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Form 990-PF (2008) OREGON UROLOGY F	OUNDATION,	INC.		20-1547206	Page 10
PartiXIV Private Operating Foundati	ons (see instru	ictions and Part	VII-A, question 9	9)	N/A
1 a If the foundation has received a ruling or is effective for 2008, enter the date of the				n, and the ruling	
b Check box to indicate whether the founda		perating foundation of	described in section	4942(1)(3) 01	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2008	<b>(b)</b> 2007	(c) 2006	(d) 2005	(e) Total
<b>b</b> 85% of line 2a .					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities.					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon	<u>.</u>				
a 'Assets' allernative test — enter			}		
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter.					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization .					
(4) Gross investment income					
Supplementary Information assets at any time during th Information Regarding Foundation Manag a List any managers of the foundation who had a company to the	<u>e yezr — see in</u> jers: jave contubuted m	ore then 2% of the t	otal contributions re		
close of any tax year (but only if they have NONE	contributed more	than \$5,000) (See :	section 507(d)(2) )		
b List any managers of the foundation who c a partnership or other entity) of which the NONE	own 10% or more of foundation has a 1	of the stock of a corp 0% or greater intere	poration (or an equa est.	lly large portion of th	e ownership of
2 Information Regarding Contribution, Gran	1 Gift Loan Scho	Jarchin etc Progra	mc:		
Check here I if the foundation only m requests for funds. If the foundation makes complete items 2a, b, c, and d	akes contributions	to preselected char	itable organizations	and does not accept	unsolicited conditions,
a The name, address and telephone number	of the person to	whom applications si	hould be addressed:		
SEE STATEMENT 11					
b The form in which applications should be s	Ubmitted and infor	mation and materials	- 4b	·	
	uomittea and inton	mation and materials	s they should includi	ė	
SEE STATEMENT FOR LINE 2A c Any submission deadlines:	· · · · · · · · · · · · · · · · · · ·	<del></del>			
SEE STATEMENT FOR LINE 2A					
d Any restrictions or limitations on awards, su	uch as by geograph	nical areas, charitabl	le fields, kinds of ins	stitutions, or other fa	clors
SEE STATEMENT FOR LINE 2A					
AA	TEE	A0310L 09/19/08		For	m 990-PF (2008)
					,- ,

111 NO. 3413433458

2008

## **FEDERAL STATEMENTS**

PAGE 1

**CLIENT 40038** 

OREGON UROLOGY FOUNDATION, INC.

20-1547206

2/17/10

04 40PM

STATEMENT 11 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

CARE OF:

STREET ADDRESS:

CITY, STATE, ZIP CODE: TELEPHONE:

FORM AND CONTENT:

STEPHANIE KERNS

OREGON UROLOGY FOUNDATION 2400 HARTMAN LANE, SUITE 300

SPRINGFIELD, OR 97477

(541) 484-0221

OREGON UROLOGY FOUNDATION PROVIDES A GRANT APPLICATION ON THEIR WEBSITE. THE APPLICATION ASKS FOR CONTACT

INFORMATION, TAX ID NUMBER, REQUESTED GRANT AMOUNT, POPULATION DESCRIPTION AND PROPOSAL INFORMATION.

SUBMISSION DEADLINES:

RESTRICTIONS ON AWARDS:

THE BOARD OF DIRECTORS REQUEST THAT APPLICANTS APPLY FOR

GRANTS BETWEEN \$10,000 AND \$25,000. THEY ALSO PREFER THE INTENDED USE OF THE GRANT TO BE USED TO PROVIDE UROLOGIC

CARE TO PATIENTS,



## Grant Application

Applicant (Agency):						
Address:						
City	State:	Zip				
Phone	Fax:					
Federal tax ID number:		,				
Agency Contact						
Address (if different from above):	·	<del></del>				
City	State:	Zip:				
Phone:	Fax					
Agency Contact E-mail address						
Grant Amount (Range 10k – 25k) being re	quested:					
Population Description (If possible how many with urologic issues):						
Proposal Information (use additional pages if necessary):						

1. UJ

0425876265
Feb. 09, 2010 LTR 2697C 0 R
20-1547206 200906 44
00015921

DREGON UROLOGY FOUNDATION INC 2400 HARTMAN LANE #300 SPRINGFIELD OR 97477

## DECLARATION

3149

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

ignature of Officer or Trustee

Marel 2, 20

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Title