	
9 Other employee benefits	158,543.	77,604.	80,939.	
10 Payroll taxes	132,731.	64,970.	67,761.	
11 Fees for services (non-employees):				
a Management				
b Legal	86,618.	42,398.	44,220.	
c Accounting	23,450.	11,478.	11,972.	
d Lobbying	47,732.	23,365.	24,367.	
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	792,510.	387,920.	404,590.	
17 Travel	551,578.	269,988.	281,590.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,157,388.	566,522.	590,866.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	121,149.	59,300.	61,849.	
23 Insurance	120,626.	59,044.	61,582.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>PRINTING &amp; PUBLICATIONS</b>	763,466.	373,704.	389,762.	
b <b>EQUIPMENT RENTAL</b>	564,299.	276,215.	288,084.	
c <b>OTHER ADMINISTRATIVE CO</b>	413,856.	202,574.	211,282.	
d <b>HONORARIA</b>	213,065.	213,065.	0.	
e <b>TELEPHONE</b>	77,130.	37,754.	39,376.	
f All other expenses	174,600.	85,464.	89,136.	
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>8,215,654.</b>	<b>4,265,406.</b>	<b>3,950,248.</b>	<b>0.</b>
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**

Form 990 (2008)

04-2284338 Page 11

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	828,612.	1	466,404.
	2 Savings and temporary cash investments	912,911.	2	2,392,918.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	9,177.	4	100,216.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	19,518.	8	19,260.
	9 Prepaid expenses and deferred charges	200,847.	9	227,261.
	10a Land, buildings, and equipment: cost basis	2,946,337.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	1,099,201.		
		1,611,536.	10c	1,847,136.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11	24,593,122.	13	21,516,423.
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	100,716.	15	213,091.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	28,276,439.	16	26,782,709.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	413,209.	17	503,370.
	18 Grants payable		18	
	19 Deferred revenue	1,747,731.	19	2,615,565.
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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		24	
	25 Other liabilities. Complete Part X of Schedule D	75.	25	116,609.
	26 <b>Total liabilities.</b> Add lines 17 through 25	2,161,015.	26	3,235,544.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	25,288,236.	27	22,305,281.
	28 Temporarily restricted net assets	827,188.	28	1,241,884.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	26,115,424.	33	23,547,165.
	34 <b>Total liabilities and net assets/fund balances</b>	28,276,439.	34	26,782,709.

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>X</b>
2b	Were the organization's financial statements audited by an independent accountant?	<b>X</b>	
2c	If "Yes" to lines 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?	<b>X</b>	
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>X</b>
3b	If "Yes," did the organization undergo the required audit or audits?		



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 <b>Total.</b> Add lines 1 - 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 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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"/>		

**THE AMERICAN SOCIETY FOR REPRODUCTIVE**

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4264857.	3637201.	4812428.	4303005.	4014610.	21032101.
<b>2</b> 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	4273090.	3589045.	2386596.	3960386.	5046816.	19255933.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5	8537947.	7226246.	7199024.	8263391.	9061426.	40288034.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	2148762.	1439222.	1556348.	1448901.	1744124.	8337357.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b	2148762.	1439222.	1556348.	1448901.	1744124.	8337357.
<b>8 Public support</b> (Subtract line 7c from line 6)						31950677.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	8537947.	7226246.	7199024.	8263391.	9061426.	40288034.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	600,090.	792,992.	928,152.	987,196.	905,607.	4214037.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	600,090.	792,992.	928,152.	987,196.	905,607.	4214037.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	55,091.	84,220.	110,246.	81,830.	209,331.	540,718.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						45042789.

**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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	70.93 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	69.52 %

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	9.36 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	9.09 %

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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)**

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations described below.  
▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), 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 To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details

- 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 To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-

**THE AMERICAN SOCIETY FOR REPRODUCTIVE**

Schedule C (Form 990 or 990-EZ) 2008

**MEDICINE**

04-2284338 Page 2

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

- A** Check  if the filing organization belongs to an affiliated group.  
**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		159,460.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		159,460.													
<b>d</b> Other exempt purpose expenditures		8,698,920.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		8,858,380.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		592,919.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		148,230.													
<b>h</b> Subtract line 1g from line 1a. Enter -0- if line g is more than line a		0.													
<b>i</b> Subtract line 1f from line 1c. Enter -0- if line f is more than line c		0.													
<b>j</b> 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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2a</b> Lobbying non-taxable amount	480,453.	495,893.	514,644.	592,919.	2,083,909.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,125,864.
<b>c</b> Total lobbying expenditures	93,977.	117,493.	108,785.	159,460.	479,715.
<b>d</b> Grassroots non-taxable amount	120,113.	123,973.	128,661.	148,230.	520,977.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					781,466.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

**THE AMERICAN SOCIETY FOR REPRODUCTIVE**

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

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

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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	
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	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; and Part II-B, line 1i. Also, complete this part for any additional information

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**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

**2008**

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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

- 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 pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
 

	Held at the End of the 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	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?  Yes  No
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_
- 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
- 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.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
  - If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
 

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.
 

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

**THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**

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

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

- a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations  
 d  Loan or exchange programs  
 e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Investment earnings or losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %  
 b Permanent endowment  \_\_\_\_\_ %  
 c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land	421,280.			421,280.
<b>b</b> Buildings	1,411,884.			1,411,884.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment	1,113,173.			1,113,173.
<b>e</b> Other			1,099,201.	<1,099,201.>
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,847,136.



**THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**

Schedule D (Form 990) 2008

04-2284338 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,188,086.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,215,654.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,972,432.
4	Net unrealized gains (losses) on investments	4	<4,540,691.>
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 4-8	9	<4,540,691.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<2,568,259.>

**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	5,594,255.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	<4,540,691.>
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	<4,540,691.>
3	Subtract line 2e from line 1	3	10,134,946.
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	53,140.
c	Add lines 4a and 4b	4c	53,140.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	10,188,086.

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

1	Total expenses and losses per audited financial statements	1	8,162,514.
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	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,162,514.
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	53,140.
c	Add lines 4a and 4b	4c	53,140.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	8,215,654.

**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, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**INVESTMENT EXPENSES NETTED AGAINST INCOME ON FINANCIAL STATEMENTS: 53140.**

**PART XIII, LINE 4B - OTHER ADJUSTMENTS:**

**INVESTMENT EXPENSES NETTED AGAINST INCOME ON FINANCIAL STATEMENTS: 53140.**

**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE</b>	Employer identification number <b>04-2284338</b>
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**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EUROPE	0	0	PROGRAM SERVICE	SERVICE PROVIDED FOR DEVELOPMENT OF FERTIQOL WEBSITE & SURVEY	17,979.
<b>Totals</b>					17,979.

**THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE**

Schedule F (Form 990) 2008

04-2284338

Page 2

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Use Schedule F-1 (Form 990) if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SERVICE PROVIDED FOR DEVELOPMENT OF FERTIQOL WEBSITE & SURVEY	17,979	CHECK	0	N/A	BOOK

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.

OMB No. 1545-0047

2008

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

Open to Public  
Inspection

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** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

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
BOARD OF REGENTS/ UNIVERSITY OF WISCONSIN SYSTEM - 1 S PARK ST. 5TH FLOOR - MADISON, WI 53715	39-1805963		25,000.	0.			ADVANCEMENT OF THE ART, SCIENCE, & PRACTICE OF REPRODUCTIVE MEDICINE
BRIGHAM & WOMEN'S HOSPITAL P.O. BOX 3149 BOSTON, MA 02241			25,000.	0.			ADVANCEMENT OF THE ART, SCIENCE, & PRACTICE OF REPRODUCTIVE MEDICINE
DHHS/NIH/NICHD BUILDING 10, CRC, ROOM 1-3140, 10 CENTER DRIVE, MSC 1109 - BETHESDA, MD 2089			30,000.	0.			ADVANCEMENT OF THE ART, SCIENCE, & PRACTICE OF REPRODUCTIVE MEDICINE
WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST LOUIS, MO 63112	43-0653611		25,000.	0.			ADVANCEMENT OF THE ART, SCIENCE, & PRACTICE OF REPRODUCTIVE MEDICINE
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
MARINE BIOLOGY LAB 7 MBL STREET WOODS HOLE, MA 02543	04-2104690	501(C)(3)	10,000.	0.			ADVANCEMENT OF THE ART, SCIENCE, & PRACTICE OF REPRODUCTIVE MEDICINE

2 Enter total number of section 501(c)(3) and government organizations **3.**  
3 Enter total number of other organizations **4.**

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2008

**THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRANT	13	13,000.	0.		

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

**PART II, LINE 1, COLUMN (H):**

**NAME OF ORGANIZATION OR GOVERNMENT:**

**BOARD OF REGENTS/ UNIVERSITY OF WISCONSIN SYSTEM**

**(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCEMENT OF THE ART, SCIENCE, & PRACTICE OF REPRODUCTIVE MEDICINE**

**ADVANCEMENT OF THE ART, SCIENCE, & PRACTICE OF REPRODUCTIVE MEDICINE**



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008**

Open to Public Inspection

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

Employer identification number  
**04-2284338**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input 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)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input 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>1b</b> If line 1a is 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										
<b>2</b> 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?										
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a:										
<b>a</b> Receive a severance payment or change of control payment?		<b>X</b>								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>X</b>								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>X</b>								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III										
<b>Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.</b>										
<b>5</b> 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:										
<b>a</b> The organization?		<b>X</b>								
<b>b</b> Any related organization?		<b>X</b>								
If "Yes," to line 5a or 5b, describe in Part III.										
<b>6</b> 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										
<b>a</b> The organization?		<b>X</b>								
<b>b</b> Any related organization?		<b>X</b>								
If "Yes" to line 6a or 6b, describe in Part III.										
<b>7</b> 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		<b>X</b>								
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		<b>X</b>								

