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# **Return of Organization Exempt From Income Tax**

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

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

AF	or th	e 2008 Calendar year, or tax year beginning 07/01, 2006, and ending		30,2009		
<u>В</u> с	heck if ap		D Employer identifica	ation number		
L	chang	label or Doing Business As	54-1259576			
	Name	change print or Number and street (or P O box if mail is not delivered to street address) Room/s type.	urte E Telephone number			
	Initial		(434)295-1	000		
	Termi	Specific Instruc- City or town, state or country, and ZIP + 4				
	Amen	ded tons CHARLOTTESUTIE VA 22003_2081	G Gross receipts \$	1,706,168.		
	Applic	F Name and address of principal officer EDIC I STRUCKO CEO	H(a) Is this a group return			
Ц	_ pendii	500 RAY C. HUNT DRIVE CHARLOTTESVILLE, VA 22903-2981	affiliates? H(b) Are all affiliates inclu	uded? Yes No		
_	Tay av		If "No," attach a list.			
_		TA TOTAL TOT	<del></del>			
		te ► N/A	H(c) Group exemption nu			
_			ormation 1983 M State of	of legal domicile VA		
Pa	rt I	Summary				
	1	Briefly describe the organization's mission or most significant activities				
		THE ORGANIZATION SHALL SUPPORT UROLOGICAL AND RELATED RE	SEARCH,			
Governance		MEDICAL CARE, AND PROVIDE RESEARCH SUPPORT FOR STUDENTS				
Ľ.		UNDERGRADUATE, POSTGRADUATE, AND CONTINUING EDUCATION LE		<del>-</del>		
8		Check this box  if the organization discontinued its operations or disposed of more than				
	ı	Number of voting members of the governing body (Part VI, line 1a)	1 1	9		
ණ න						
Activities		Number of independent voting members of the governing body (Part VI, line 1b)	1 1	3		
	ľ	Total number of employees (Part V, line 2a)		NONE		
Ā		Total number of volunteers (estimate if necessary)		NONE		
	7 a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE		
9	ь	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE		
2010		[ DECENTO	Prior Year	Current Year		
	8	Contribution and grants (Part VIII, line 1h) RECEIVED				
/∟ & Revenue	1	December of the state of the st	1,717,276.	1,704,189.		
ž 6/		Investment income (Part VIII, column (A), lines 3.44, and 17 op 0.10	9,117.	1,979.		
્ર જૂ	14	Other revenue (Part VIII, column (A), Thes 5, 6d, 8c, 9c, 10c, and 11e	9,111.			
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓			1 704 999	NONE		
. —		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,726,393.	1,706,168.		
	l	Grants and similar amounts paid (Part IX, doll a la	170,000.	166,667.		
	l	Benefits paid to or for members (Part IX, column (A), line 4)		<u>NONE</u>		
9	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		NONE		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE		
8		Total fundraising expenses, Part IX, column (D), line 25) ▶				
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,602,449.	1,449,629.		
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,772,449.	1,616,296.		
ᆫᅈ		Revenue less expenses Subtract line 18 from line 12	-46,056.	89,872.		
ts or			Beginning of Year	End of Year		
ala (	20	Total assets (Part X, line 16)	6,446,219.	6,742,354.		
Net Asset Fund Balar	21	Total liabilities (Part X, line 26)	5,180,284.	5,523,010.		
\$2	22	Net assets or fund balances Subtract line 21 from line 20	1,265,935.	1,219,344.		
	rt II	Signature Block				
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedule	s and statements and to the	e hest of my knowledge		
		and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all	information of which prepare	erer has any knowledge		
c	ign	1 9 2 1 / S/2 1/2	1 5.17.	2010		
	_	Signature of officer \	Date Date			
п	ere		Duic			
		Z. STRUCAU ILMENA CEU				
		Type or print name and title				
		Preparer's Date Chec		identifying number		
Paid		signature Emergia Stancil 5/13/10 self-emple	oyed   (see instruction points)	0115650 _		
	parer's	Firm's name (or yours & EDNOTE & VOLING IL S. T.I.D.				
Use	Only	If self-employed), address, and ZIP +4 75 BEATTIE PLACE, SUITE 800 GREENVILLE, SC 29601	- 34 0303330			
Mai	tha !!			92425740		
				Yes X No		
_For	Priva	cy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990-(2008)/		