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

Schedule J (Form 990) 2008



**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

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 PUBLICATIONS**

**EXPENSES \$ 162155. 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**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

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 A, LINE 10: 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 2C**

**THE PROCESS FOR SELECTION OF AN INDEPENDENT ACCOUNTANT TO PERFORM THE**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**

Employer identification number

**04-2284338**

**AUDIT HAS NOT CHANGED FROM THE PREVIOUS YEAR.**





**THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**

**Part V Transactions With Related Organizations**

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

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

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

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

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

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

**e** Loans or loan guarantees by other organization(s)

**f** Sale of assets to other organization(s)

**g** Purchase of assets from other organization(s)

**h** Exchange of assets

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

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

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

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

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

**n** Sharing of paid employees

**o** Reimbursement paid to other organization for expenses

**p** Reimbursement paid by other organization for expenses

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

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

**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(s)	(B) Transaction type (a-r)	(C) Amount involved
<b>(1)</b>			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



**ASRM**  
**Depreciation Expense Report**  
**As of June 30, 2009**

Book = Internal  
 FYE Month = June

Sys No	In Svc Date	Acquired Value	P T	Depr Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Pnor Thru	Pnor Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
Location = 1209													
000016	SHELVING												
	01/01/84	3,560.00	P	SLHY	05 00	0.00	3,560.00	05/31/09	3,560.00	0.00	0.00	3,560.00	
000017	BOOKCASE												
	01/01/84	122.00	P	SLHY	05 00	0.00	122.00	04/30/09	122.00	0.00	0.00	122.00	d
000018	2 CHAIRS												
	01/01/84	400.00	P	SLHY	05 00	0.00	400.00	04/30/09	400.00	0.00	0.00	400.00	d
000019	COMPUTER CART												
	01/01/84	542.00	P	SLHY	05 00	0.00	542.00	04/30/09	542.00	0.00	0.00	542.00	d
000020	CHAIR & DESK												
	01/01/84	1,030.00	P	SLHY	05 00	0.00	1,030.00	05/31/09	1,030.00	0.00	0.00	1,030.00	
000021	2 TABLES, 2 CHAIRS												
	01/01/84	1,276.00	P	SLHY	05 00	0.00	1,276.00	05/31/09	1,276.00	0.00	0.00	1,276.00	
000022	2 LAMPS, 1 PICTURE												
	01/01/84	610.00	P	SLHY	05 00	0.00	610.00	05/31/09	610.00	0.00	0.00	610.00	
000023	2 PICTURES, 1 LAMP												
	01/01/84	386.00	P	SLHY	05 00	0.00	386.00	05/31/09	386.00	0.00	0.00	386.00	
000024	TABLE DESK												
	01/01/84	677.00	P	SLHY	05 00	0.00	677.00	05/31/09	677.00	0.00	0.00	677.00	
000025	SHELVING												
	01/01/84	325.00	P	SLHY	05 00	0.00	325.00	05/31/09	325.00	0.00	0.00	325.00	
000026	LAMP												
	01/01/84	221.00	P	SLHY	05 00	0.00	221.00	05/31/09	221.00	0.00	0.00	221.00	
000027	CONSOLE												
	01/01/84	534.00	P	SLHY	05 00	0.00	534.00	04/30/09	534.00	0.00	0.00	534.00	d
000028	CHEST												
	01/01/84	579.00	P	SLHY	05 00	0.00	579.00	05/31/09	579.00	0.00	0.00	579.00	
000030	2 ARM CHAIRS												
	01/01/84	442.00	P	SLHY	05 00	0.00	442.00	05/31/09	442.00	0.00	0.00	442.00	
000031	CONF TABLE, 12 CHAIRS												
	01/01/84	7,105.00	P	SLHY	05 00	0.00	7,105.00	05/31/09	7,105.00	0.00	0.00	7,105.00	
000032	2 PICTURES												
	01/01/84	241.00	P	SLHY	05 00	0.00	241.00	05/31/09	241.00	0.00	0.00	241.00	
000033	FIXTURES												
	01/01/84	1,614.00	P	SLHY	05 00	0.00	1,614.00	05/31/09	1,614.00	0.00	0.00	1,614.00	
000041	2 EXEC CHAIRS												
	01/01/84	592.00	P	SLHY	05 00	0.00	592.00	04/30/09	592.00	0.00	0.00	592.00	d
000045	WRITING TABLE & LAMP												
	01/01/85	300.00	P	SLHY	05 00	0.00	300.00	05/31/09	300.00	0.00	0.00	300.00	
000046	BOARD ROOM ACCESSORIES												
	01/01/85	859.00	P	SLHY	05 00	0.00	859.00	05/31/09	859.00	0.00	0.00	859.00	
000048	WOODEN BOOKCASE 7'												
	01/01/85	144.00	P	SLHY	05 00	0.00	144.00	05/31/09	144.00	0.00	0.00	144.00	
000052	FILE CABINET												
	01/01/85	103.00	P	SLHY	05 00	0.00	103.00	05/31/09	103.00	0.00	0.00	103.00	
000053	SCREEN												
	01/01/85	108.00	P	SLHY	05 00	0.00	108.00	04/30/09	108.00	0.00	0.00	108.00	d
000056	2 FILE CABINETS												
	01/01/85	276.00	P	SLHY	05 00	0.00	276.00	05/31/09	276.00	0.00	0.00	276.00	
000057	GLASS FOR CONF TABLE												
	01/01/86	186.00	P	SLHY	05 00	0.00	186.00	04/30/09	186.00	0.00	0.00	186.00	d
000059	BOOKCASE												
	01/01/86	177.00	P	SLHY	05 00	0.00	177.00	05/31/09	177.00	0.00	0.00	177.00	

**ASRM**  
**Depreciation Expense Report**  
**As of June 30, 2009**

Book = Internal  
 FYE Month = June

Sys No	In Svc Date	Acquired Value	P T	Depr Meth	Est Life	Salv / 168(k) Sec 179	Deprecable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
Location = 1209													
000061	INSULATED FILE CABINET												
	01/01/86	989.00	P	SLHY	05 00	0.00	989.00	05/31/09	989.00	0.00	0.00	989.00	
000064	FILE CABINET												
	01/01/86	182.00	P	SLHY	05 00	0.00	182.00	05/31/09	182.00	0.00	0.00	182.00	
000065	2 BOOKCASED												
	01/01/86	353.00	P	SLHY	05 00	0.00	353.00	05/31/09	353.00	0.00	0.00	353.00	
000069	WORK TABLE & CHAIRS												
	01/01/86	303.00	P	SLHY	05 00	0.00	303.00	05/31/09	303.00	0.00	0.00	303.00	
000071	ACRYLIC CHAIR MAT												
	01/01/86	205.40	P	SLHY	05 00	0.00	205.40	04/30/09	205.40	0.00	0.00	205.40	d
000072	WORK STATION												
	01/01/86	275.00	P	SLHY	05 00	0.00	275.00	04/30/09	275.00	0.00	0.00	275.00	d
000073	TYPEWRITER												
	01/01/86	805.00	P	SLHY	05 00	0.00	805.00	04/30/09	805.00	0.00	0.00	805.00	d
000074	WORK STATION												
	01/01/86	539.00	P	SLHY	05 00	0.00	539.00	04/30/09	539.00	0.00	0.00	539.00	d
000075	MICROFILE VIEWER												
	01/01/86	444.00	P	SLHY	05 00	0.00	444.00	04/30/09	444.00	0.00	0.00	444.00	d
000076	4 CHAIRS												
	01/01/86	647.00	P	SLHY	05 00	0.00	647.00	05/31/09	647.00	0.00	0.00	647.00	
000083	2 WORK TABLES												
	05/28/87	255.00	P	SLHY	05 00	0.00	255.00	05/31/09	255.00	0.00	0.00	255.00	
000084	TRANSCRIBER/RECORDER												
	11/17/87	266.00	P	SLHY	05 00	0.00	266.00	04/30/09	266.00	0.00	0.00	266.00	d
000087	EXECUTIVE DESK												
	01/05/88	902.00	P	SLHY	05 00	0.00	902.00	05/31/09	902.00	0.00	0.00	902.00	
000088	CREDENZA												
	01/05/88	696.00	P	SLHY	05 00	0.00	696.00	05/31/09	696.00	0.00	0.00	696.00	
000090	GUEST CHAIR												
	01/05/88	284.00	P	SLHY	05 00	0.00	284.00	04/30/09	284.00	0.00	0.00	284.00	d
000091	GUEST CHAIR												
	01/05/88	284.00	P	SLHY	05 00	0.00	284.00	04/30/09	284.00	0.00	0.00	284.00	d
000092	CONFERENCE TABLE												
	01/05/88	1,232.75	P	SLHY	05 00	0.00	1,232.75	05/31/09	1,232.75	0.00	0.00	1,232.75	
000093	2 GUEST CHAIRS												
	01/05/88	568.00	P	SLHY	05 00	0.00	568.00	04/30/09	568.00	0.00	0.00	568.00	d
000094	OFFICE FURNITURE												
	02/22/88	1,114.94	P	SLHY	05 00	0.00	1,114.94	05/31/09	1,114.94	0.00	0.00	1,114.94	
000095	DESK AND ACCESSORIES												
	07/01/88	691.26	P	SLHY	05 00	0.00	691.26	05/31/09	691.26	0.00	0.00	691.26	
000096	SHELFING,BRACES,BOX												
	02/09/88	1,980.72	P	SLHY	05 00	0.00	1,980.72	05/31/09	1,980.72	0.00	0.00	1,980.72	
000097	CHAIR												
	07/01/88	195.00	P	SLHY	05 00	0.00	195.00	04/30/09	195.00	0.00	0.00	195.00	d
000099	SECRETARIAL DESK												
	03/07/88	746.86	P	SLHY	05 00	0.00	746.86	05/31/09	746.86	0.00	0.00	746.86	
000106	WALNUT BOOKCASE												
	03/16/88	118.00	P	SLHY	05 00	0.00	118.00	05/31/09	118.00	0.00	0.00	118.00	
000112	WALNUT BOOKCASE												
	03/23/88	109.00	P	SLHY	05 00	0.00	109.00	05/31/09	109.00	0.00	0.00	109.00	
000113	GLOBAL CHAIR GRAY												
	03/23/88	116.00	P	SLHY	05 00	0.00	116.00	04/30/09	116.00	0.00	0.00	116.00	d

**ASRM**  
**Depreciation Expense Report**  
**As of June 30, 2009**

Book = Internal  
 FYE Month = June

Sys No	In Svc Date	Acquired Value	P T	Depr Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Pnor Thru	Pnor Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
Location = 1209													
000114	BILEVEL STATION												
	03/30/88	145.26	P	SLHY	05 00	0.00	145.26	04/30/09	145.26	0.00	0.00	145.26	d
000115	ADJUSTABLE TABLE												
	03/30/88	88.00	P	SLHY	05 00	0.00	88.00	05/31/09	88.00	0.00	0.00	88.00	
000116	FILE DRAWERS												
	05/01/88	2,462.07	P	SLHY	05 00	0.00	2,462.07	05/31/09	2,462.07	0.00	0.00	2,462.07	
000119	VIRCRO TABLE												
	08/01/88	155.36	P	SLHY	05 00	0.00	155.36	04/30/09	155.36	0.00	0.00	155.36	d
000120	BOOKCASE, DESK, CHAIR												
	08/01/88	789.66	P	SLHY	05 00	0.00	789.66	05/31/09	789.66	0.00	0.00	789.66	
000121	WALNUT BOOKCASE												
	09/01/88	147.66	P	SLHY	05 00	0.00	147.66	05/31/09	147.66	0.00	0.00	147.66	
000124	DESK, CRT TABLE, DRAWERS												
	11/01/88	959.79	P	SLHY	05 00	0.00	959.79	05/31/09	959.79	0.00	0.00	959.79	
000125	1 CHAIR												
	12/01/88	226.84	P	SLHY	05 00	0.00	226.84	05/31/09	226.84	0.00	0.00	226.84	
000126	BOOKCASE												
	12/01/88	365.51	P	SLHY	05 00	0.00	365.51	05/31/09	365.51	0.00	0.00	365.51	
000139	BOOKCASE												
	07/01/88	85.00	P	SLHY	05 00	0.00	85.00	05/31/09	85.00	0.00	0.00	85.00	
000140	PICTURES												
	04/01/88	300.51	P	SLHY	05 00	0.00	300.51	05/31/09	300.51	0.00	0.00	300.51	
000142	DESK												
	04/14/88	130.00	P	SLHY	05 00	0.00	130.00	05/31/09	130.00	0.00	0.00	130.00	
000143	CHAIR												
	04/14/88	140.57	P	SLHY	05 00	0.00	140.57	05/31/09	140.57	0.00	0.00	140.57	
000144	TWO DRAWER FILE CABINET												
	04/14/88	108.07	P	SLHY	05 00	0.00	108.07	05/31/09	108.07	0.00	0.00	108.07	
000149	LASER POINTER												
	04/07/89	340.00	P	SLHY	05 00	0.00	340.00	04/30/09	340.00	0.00	0.00	340.00	d
000150	COMPUTER CHAIR												
	03/07/89	175.00	P	SLHY	05 00	0.00	175.00	04/30/09	175.00	0.00	0.00	175.00	d
000151	WALNUT BOOKCASE												
	05/16/89	620.00	P	SLHY	05 00	0.00	620.00	05/31/09	620.00	0.00	0.00	620.00	
000152	COMPUTER CHAIR												
	06/21/89	249.00	P	SLHY	05 00	0.00	249.00	04/30/09	249.00	0.00	0.00	249.00	d
000153	WALNUT BOOKCASE												
	06/21/89	112.00	P	SLHY	05 00	0.00	112.00	05/31/09	112.00	0.00	0.00	112.00	
000154	6 FOLDING TABLES												
	06/21/89	337.00	P	SLHY	05 00	0.00	337.00	05/31/09	337.00	0.00	0.00	337.00	
000155	WALNUT CONF TABLE												
	06/21/89	340.00	P	SLHY	05 00	0.00	340.00	05/31/09	340.00	0.00	0.00	340.00	
000156	4 GRAY GUEST CHAIRS												
	06/21/89	516.00	P	SLHY	05 00	0.00	516.00	05/31/09	516.00	0.00	0.00	516.00	
000158	DESK ATTACHMENT												
	10/01/89	145.00	P	SLHY	05 00	0.00	145.00	05/31/09	145.00	0.00	0.00	145.00	
000159	DESK												
	10/01/89	135.00	P	SLHY	05 00	0.00	135.00	05/31/09	135.00	0.00	0.00	135.00	
000150	DRAWERS/DRAWER FILES												
	10/01/89	348.00	P	SLHY	05 00	0.00	348.00	05/31/09	348.00	0.00	0.00	348.00	
000161	3 CHAIRS												
	10/02/89	380.00	P	SLHY	05 00	0.00	380.00	04/30/09	380.00	0.00	0.00	380.00	d

**ASRM**  
**Depreciation Expense Report**  
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Location = 1209													
000163	TYPEWRITER												
	12/01/89	883.66	P	SLHY	05 00	0.00	883.66	04/30/09	883.66	0.00	0.00	883.66	d
000165	MO 4202 DELEAVER												
	01/15/90	887.14	P	SLHY	05 00	0.00	887.14	05/31/09	887.14	0.00	0.00	887.14	
000166	PANELS & SHELF												
	01/15/90	667.00	P	SLHY	05 00	0.00	667.00	04/30/09	667.00	0.00	0.00	667.00	d
000167	WHEELWRITER 6												
	02/06/90	883.66	P	SLHY	05 00	0.00	883.66	04/30/09	883.66	0.00	0.00	883.66	d
000168	TABLE LIGHT & CABINET												
	03/07/90	2,853.59	P	SLHY	05 00	0.00	2,853.59	05/31/09	2,853.59	0.00	0.00	2,853.59	
000172	SOFA & FILE CAB ANDREWS												
	05/11/90	1,902.46	P	SLHY	05 00	0.00	1,902.46	05/31/09	1,902.46	0.00	0.00	1,902.46	
000173	FURNITURE/ANDREWS												
	05/23/90	618.46	P	SLHY	05 00	0.00	618.46	05/31/09	618.46	0.00	0.00	618.46	
000178	ALUM CASES												
	08/15/90	1,239.15	P	SLHY	05 00	0.00	1,239.15	05/31/09	1,239.15	0.00	0.00	1,239.15	
000180	FURN FOR REC AREA												
	11/26/90	778.96	P	SLHY	05 00	0.00	778.96	05/31/09	778.96	0.00	0.00	778.96	
000181	2140												
	01/25/91	790.73	P	SLHY	05 00	0.00	790.73	04/30/09	790.73	0.00	0.00	790.73	d
000182	TV												
	02/13/91	495.06	P	SLHY	05 00	0.00	495.06	04/30/09	495.06	0.00	0.00	495.06	d
000183	VCR												
	02/13/91	299.97	P	SLHY	05 00	0.00	299.97	04/30/09	299.97	0.00	0.00	299.97	d
000187	CHAIRS / VISSCHER												
	02/22/91	3,709.69	P	SLHY	05 00	0.00	3,709.69	05/31/09	3,709.69	0.00	0.00	3,709.69	
000188	DESK & CREDENZA												
	03/01/91	6,827.67	P	SLHY	05 00	0.00	6,827.67	05/31/09	6,827.67	0.00	0.00	6,827.67	
000189	TABLE - COMPUTER												
	03/01/91	373.43	P	SLHY	05 00	0.00	373.43	04/30/09	373.43	0.00	0.00	373.43	d
000191	CHAIR												
	05/01/91	352.03	P	SLHY	05 00	0.00	352.03	04/30/09	352.03	0.00	0.00	352.03	d
000197	NORELCO TRANSCRIBER												
	01/10/92	538.92	P	SLHY	05 00	0.00	538.92	04/30/09	538.92	0.00	0.00	538.92	d
000198	LASER-E												
	02/01/92	1,150.25	P	SLHY	05 00	0.00	1,150.25	04/30/09	1,150.25	0.00	0.00	1,150.25	d
000204	SECRETARIAL DESK												
	01/01/93	1,546.15	P	SLHY	07 00	0.00	1,546.15	05/31/09	1,546.15	0.00	0.00	1,546.15	
000205	SECRETARIAL DESK												
	01/01/93	1,546.15	P	SLHY	07 00	0.00	1,546.15	05/31/09	1,546.15	0.00	0.00	1,546.15	
000206	SECRETARIAL DESK												
	01/01/93	1,546.15	P	SLHY	07 00	0.00	1,546.15	05/31/09	1,546.15	0.00	0.00	1,546.15	
000207	SECRETARIAL DESK												
	01/01/93	1,546.15	P	SLHY	07 00	0.00	1,546.15	05/31/09	1,546.15	0.00	0.00	1,546.15	
000208	SECRETARIAL DESK												
	01/01/93	1,615.70	P	SLHY	07 00	0.00	1,615.70	05/31/09	1,615.70	0.00	0.00	1,615.70	
000209	EXECUTIVE DESK												
	01/01/93	2,077.94	P	SLHY	07 00	0.00	2,077.94	05/31/09	2,077.94	0.00	0.00	2,077.94	
000210	EXECUTIVE DESK												
	01/01/93	2,077.94	P	SLHY	07 00	0.00	2,077.94	05/31/09	2,077.94	0.00	0.00	2,077.94	
000211	LATERAL FILE												
	01/01/93	1,110.66	P	SLHY	07 00	0.00	1,110.66	05/31/09	1,110.66	0.00	0.00	1,110.66	