Form 990 (2008)			54-1259576	Page 2
Part Ⅲ · State	ment of Program Service	Accomplishments (see instructions)		
1 Briefly describ	e the organization's missio	ın		
THE ORGAN	NIZATION SHALL SUP	PORT UROLOGICAL AND RELAT	TED RESEARCH,	
MEDICAL C	CARE, AND PROVIDE	RESEARCH SUPPORT FOR STUD	ENTS AT THE	
UNDERGRAI	DUATE, POSTGRADUAT	E, AND CONTINUING EDUCATI	ON LEVELS.	
2 Did the organ	pration undertake any sia	nificant program services during the	war which were not listed on	
		program services during the		Yes X No
If "Yes" descri	be these new services on S	Schedule O		
		or make significant changes in how	it conducts, any program	
services?				Yes X No
		ents for each of the organization's thre	e largest program services by expe	enses
		ations and section 4947(a)(1) trusts a		
		and revenue, if any, for each program		g. a.m. a.m.
4a (Code	) (Expenses \$	616, 296. including grants of \$	166, 667. ) (Revenue \$	1,704,189.
VI RGI NI A	UROLOGIC FOUNDATI	ON PROVIDED UROLOGICAL AN	ND RELATED	
RESEARCH	AND MEDICAL CARE	THROUGH 1,358 KIDNEY STO	ONE AND OTHER	
TREATMENT	rs and 3,364 ULTRA	SOUND TREATMENTS, AND PRO	OVIDED RESEARCH	
		E UNDERGRADUATE, POSTGRAD		
	NG EDUCATION LEVEL			
·				
<u></u>				
			• •	
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
		-		
<del></del>				
				· · · · · · · · · · · · · · · · · · ·
		·	<del> </del>	
	<del></del>		<del></del>	
				<u> </u>
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
			_	
			<del></del>	
			<del>_</del>	<u></u>
				<del></del>
			<del></del>	
4d Other program	n services (Describe in Sch	nedule O )		
(Expenses \$	including gi		ue\$	
	m service expenses ► \$		(, Line 25, column (B) )	
JSA		1,010,290, (		Form <b>990</b> (2008)
8E 1020 1 000				

Form 9	90 (2008	54-1259576			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)? If "Yes,"			
	comple	ete Schedule A prganization required to complete Schedule B, Schedule of Contributors?	1	X	
2	Is the	organization required to complete Schedule B, Schedule of Contributors?	2		<u>x</u>
3		e organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
		ates for public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4		n 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
		lle C, Part II	4		<u> </u>
5		ns 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
		and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6		e organization maintain any donor advised funds or any accounts where donors have the right to			
		e advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
		ıle D, Part I	6		X
7		e organization receive or hold a conservation easement, including easements to preserve open space,			
		vironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8		e organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	comple	ete Schedule D, Part III	8		Χ
9		e organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
		rovide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	comple	ete Schedule D, Part IV	9		X
10		e organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11		e organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
4.0		I, VII, VIII, IX, or X as applicable	11	Х	
12		e organization receive an audited financial statement for the year for which it is completing this return			
4.0		as prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		<u>X</u>
13		organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X
14a		e organization maintain an office, employees, or agents outside of the U.S.?	14a		<u>X</u>
b		e organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
4 5		ss, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15		e organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4 -		
4.0		zation or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
16		and the large term of the state	امدا		.,,
17		organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	16		X
17 18		organization report more than \$15,000 on Part IX, widnin (A), line 11e / ii / res, complete Schedule G, Part II	17 18		<u>X</u>
19		e organization report more than \$15,000 total of Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>X</u>
20		e organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u>X</u>
21		organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22		organization report more than \$5,000 on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and III	22	^_	×
23		e organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete	~~		
	Sched		23	X	
24a		organization have a tax-exempt bond issue with an outstanding principal amount of more than			
		900 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
		Id and complete Schedule K If "No," go to question 25	24a		х
ь		e organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
c		e organization maintain an escrow account other than a refunding escrow at any time during the year			
-		ease any tax-exempt bonds?	24c		
d		e organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		n 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
		disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b		e organization become aware that it had engaged in an excess benefit transaction with a disqualified			
_		from a prior year? If "Yes," complete Schedule L, Part I	25b		Χ
26	Was a	loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
		lified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27		e organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
		ntial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
JSA 8E 1021				990	(2008)
	·				

Part IV . Checklist of Required Schedules (continued) Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee a 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)? If "Yes," complete Schedule L, 28a х b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," c 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? If "Yes," complete Schedule L, Part IV . . . . . . . 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . 29 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. 31 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R. Parts II. 34 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 