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Location = 1209													
000212	RETURN IN LOBBY												
	01/01/93	372.36	P	SLHY	07 00	0.00	372.36	05/31/09	372.36	0.00	0.00	372.36	
000215	GUEST CHAIRS												
	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/09	295.32	0.00	0.00	295.32	
000216	GUEST CHAIRS												
	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/09	295.32	0.00	0.00	295.32	
000217	GUEST CHAIRS												
	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/09	295.32	0.00	0.00	295.32	
000218	GUEST CHAIRS												
	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/09	295.32	0.00	0.00	295.32	
000219	GUEST CHAIRS												
	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/09	295.32	0.00	0.00	295.32	
000220	GUEST CHAIRS												
	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/09	295.32	0.00	0.00	295.32	
000221	GUEST CHAIRS												
	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/09	295.32	0.00	0.00	295.32	
000222	GUEST CHAIRS												
	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/09	295.32	0.00	0.00	295.32	
000223	GUEST CHAIRS												
	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/09	295.32	0.00	0.00	295.32	
000224	GUEST CHAIRS												
	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/09	295.32	0.00	0.00	295.32	
000225	GUEST CHAIRS												
	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/09	295.32	0.00	0.00	295.32	
000226	GUEST CHAIRS												
	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/09	295.32	0.00	0.00	295.32	
000227	GUEST CHAIRS												
	01/01/93	295.32	P	SLHY	07 00	0.00	295.32	05/31/09	295.32	0.00	0.00	295.32	
000228	VIDEO CABNET												
	01/01/93	1,379.23	P	SLHY	07 00	0.00	1,379.23	04/30/09	1,379.23	0.00	0.00	1,379.23	d
000229	SOFA												
	01/01/93	1,412.40	P	SLHY	07 00	0.00	1,412.40	05/31/09	1,412.40	0.00	0.00	1,412.40	
000230	SECRETARIAL CHAIR												
	01/01/93	192.60	P	SLHY	07 00	0.00	192.60	04/30/09	192.60	0.00	0.00	192.60	d
000231	CONFERENCE CHAIRS												
	01/01/93	288.90	P	SLHY	07 00	0.00	288.90	05/31/09	288.90	0.00	0.00	288.90	
000232	CONFERENCE CHAIRS												
	01/01/93	288.90	P	SLHY	07 00	0.00	288.90	05/31/09	288.90	0.00	0.00	288.90	
000233	CONFERENCE CHAIRS												
	01/01/93	288.90	P	SLHY	07 00	0.00	288.90	05/31/09	288.90	0.00	0.00	288.90	
000234	CONFERENCE CHAIRS												
	01/01/93	288.90	P	SLHY	07 00	0.00	288.90	05/31/09	288.90	0.00	0.00	288.90	
000235	RECEPTION DESK												
	01/01/93	2,849.41	P	SLHY	07 00	0.00	2,849.41	05/31/09	2,849.41	0.00	0.00	2,849.41	
000236	OPEN BOOK CASE												
	01/01/93	754.35	P	SLHY	07 00	0.00	754.35	05/31/09	754.35	0.00	0.00	754.35	
000237	OPEN BOOK CASE												
	01/01/93	754.35	P	SLHY	07 00	0.00	754.35	05/31/09	754.35	0.00	0.00	754.35	
000238	OPEN BOOK CASE												
	01/01/93	754.35	P	SLHY	07 00	0.00	754.35	05/31/09	754.35	0.00	0.00	754.35	
000239	BOOK CASE WITH DOORS												
	01/01/93	762.91	P	SLHY	07 00	0.00	762.91	05/31/09	762.91	0.00	0.00	762.91	

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**Depreciation Expense Report**  
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Location = 1209													
000240	BOOK CASE WITH DOORS												
	01/01/93	762.91	P	SLHY	07 00	000	762.91	05/31/09	762.91	0.00	0.00	762.91	
000241	END TABLE												
	01/01/93	390.55	P	SLHY	07 00	000	390.55	05/31/09	390.55	0.00	0.00	390.55	
000242	END TABLE												
	01/01/93	390.55	P	SLHY	07 00	000	390.55	05/31/09	390.55	0.00	0.00	390.55	
000243	END TABLE												
	01/01/93	338.12	P	SLHY	07 00	000	338.12	05/31/09	338.12	0.00	0.00	338.12	
000244	END TABLE												
	01/01/93	286.78	P	SLHY	07 00	000	286.78	05/31/09	286.78	0.00	0.00	286.78	
000245	CONFERENCE TABLE												
	01/01/93	1,927.05	P	SLHY	07 00	000	1,927.05	05/31/09	1,927.05	0.00	0.00	1,927.05	
000246	CONFERENCE CHAIR												
	01/01/93	375.84	P	SLHY	07 00	000	375.84	05/31/09	375.84	0.00	0.00	375.84	
000247	CONFERENCE CHAIR												
	01/01/93	375.84	P	SLHY	07 00	000	375.84	05/31/09	375.84	0.00	0.00	375.84	
000248	CONFERENCE CHAIR												
	01/01/93	375.84	P	SLHY	07 00	000	375.84	05/31/09	375.84	0.00	0.00	375.84	
000249	CONFERENCE CHAIR												
	01/01/93	375.84	P	SLHY	07 00	000	375.84	05/31/09	375.84	0.00	0.00	375.84	
000250	CONFERENCE TABLE												
	01/01/93	571.38	P	SLHY	07 00	000	571.38	05/31/09	571.38	0.00	0.00	571.38	
000251	BOOKCASE												
	01/01/93	571.38	P	SLHY	07 00	000	571.38	05/31/09	571.38	0.00	0.00	571.38	
000252	BOOKCASE												
	01/01/93	571.38	P	SLHY	07 00	000	571.38	05/31/09	571.38	0.00	0.00	571.38	
000253	BOOKCASE												
	01/01/93	294.25	P	SLHY	07 00	000	294.25	05/31/09	294.25	0.00	0.00	294.25	
000254	BOOKCASE												
	01/01/93	294.25	P	SLHY	07 00	000	294.25	05/31/09	294.25	0.00	0.00	294.25	
000255	CREDENZA												
	01/01/93	909.50	P	SLHY	07 00	000	909.50	05/31/09	909.50	0.00	0.00	909.50	
000257	GUEST CHAIR												
	02/01/93	295.32	P	SLHY	07 00	000	295.32	05/31/09	295.32	0.00	0.00	295.32	
000258	SITE PREPARATION												
	02/01/93	6,686.00	P	SLHY	05 00	000	6,686.00	05/31/09	6,686.00	0.00	0.00	6,686.00	
000261	WORK TABLE												
	03/01/93	546.77	P	SLHY	07 00	000	546.77	05/31/09	546.77	0.00	0.00	546.77	
000262	TYPEWRITER												
	03/01/93	883.66	P	SLHY	05 00	000	883.66	04/30/09	883.66	0.00	0.00	883.66	d
000263	TYPEWRITER												
	03/01/93	883.66	P	SLHY	05 00	000	883.66	04/30/09	883.66	0.00	0.00	883.66	d
000265	CHAIR												
	04/01/93	421.20	P	SLHY	07 00	000	421.20	05/31/09	421.20	0.00	0.00	421.20	
000268	BRONZE PLAQUE												
	05/01/93	1,966.82	P	SLHY	07 00	000	1,966.82	05/31/09	1,966.82	0.00	0.00	1,966.82	
000269	LATERAL FILE EX DIR												
	05/01/93	1,594.08	P	SLHY	07 00	000	1,594.08	05/31/09	1,594.08	0.00	0.00	1,594.08	
000281	APPLE LASERWRITER												
	04/01/94	1,842.10	H	SLHY	05 00	000	1,842.10	04/30/09	1,842.10	0.00	0.00	1,842.10	d
000291	Conference Furniture												
	09/01/94	2,800.00	P	SLHY	05 00	000	2,800.00	05/31/09	2,800.00	0.00	0.00	2,800.00	

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Location = 1209													
000297	6408 CTA PRINTER												
	11/01/95	9,372.24	P	SLHY	05 00	0.00	9,372.24	04/30/09	9,372.24	0.00	0.00	9,372.24	d
000302	LATERAL FILES/W BOOKCASE												
	07/01/96	3,901.95	P	SLHY	07 00	0.00	3,901.95	05/31/09	3,901.95	0.00	0.00	3,901.95	
000303	BOOKCASES												
	07/01/96	1,279.57	P	SLHY	07 00	0.00	1,279.57	05/31/09	1,279.57	0.00	0.00	1,279.57	
000304	SECRETARIAL DESK												
	07/01/96	1,710.17	P	SLHY	07 00	0.00	1,710.17	05/31/09	1,710.17	0.00	0.00	1,710.17	
000306	DESK/WARDROBE												
	08/01/96	6,644.70	P	SLHY	07 00	0.00	6,644.70	05/31/09	6,644.70	0.00	0.00	6,644.70	
000307	ORIENTAL RUG												
	08/01/96	7,796.02	P	SLHY	07 00	0.00	7,796.02	05/31/09	7,796.02	0.00	0.00	7,796.02	
000308	Executive Chair												
	11/01/96	1,334.29	P	SLHY	07 00	0.00	1,334.29	05/31/09	1,334.29	0.00	0.00	1,334.29	
000309	Chairs with well tm												
	01/01/97	1,416.96	P	SLHY	07 00	0.00	1,416.96	05/31/09	1,416.96	0.00	0.00	1,416.96	
000320	COMPUTER - SART												
	12/01/97	2,188.51	P	SLHY	05 00	0.00	2,188.51	04/30/09	2,188.51	0.00	0.00	2,188.51	d
000321	Dell 333												
	04/01/98	3,028.73	P	SLHY	05 00	0.00	3,028.73	04/30/09	3,028.73	0.00	0.00	3,028.73	d
000322	DELL 17 INCH MONITOR												
	04/01/98	732.16	P	SLHY	05 00	0.00	732.16	04/30/09	732.16	0.00	0.00	732.16	d
000325	Lexmark 1620 pnrter												
	06/01/98	1,154.52	P	SLHY	05 00	0.00	1,154.52	04/30/09	1,154.52	0.00	0.00	1,154.52	d
000326	Lexmark s1620 Laser Prit												
	07/01/98	1,154.52	P	SLHY	05 00	0.00	1,154.52	04/30/09	1,154.52	0.00	0.00	1,154.52	d
000327	LEXMARK S1620 LASER PRNT												
	07/01/98	1,154.52	P	SLHY	05 00	0.00	1,154.52	04/30/09	1,154.52	0.00	0.00	1,154.52	d
000328	LEXMARK S1620 LASER PRNT												
	07/01/98	1,154.52	P	SLHY	05 00	0.00	1,154.52	04/30/09	1,154.52	0.00	0.00	1,154.52	d
000329	400 MZ COMPUTER												
	11/01/98	1,716.14	P	SLHY	05 00	0.00	1,716.14	04/30/09	1,716.14	0.00	0.00	1,716.14	d
000330	300 MZ COMPUTER												
	11/01/98	1,154.34	P	SLHY	05 00	0.00	1,154.34	04/30/09	1,154.34	0.00	0.00	1,154.34	d
000331	LEXMARK PRINTER												
	11/01/98	945.00	P	SLHY	05 00	0.00	945.00	04/30/09	945.00	0.00	0.00	945.00	d
000332	EPSON STYLUS COLOR PRINT												
	12/01/98	1,510.92	P	SLHY	05 00	0.00	1,510.92	04/30/09	1,510.92	0.00	0.00	1,510.92	d
000334	LIBRARY BOOKCASES												
	03/01/99	2,724.03	P	SLHY	07 00	0.00	2,724.03	05/31/09	2,724.03	0.00	0.00	2,724.03	
000335	EXECUTIVE DESK												
	03/01/99	4,319.79	P	SLHY	07 00	0.00	4,319.79	05/31/09	4,319.79	0.00	0.00	4,319.79	
000336	LEXMARK PRINTER												
	08/01/99	1,874.88	P	SLHY	05 00	0.00	1,874.88	05/31/09	1,874.88	0.00	0.00	1,874.88	
000337	Computer												
	10/01/99	1,167.48	P	SLHY	05 00	0.00	1,167.48	04/30/09	1,167.48	0.00	0.00	1,167.48	d
000338	Computer												
	10/01/99	1,167.48	P	SLHY	05 00	0.00	1,167.48	04/30/09	1,167.48	0.00	0.00	1,167.48	d
000339	LEXMARK OPRA S825												
	10/01/99	1,067.04	P	SLHY	05 00	0.00	1,067.04	05/31/09	1,067.04	0.00	0.00	1,067.04	
000341	COMPUTER												
	11/01/99	991.44	P	SLHY	05 00	0.00	991.44	04/30/09	991.44	0.00	0.00	991.44	d

**ASRM**  
**Depreciation Expense Report**  
**As of June 30, 2009**

Book = Internal  
 FYE Month = June

Sys No	In Svc Date	Acquired Value	P T	Depr Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Pnor Thru	Pnor Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
Location = 1209													
000342	Computer 12/01/99	1,195.56	P	SLHY	05 00	0.00	1,195.56	04/30/09	1,195.56	0.00	0.00	1,195.56	d
000343	Chairs 02/01/00	728.35	P	SLHY	07 00	0.00	728.35	05/31/09	728.35	0.00	0.00	728.35	
000344	Lateral File 02/01/00	915.62	P	SLHY	07 00	0.00	915.62	05/31/09	915.62	0.00	0.00	915.62	
000345	Server PC 02/01/00	8,283.60	P	SLHY	05 00	0.00	8,283.60	04/30/09	8,283.60	0.00	0.00	8,283.60	d
000346	Network winng 02/01/00	6,004.00	P	SLHY	05 00	0.00	6,004.00	05/31/09	6,004.00	0.00	0.00	6,004.00	
000347	Desk 03/01/00	4,387.77	P	SLHY	07 00	0.00	4,387.77	05/31/09	4,387.77	0.00	0.00	4,387.77	
000348	Desk 03/01/00	2,983.28	P	SLHY	07 00	0.00	2,983.28	05/31/09	2,983.28	0.00	0.00	2,983.28	
000349	File Cabinet 03/01/00	1,291.27	P	SLHY	07 00	0.00	1,291.27	05/31/09	1,291.27	0.00	0.00	1,291.27	
000350	Reception Furniture 03/01/00	433.75	P	SLHY	07 00	0.00	433.75	05/31/09	433.75	0.00	0.00	433.75	
000351	Downstairs Cubical 03/01/00	6,738.30	P	SLHY	07 00	0.00	6,738.30	05/31/09	6,738.30	0.00	0.00	6,738.30	
000352	Rebar's Furniture 04/01/00	10,148.27	P	SLHY	07 00	0.00	10,148.27	05/31/09	10,148.27	0.00	0.00	10,148.27	
000353	Upstairs Cubical Additions 04/01/00	1,784.70	P	SLHY	07 00	0.00	1,784.70	05/31/09	1,784.70	0.00	0.00	1,784.70	
000354	Upstairs Cubical Additions 04/01/00	5,198.08	P	SLHY	07 00	0.00	5,198.08	05/31/09	5,198.08	0.00	0.00	5,198.08	
000355	Upstairs Cubical Additions 04/01/00	10,906.46	P	SLHY	07 00	0.00	10,906.46	05/31/09	10,906.46	0.00	0.00	10,906.46	
000356	Upstairs Cubical Additions 04/01/00	1,357.39	P	SLHY	07 00	0.00	1,357.39	05/31/09	1,357.39	0.00	0.00	1,357.39	
000358	Furniture 09/01/00	3,561.89	P	SLHY	07 00	0.00	3,561.89	05/31/09	3,561.89	0.00	0.00	3,561.89	
000360	Computer 10/01/00	2,035.99	P	SLHY	05 00	0.00	2,035.99	04/30/09	2,035.99	0.00	0.00	2,035.99	d
000361	Lemark Pnriter 11/01/00	1,132.92	P	SLHY	05 00	0.00	1,132.92	05/31/09	1,132.92	0.00	0.00	1,132.92	
000362	Fax Machine 12/01/00	2,808.00	P	SLHY	05 00	0.00	2,808.00	05/31/09	2,808.00	0.00	0.00	2,808.00	
000364	Computer 02/01/01	1,360.80	P	SLHY	05 00	0.00	1,360.80	04/30/09	1,360.80	0.00	0.00	1,360.80	d
000365	Desk for executive area 04/01/01	6,796.87	P	SLHY	07 00	0.00	6,796.87	05/31/09	6,796.87	0.00	0.00	6,796.87	
000366	Desk 04/01/01	6,328.24	P	SLHY	07 00	0.00	6,328.24	05/31/09	6,328.24	0.00	0.00	6,328.24	
000367	Office Furniture 07/01/01	5,426.41	P	SLHY	07 00	0.00	5,426.41	05/31/09	5,426.41	0.00	0.00	5,426.41	
000369	Power Mac 08/01/01	5,981.02	P	SLHY	05 00	0.00	5,981.02	04/30/09	5,981.02	0.00	0.00	5,981.02	d
000370	Laptop Toshiba 06/01/02	2,521.33	P	SLHY	05 00	0.00	2,521.33	04/30/09	2,521.33	0.00	0.00	2,521.33	d
000371	Laptop Gateway 07/01/02	2,208.14	P	SLHY	05 00	0.00	2,208.14	04/30/09	2,208.14	0.00	0.00	2,208.14	d

**ASRM**  
**Depreciation Expense Report**  
**As of June 30, 2009**

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Location = 1209													
000372	Laptop Gateway 09/01/02	2,756.64	P	SLHY	05 00	0.00	2,756.64	04/30/09	2,756.64	0.00	0.00	2,756.64	d
000373	AS400 COMPUTER 12/15/02	48,091.87	P	SLHY	05 00	0.00	48,091.87	05/31/09	48,091.87	0.00	0.00	48,091.87	
000374	Executive Director Furniture 04/01/03	6,592.18	P	MF200	07 00	0.00	6,592.18	05/31/09	5,415.50	49.03	588.34	6,003.84	s
000375	AS 400 COMPUTER 07/01/03	101,239.41	P	SLHY	05 00	0.00	101,239.41	05/31/09	99,552.08	0.00	0.00	99,552.08	
000376	4 DRAWER LATERAL CREDENZA 07/01/03	698.63	P	SLHY	07 00	0.00	698.63	05/31/09	490.73	8.32	99.81	590.54	
000377	4 DRAWER WOOD LATERAL FILE 07/01/03	2,468.81	P	SLHY	07 00	0.00	2,468.81	05/31/09	1,734.05	29.40	352.69	2,086.74	
000378	DATUM LIBRARY SHELVING 09/01/03	7,548.24	P	SLHY	07 00	0.00	7,548.24	05/31/09	5,256.81	89.86	1,078.32	6,335.13	
000379	TOSH S129 LAPTOP 11/01/03	1,519.94	P	SLHY	05 00	0.00	1,519.94	04/30/09	1,443.95	0.00	0.00	1,443.95	d
000380	4 DRAWER LATERAL CREDENZA 07/01/03	1,521.38	P	SLHY	07 00	0.00	1,521.38	05/31/09	1,068.59	18.12	217.34	1,285.93	
000381	bellsouth phone system 06/30/04	24,865.13	P	SLHY	07 00	0.00	24,865.13	05/31/09	15,096.68	296.02	3,552.16	18,648.84	
000382	laser color printer upstairs 07/01/04	2,763.00	P	SLMM	05 00	0.00	2,763.00	05/31/09	2,164.35	46.05	552.60	2,716.95	
000383	bellsouth phone 12/01/04	521.49	P	SLMM	07 00	0.00	521.49	05/31/09	266.96	6.21	74.50	341.46	
000386	air conditioning unit for computer room 06/25/05	6,514.00	P	SLHY	07 00	0.00	6,514.00	05/31/09	3,257.00	77.55	930.57	4,187.57	
000387	14 THERMOSTATES 06/01/05	3,896.00	P	SLHY	07 00	0.00	3,896.00	05/31/09	1,948.00	46.39	556.57	2,504.57	
000389	4 Athlon64 3200 computer system 10/01/05	3,616.62	P	SLHY	05 00	0.00	3,616.62	05/31/09	1,808.30	60.28	723.32	2,531.62	
000390	2 Athlon64 3200 Computer Systems 10/01/05	1,770.16	P	SLHY	05 00	0.00	1,770.16	05/31/09	885.08	29.51	354.03	1,239.11	
000391	Toshiba Protege Laptop 11/16/05	2,505.67	P	SLHY	05 00	0.00	2,505.67	05/31/09	1,252.83	41.77	501.13	1,753.96	
000392	Mac Computer System 11/16/05	2,444.77	P	SLHY	05 00	0.00	2,444.77	05/31/09	1,222.38	40.75	488.95	1,711.33	
000393	4100 black laser fax 11/16/05	287.99	P	SLHY	05 00	0.00	287.99	05/31/09	144.00	4.80	57.60	201.60	
000394	quark software 11/16/05	386.93	P	SLHY	05 00	0.00	386.93	05/31/09	193.47	6.45	77.39	270.86	
000395	quark software 11/16/05	704.76	P	SLHY	05 00	0.00	704.76	05/31/09	352.38	11.75	140.95	493.33	
000396	Mac creative suite software 11/12/05	1,062.63	P	SLHY	05 00	0.00	1,062.63	05/31/09	531.32	17.72	212.53	743.85	
000397	office pro 2003 software 11/12/05	1,700.84	P	SLHY	05 00	0.00	1,700.84	05/31/09	850.42	28.35	340.17	1,190.59	
000398	annual meeting trunks 01/01/06	2,320.00	P	SLHY	07 00	0.00	2,320.00	05/31/09	828.58	27.62	331.43	1,160.01	
000399	Epson Perfection 3590 Photo scanner 03/01/06	197.74	P	SLHY	05 00	0.00	197.74	05/31/09	98.87	3.30	39.55	138.42	
000400	Network Svr Software 03/10/06	603.46	P	SLHY	05 00	0.00	603.46	05/31/09	301.73	10.06	120.69	422.42	

**ASRM**  
**Depreciation Expense Report**  
**As of June 30, 2009**

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Location = 1209													
000401	Adobe Acrobat 7.0 Professional for Macintosh												
	03/01/06	434.91	P	SLHY	05 00	0.00	434.91	05/31/09	217.45	7.25	86.98	304.43	
000402	Desk												
	03/29/06	961.89	P	SLHY	07 00	0.00	961.89	05/31/09	343.53	11.46	137.41	480.94	
000403	Bridge Desk												
	03/29/06	172.21	P	SLHY	07 00	0.00	172.21	05/31/09	61.50	2.05	24.60	86.10	
000404	Credenza												
	03/29/06	629.48	P	SLHY	07 00	0.00	629.48	05/31/09	224.82	7.50	89.93	314.75	
000405	4 Drawer Lateral File												
	03/29/06	1,049.40	P	SLHY	07 00	0.00	1,049.40	05/31/09	374.80	12.50	149.92	524.72	
000406	4 Seagate Webmail Server 80GB												
	04/01/06	327.00	P	SLHY	05 00	0.00	327.00	05/31/09	163.50	5.45	65.40	228.90	
000407	4 Athlon64 3200 System												
	04/01/06	2,759.88	P	SLHY	05 00	0.00	2,759.88	05/31/09	1,379.95	46.00	551.98	1,931.93	
000408	2003 Server Athlon 4800 64 x 2												
	05/01/06	1,714.57	P	SLHY	05 00	0.00	1,714.57	05/31/09	857.28	28.58	342.91	1,200.19	
000409	2003 Exchange Athlon 4800 64 x 2												
	05/01/06	1,618.65	P	SLHY	05 00	0.00	1,618.65	05/31/09	809.33	26.98	323.73	1,133.06	
000410	LCD Projector												
	04/01/06	980.91	P	SLHY	05 00	0.00	980.91	05/31/09	490.45	16.35	196.18	686.63	
000411	Desk												
	04/18/06	1,655.17	P	SLHY	07 00	0.00	1,655.17	05/31/09	591.13	19.71	236.45	827.58	
000412	Credenza												
	04/18/06	894.89	P	SLHY	07 00	0.00	894.89	05/31/09	319.60	10.66	127.84	447.44	
000413	Exchange Server Ent 2003 with 25 Users												
	04/01/06	1,977.85	P	SLHY	05 00	0.00	1,977.85	05/31/09	988.93	32.97	395.57	1,384.50	
000416	Sonic Wall TZ software												
	11/01/06	1,224.88	P	SLMM	05 00	0.00	1,224.88	05/31/09	387.89	20.42	244.98	632.87	
000417	4 desktop computers												
	11/01/06	2,563.68	P	SLMM	05 00	0.00	2,563.68	05/31/09	811.84	42.73	512.74	1,324.58	
000419													
	05/01/07	1,305.83	P	SLMM	05 00	0.00	1,305.83	05/31/09	304.70	21.77	261.17	565.87	
000421	Upstairs Kitchen Appliances												
	06/01/07	4,390.47	P	SLMM	07 00	0.00	4,390.47	05/31/09	679.48	52.27	627.21	1,306.69	
000423	Office Desk and Lateral File												
	07/01/07	1,960.53	P	SLHY	07 00	0.00	1,960.53	05/31/09	140.04	23.34	280.08	420.12	
000424	Office Desk and Credenza												
	07/01/07	2,635.20	P	SLHY	07 00	0.00	2,635.20	05/31/09	188.23	31.38	376.46	564.69	
000425	36" Table Top and Base												
	07/01/07	916.63	P	SLHY	07 00	0.00	916.63	05/31/09	65.47	10.92	130.95	196.42	
000426	4 Chairs												
	07/01/07	1,458.60	P	SLHY	07 00	0.00	1,458.60	05/31/09	104.19	17.37	208.37	312.56	
000427	Lunch Rooms tables and chairs												
	07/01/07	6,674.66	P	SLHY	07 00	0.00	6,674.66	05/31/09	476.76	79.46	953.52	1,430.28	
000428	4 Zody Task Chairs with Mesh Back												
	07/01/07	2,858.91	P	SLHY	07 00	0.00	2,858.91	05/31/09	204.21	34.04	408.42	612.63	
000429	5 Sit On It Mid Back Chairs												
	07/01/07	2,357.12	P	SLHY	07 00	0.00	2,357.12	05/31/09	168.37	28.07	336.73	505.10	
000430	1 HB Task Chair												
	07/01/07	446.11	P	SLHY	07 00	0.00	446.11	05/31/09	31.87	5.32	63.73	95.60	
000431	Upstairs Conference Rooms Audio Visual Equipment												
	09/01/07	12,092.91	P	SLHY	05 00	0.00	12,092.91	05/31/09	1,209.29	201.55	2,418.58	3,627.87	

**ASRM**  
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Location = 1209													
000432	Lateral File												
	09/01/07	758.35	P	SLHY	07 00	0.00	758.35	05/31/09	54.17	9.03	108.34	162.51	
000433	F & S Office Screen												
	10/01/07	512.08	P	SLHY	07 00	0.00	512.08	05/31/09	36.58	6.10	73.16	109.74	
000434	Athlon 64 X 2 Computer and 19" LCD Monitor												
	10/15/07	991.90	P	SLHY	05 00	0.00	991.90	05/31/09	99.19	16.54	198.38	297.57	
000435	Dell Laptop Computer												
	11/01/07	3,312.37	P	SLHY	05 00	0.00	3,312.37	05/31/09	331.24	55.21	662.47	993.71	
000436	Dell Laptop Computer												
	11/01/07	3,312.37	P	SLHY	05 00	0.00	3,312.37	05/31/09	331.24	55.21	662.47	993.71	
000437	1 Zody Task Chair with Mesh Back												
	11/15/07	590.19	P	SLHY	07 00	0.00	590.19	05/31/09	42.16	7.03	84.31	126.47	
000438	Office Desk												
	11/15/07	1,121.52	P	SLHY	07 00	0.00	1,121.52	05/31/09	80.11	13.36	160.22	240.33	
000439	10 Rectangle Tables and 24 MB Task Chairs												
	12/01/07	17,138.90	P	SLHY	07 00	0.00	17,138.90	05/31/09	1,224.21	204.04	2,448.42	3,672.63	
000443	Framed Lithographs												
	01/15/08	1,203.96	P	SLMM	07 00	0.00	1,203.96	05/31/09	86.00	14.34	172.00	258.00	
000446	Laser Pnnter												
	02/10/08	836.49	P	SLMM	05 00	0.00	836.49	05/31/09	69.71	13.95	167.30	237.01	
000449	-IP DV2620US Laptop Computer												
	05/01/08	920.00	P	SLMM	05 00	0.00	920.00	05/31/09	30.67	15.34	184.00	214.67	
000450	Spare Server												
	05/01/08	619.12	P	SLMM	05 00	0.00	619.12	05/31/09	20.64	10.32	123.82	144.46	
000451	Athlon 4200 Computer												
	05/01/08	657.27	P	SLMM	05 00	0.00	657.27	05/31/09	21.91	10.96	131.45	153.36	
000452	SAGE MIP Accounting Software												
	07/01/08	11,977.00	P	SLMM	05 00	0.00	11,977.00	05/31/09	0.00	199.62	2,395.40	2,395.40	
000453	Additional Voice Messaging Seats in Phone System												
	06/01/08	599.50	P	SLMM	05 00	0.00	599.50	05/31/09	9.99	10.00	119.90	129.89	
000454	2 Athlon 4400 Computer systems												
	06/01/08	1,314.54	P	SLMM	05 00	0.00	1,314.54	05/31/09	21.91	21.91	262.91	284.82	
000455	Athlon 4400 Computer System												
	06/01/08	727.03	P	SLMM	05 00	0.00	727.03	05/31/09	12.12	12.12	145.41	157.53	
000456	Computer Components												
	06/01/08	961.38	P	SLMM	05 00	0.00	961.38	05/31/09	16.02	16.03	192.28	208.30	
000457	7 copies of Office 2007												
	06/15/08	721.81	P	SLMM	05 00	0.00	721.81	05/31/09	12.03	12.03	144.36	156.39	
000458	Pedestal Desk with Left Return												
	06/19/08	1,263.78	P	SLMM	07 00	0.00	1,263.78	05/31/09	0.00	15.05	180.54	180.54	
000459	Laser Printer												
	06/15/08	346.48	P	SLMM	05 00	0.00	346.48	05/31/09	5.78	5.78	69.30	75.08	
000460	Hitachi 4000 Projector and Drop Down Screen												
	06/27/08	6,754.48	P	SLMM	05 00	0.00	6,754.48	05/31/09	0.00	112.58	1,350.90	1,350.90	
000461	Acrobat 9.0 Software - 10 copies												
	06/28/08	1,692.54	P	SLMM	05 00	0.00	1,692.54	05/31/09	0.00	28.21	338.51	338.51	
000462	4 Drawer Later File												
	06/25/08	1,331.98	P	SLMM	07 00	0.00	1,331.98	05/31/09	0.00	15.86	190.28	190.28	
000463	Ektron CMS Software												
	06/01/09	17,250.00	P	SLMM	05 00	0.00	17,250.00		0.00	287.50	287.50	287.50	
000465	Euclid Clearvantage AMS Software												
	01/20/09	110,675.00	P	SLMM	05 00	0.00	110,675.00	05/31/09	0.00	1,844.58	9,222.92	9,222.92	

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Location = 1209													
000466	AMS System Implementation												
	01/20/09	2,019.32	P	SLMM	05 00	0.00	2,019.32	05/31/09	0.00	33.65	168.28	168.28	
000467	Sage Accounting Software												
	07/01/08	1,100.00	P	SLMM	05 00	0.00	1,100.00	05/31/09	0.00	18.34	220.00	220.00	
000468	Teleconference Telephone												
	07/15/08	399.99	P	SLMM	05 00	0.00	399.99	05/31/09	0.00	6.67	80.00	80.00	
000469	Desktop Pnnter												
	07/15/08	446.81	P	SLMM	05 00	0.00	446.81	05/31/09	0.00	7.45	89.36	89.36	
000470	Sonic Wall Software												
	08/01/08	1,000.74	P	SLMM	05 00	0.00	1,000.74	05/31/09	0.00	16.68	183.47	183.47	
000471	Athlon Computer System												
	09/01/08	552.63	P	SLMM	05 00	0.00	552.63	05/31/09	0.00	9.22	92.11	92.11	
000472	Tosheba Laptop TOS-R500												
	09/15/08	2,100.49	P	SLMM	05 00	0.00	2,100.49	05/31/09	0.00	35.01	350.08	350.08	
000473	Panel System Reconfig and Repair												
	07/15/08	7,544.08	P	SLMM	07 00	0.00	7,544.08	05/31/09	0.00	89.82	1,077.73	1,077.73	
000474	Athlon Computer System												
	10/15/08	1,030.05	P	SLMM	05 00	0.00	1,030.05	05/31/09	0.00	17.17	154.51	154.51	
000475	AMS Software Development												
	01/20/09	135,012.07	P	SLMM	05 00	0.00	135,012.07	05/31/09	0.00	2,250.20	11,251.01	11,251.01	
000476	AMS Server												
	01/20/09	6,381.79	P	SLMM	05 00	0.00	6,381.79	05/31/09	0.00	106.36	531.82	531.82	
000477	2 SQL Processor License												
	01/20/09	3,130.40	P	SLMM	05 00	0.00	3,130.40	05/31/09	0.00	52.17	260.87	260.87	
000478	Backup System for AMS server												
	01/20/09	1,987.01	P	SLMM	05 00	0.00	1,987.01	05/31/09	0.00	33.11	165.59	165.59	
000480	Rework Workstations												
	01/01/09	2,093.75	P	SLMM	07 00	0.00	2,093.75	05/31/09	0.00	24.93	149.55	149.55	
000481	Pnnter												
	01/01/09	334.68	P	SLMM	05 00	0.00	334.68	05/31/09	0.00	5.58	33.47	33.47	
000482	5 Flat Screen Computer Monitors												
	01/15/09	1,149.95	P	SLMM	05 00	0.00	1,149.95	05/31/09	0.00	19.17	115.00	115.00	
000483	5 Athlon Computer Systems												
	01/25/09	3,270.00	P	SLMM	05 00	0.00	3,270.00	05/31/09	0.00	54.50	272.50	272.50	
000484	Reupholster Panel Systems												
	01/15/09	1,485.34	P	SLMM	07 00	0.00	1,485.34	05/31/09	0.00	17.69	106.10	106.10	
000486	22" Monitor												
	02/15/09	267.05	P	SLMM	05 00	0.00	267.05	05/31/09	0.00	4.46	22.26	22.26	
000487	5 Acer Wide Screen Flat Monitors												
	02/25/09	1,291.65	P	SLMM	05 00	0.00	1,291.65	05/31/09	0.00	21.52	86.11	86.11	
000488	Pnnter												
	02/25/09	616.36	P	SLMM	05 00	0.00	616.36	05/31/09	0.00	10.27	41.09	41.09	
000489	2 Dell Servers												
	03/15/09	8,639.13	P	SLMM	05 00	0.00	8,639.13	05/31/09	0.00	143.99	575.94	575.94	
000490	File Maker Meeting Template												
	03/25/09	2,300.00	P	SLMM	05 00	0.00	2,300.00	05/31/09	0.00	38.33	115.00	115.00	
000491	Desk and Return with Ceter Drawer and Keyboard Tray												
	03/31/09	1,973.64	P	SLMM	07 00	0.00	1,973.64	05/31/09	0.00	23.49	70.49	70.49	
000492	5 Acer Flat Screen Monitors												
	02/01/09	1,095.45	P	SLMM	05 00	0.00	1,095.45	05/31/09	0.00	18.26	91.29	91.29	
000493	Desk with return, two drawer lateral file												
	04/20/09	2,738.75	P	SLMM	07 00	0.00	2,738.75	05/31/09	0.00	32.60	65.21	65.21	

**ASRM**  
**Depreciation Expense Report**  
**As of June 30, 2009**

Book = Internal  
 FYE Month = June

Sys No	In Svc Date	Acquired Value	P T	Depr Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Pnor Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
Location = 1209													
000494	7 Office 2007 Software Updates												
	05/01/09	721.81	P	SLMM	05 00	0 00	721.81	05/31/09	0 00	12 03	24 06	24 06	
000495	Indesign Premium Software, Acrobat 9 0 Software												
	05/15/09	1,837.46	P	SLMM	05 00	0 00	1,837.46	05/31/09	0 00	30.63	61 25	61 25	
000496	1 Dell T3400 Computer System												
	04/20/09	1,363.61	P	SLMM	05 00	0 00	1,363.61	05/31/09	0 00	22.72	45 45	45 45	
000497	12 Dell T3400 Computer Systems												
	05/01/09	13,350.00	P	SLMM	05 00	0 00	13,350.00	05/31/09	0 00	222.50	445 00	445 00	
000498	3 Zody Chairs												
	04/30/09	2,003.52	P	SLMM	07 00	0 00	2,003.52	05/31/09	0 00	23.85	47 70	47 70	
000499	Redesign and Install Cubicles in Downstairs Corner Office												
	05/01/09	2,950.21	P	SLMM	07 00	0 00	2,950.21	05/31/09	0 00	35.12	70 24	70 24	
000500	Dell Computer for Education Department												
	06/01/09	4,140.70	P	SLMM	05 00	0 00	4,140.70		0 00	69.01	69 01	69 01	
000501	Captivate Software for Education Department												
	06/01/09	1,317.88	P	SLMM	05 00	0 00	1,317.88		0 00	21.97	21 97	21 97	
000502	3 Netbook Computers												
	06/15/09	1,086.76	P	SLMM	05 00	0 00	1,086.76		0 00	18.11	18 11	18 11	
Location = 1209		981,952.37				0 00	981,952.37		502,081.48	8,304.69	58,190.66	560,272.14	
Less disposals and transfers		(75,981.52)				0 00	(75,981.52)		(75,905.53)			(75,905.53)	
Count = 63													
Net Subtotal		905,970.85				0 00	905,970.85		426,175.95	8,304.69	58,190.66	484,366.61	
Count = 258													

Location = 1509													
000192	BUILDING												
	07/01/91	788,779.00	R	MF100	31 06	0 00	788,779.00	05/31/09	424,646.84	2,086.72	25,040.60	449,667.44	
000256	BUILDING IMPROVEMENTS												
	01/01/93	91,676.46	R	MF100	31 06	0 00	91,676.46	05/31/09	44,989.31	242.53	2,910.36	47,899.67	
000301	ENERGY MANAGEMENT SYSTEM												
	07/01/96	21,639.00	P	SLHY	15 00	0 00	21,639.00	05/31/09	17,311.20	120.22	1,442.60	18,753.80	
000333	14 HEAT PUMPS												
	12/01/98	50,760.00	P	SLHY	20 00	0 00	50,760.00	05/31/09	25,380.00	211.50	2,538.00	27,918.00	
000418													
	04/16/07	100,420.00	P	SLMM	20 00	0 00	100,420.00	05/31/09	5,831.09	418.42	5,021.00	10,852.09	
000420	Building Renovation Project - 2007												
	06/01/07	174,449.87	R	SLMM	15 00	0 00	174,449.87	05/31/09	12,599.43	969.17	11,629.99	24,229.42	
000422	2007 Renovations												
	10/01/07	167,806.96	R	SLMM	15 00	0 00	167,806.96	05/31/09	8,390.35	932.27	11,187.13	19,577.48	
000441	Building Improvements												
	01/10/08	9,703.00	R	SLFM	15 00	0 00	9,703.00	05/31/09	323.43	53.91	646.87	970.30	
000442	Parking Lot Lighting												
	03/01/08	1,525.00	R	SLFM	15 00	0 00	1,525.00	05/31/09	33.89	8.48	101.67	135.56	
000447	Building Renovation												
	04/15/08	985.00	R	SLFM	15 00	0 00	985.00	05/31/09	16.42	5.48	65.67	82.09	
000448	New Fence In Upper Parking Lot												
	05/01/08	4,140.00	R	SLMM	15 00	0 00	4,140.00	05/31/09	46.00	23.00	276.00	322.00	

**ASRM**  
**Depreciation Expense Report**  
**As of June 30, 2009**

Book = Internal  
 FYE Month = June

Sys No	In Svc Date	Acquired Value	P T	Depr Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
Location = 1509													
		1,411,884.29				0.00	1,411,884.29		539,567.95	5,071.70	60,859.89	600,427.85	
		Less disposals and transfers				0.00	0.00		0.00			0.00	
		Count = 0											
		Net Subtotal				0.00	1,411,884.29		539,567.96	5,071.70	60,859.89	600,427.85	
		Count = 11											
Location = 1509 R													
000193	LAND												
	07/01/91	421,280.00	R	NoDep		0.00	421,280.00	05/31/09	0.00	0.00	0.00	0.00	
Location = 1509 R													
		421,280.00				0.00	421,280.00		0.00	0.00	0.00	0.00	
		Less disposals and transfers				0.00	0.00		0.00			0.00	
		Count = 0											
		Net Subtotal				0.00	421,280.00		0.00	0.00	0.00	0.00	
		Count = 1											
Location = F & S													
000445	Color Printer												
	02/15/08	1,041.14	P	SLMM	05 00	0.00	1,041.14	05/31/09	86.76	17.36	208.23	294.99	
Location = F & S													
		1,041.14				0.00	1,041.14		86.76	17.36	208.23	294.99	
		Less disposals and transfers				0.00	0.00		0.00			0.00	
		Count = 0											
		Net Subtotal				0.00	1,041.14		86.76	17.36	208.23	294.99	
		Count = 1											
Location = WASH													
000299	GATEWAY 2000												
	02/01/96	2,982.00	P	SLHY	05 00	0.00	2,982.00	04/30/09	2,982.00	0.00	0.00	2,982.00	d
000319	COMPUTER NETWORK												
	10/01/97	6,756.90	P	SLHY	05 00	0.00	6,756.90	05/31/09	6,756.90	0.00	0.00	6,756.90	
000357	Dell Lap Top computer												
	08/01/00	2,164.20	P	SLHY	05 00	0.00	2,164.20	04/30/09	2,164.20	0.00	0.00	2,164.20	d
000359	Network computer system												
	09/01/00	9,256.41	P	SLHY	05 00	0.00	9,256.41	04/30/09	9,256.41	0.00	0.00	9,256.41	d
000384	poweredge 1600sc server												
	12/01/04	5,463.69	P	SLMM	05 00	0.00	5,463.69	05/31/09	3,915.65	91.07	1,092.74	5,008.39	
000385	optiplex p4 computer with flat screen												
	12/01/04	1,607.50	P	SLMM	05 00	0.00	1,607.50	05/31/09	1,152.04	26.80	321.50	1,473.54	
000415	Dell Laptop for Sean												
	11/01/06	966.84	P	SLMM	05 00	0.00	966.84	05/31/09	306.17	16.12	193.37	499.54	
000440	Desktop Computer - Eleanor												
	01/15/08	908.01	P	SLHY	05 00	0.00	908.01	05/31/09	90.80	15.14	181.60	272.40	
000485	Dell Laptop Computer												
	01/15/09	865.90	P	SLMM	05 00	0.00	865.90	05/31/09	0.00	14.44	86.59	86.59	
000503	Dell Computer for Wash Staff												
	06/15/09	875.25	P	SLMM	05 00	0.00	875.25		0.00	14.59	14.59	14.59	

**ASRM**  
**Depreciation Expense Report**  
**As of June 30, 2009**

Book = Internal  
 FYE Month = June

Sys No	In Svc Date	Acquired Value	P T Meth	Depr Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
	Location = WASH	31,846 70				0 00	31,846 70		26,624 17	178.16	1,890 39	28,514 56	
	Less disposals and transfers	(14,402 61)				0 00	(14,402 61)		(14,402 61)			(14,402 61)	
	Count = 3												
	Net Subtotal	17,444 09				0 00	17,444 09		12,221 56	178.16	1,890 39	14,111 95	
	Count = 7												
	Grand Total	2,848,004 50				0 00	2,848,004 50		1,068,360 37	13,571 91	121,149 17	1,189,509 54	
	Less disposals and transfers	(90,384.13)				0 00	(90,384.13)		(90,308 14)			(90,308 14)	
	Count = 66												
	Net Grand Total	2,757,620 37				0 00	2,757,620 37		978,052.23	13,571 91	121,149 17	1,099,201 40	
	Count = 278												

----- Report Assumptions -----

Report Name Depreciation Expense  
 Source Report <Standard Report>

Calculation Assumptions

Short Year none  
 Include Sec 168(k) Allowance & Sec 179 No  
 Adjustment Convention None

Key Codes

- a A depreciation adjustment amount is included in the reporting period
- b The asset's business-use percentage is less than 100%
- d The asset has been disposed
- f The asset has switched from a MACRS table calculation to the MACRS formula calculation.
- l The asset's depreciation has been limited by luxury auto rules
- m The asset's depreciation was calculated using the mid-quarter convention
- r The asset's acquired value was reduced to arrive at the depreciable basis
- s The asset has switched from declining-balance to a straight-line
- v The asset has switched to remaining value over remaining life due to ACE

Group/Sorting Criteria

Group = LOCATION  
 Include Assets that meet the following conditions  
 All FAS Assets  
 Sorted by Location (with subtotals), System No

- 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).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
Type or print	Name of Exempt Organization <b>THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE</b>	Employer identification number <b>04-2284338</b>
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1209 MONTGOMERY HIGHWAY</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BIRMINGHAM, AL 35216</b>	

Check type of return to be filed (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

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

**NANCY FRANKEL**

- 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, 2010**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.
- 6 If this tax year 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 NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> 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.	<b>8a</b>	\$	
<b>b</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.	<b>8b</b>	\$	
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>N/A</b>

**Signature and Verification**

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  \_\_\_\_\_

# 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.**

**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*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization <b>THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE</b>	Employer identification number <b>04-2284338</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1209 MONTGOMERY HIGHWAY</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BIRMINGHAM, AL 35216</b>	

Check type of return to be filed (file a separate application for each return).

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**NANCY FRANKEL**

- 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 will cover

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, 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, 2008**, and ending **JUN 30, 2009**

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> 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.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	N/A

**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.