Form **990** (2008)

a Initiation fees and capital contributions included on Part VIII, line 12	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
U.S. Information Returns. Enter -0- if not applicable   1a NONE   b. Enter the number of Forms W-2G included in line 1 a Enter -0- if not applicable   1b NONE   c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   Statements, filed for the calendar year ending with or within the year covered by this return   2a NONE   b if al least one is reported on line 2a, did the organization file all required federal employment tax returns?   2b X   Note: if the sum of lines 1 a and 2 a is greater than 250, you may be required to e-file this return. (see instructions)   3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   3a X   b if Yes; has if filed a Form 990-T for this year? If *No. provide an explanation in Schedule 0   3a X   b if Yes; has if filed a Form 990-T for this year? If *No. provide an explanation in Schedule 0   3a X   b if Yes; enter the name of the foreign country   1				Yes	No
U.S. Information Returns. Enter -0- if not applicable   1a NONE   b. Enter the number of Forms W-2G included in line 1 a Enter -0- if not applicable   1b NONE   c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   Statements, filed for the calendar year ending with or within the year covered by this return   2a NONE   b if al least one is reported on line 2a, did the organization file all required federal employment tax returns?   2b X   Note: if the sum of lines 1 a and 2 a is greater than 250, you may be required to e-file this return. (see instructions)   3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   3a X   b if Yes; has if filed a Form 990-T for this year? If *No. provide an explanation in Schedule 0   3a X   b if Yes; has if filed a Form 990-T for this year? If *No. provide an explanation in Schedule 0   3a X   b if Yes; enter the name of the foreign country   1	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			i
b Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1 bl NONE c Did the organization comply with backup us withholding rules for reportable payments to vendors and reportable againing (gambling) with making withholding rules for reportable payments to vendors and reportable againing (gambling) within payments or prevention of the sum of the state of the calendar year ending with or within the year covered by this return 2a NONE.  It is the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return. (see instructions)  It is at least one is reported on line 2a, did the organization file all required federal employment tax returns?		· · · · · · · · · · · · · · · · · · ·			
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a 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.  It is at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Zo Note: If the sum of lines is a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  In the sum of lines is a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  In this return?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  If "Yes," enter the name of the foreign country seems a bank account, securities account, or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other authority over, a financial account in a foreign country seems and financial accounts.  If "Yes," enter the name of the foreign country seems the foreign country seems and financial accounts.  If "Yes," the question 5 or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," it do question 5a or 5b, did the organization file Form 8885-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Sheler Transaction?  If "Yes," did the organization solicit any contributions that were not tax deductible?  If "Yes," did the organization solicit any contributions that were not tax deductible?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  If "Yes," did the organization notify the donor o	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
table the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return.  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b X  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  3d Did the organization have unrelated business gross income of \$1,000 or more during the year covered by  3a X  b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			1c	Х	
Statements, filed for the calendar year ending with or within the year covered by this return. 2   NONE    b if at least one is reported on line 2a, did the organization file all required feeral employment bax returns 2   2b   X    Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)    10 b if "Yes." has it filed a Form 990-T for the year? If "No." provide an explanation in Schedule O   3b   X    10 b if "Yes." has it filed a Form 990-T for the year? If "No." provide an explanation in Schedule O   3b   X    11 a At any time during the calendar year, did the organization have an interstit, 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    12 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   Available party notify the organization that it was or is a party to a prohibited tax shelter transaction?   5b   X    13 b if "Yes." to question 5a or 5b, did the organization file Form 8886-T, Daclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?   5c   Sec   If "Yes." to question 5a or 5b, did the organization file Form 8886-T, Daclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?   5c   Sec   If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   5c   Sec   If "Yes." did the organization on the tax is the received section 170(c).   5c   Sec   If "Yes." did the organization notify the donor of the value of the goods or services provided?   7b   If yes. The programization of the property of the value of the goods or services provided?   7c   X   To   Did the organization of the year pay premiums, directly or indirectly, on a personal benefit contract?   7c   X   If yes. The pr	2a				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0.  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0.  3b If "Yes," an anional account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country be see the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," it question fac or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes," it question fac or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempl Entity Regarding Prohibited Tax Shelter Transaction?  6c If "Yes," it question fac or 5b, did the organization indust were not tax deductible?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?  7d If "Yes," in a financial excellent property for the property for which it was required to file Form 8282?  7d If "Yes," in a financial excellent property for any quid pro quo contribution of more than \$75?  7d If "Yes," in a financial excellent property					L
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 If "Yes," has it fied a Form 990-T for this year? If "No," provide an explanation in Schedule O.  4 At any time during the calendar year, idd the organization have an interest in, or a signifactive or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounting)?  5 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.  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 If "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 If "Yes," to question 5a or 5b, did the organization file Form 8866-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 If "Yes," did the organization hours of the value of the goods or services provided?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8222?  9 If "Yes," indicate the number of Forms 8222 filed during the year  9 Organizations benefit contract?  9 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  9 Did the organization, during the year, pay premiums, directly or indirect	b		2b		Χ
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<u></u>		نــــــ
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		benefit contract?			<u> </u>
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Did  10 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			_X_
required?	g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		required?	7h		
organization, have excess business holdings at any time during the year?	8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?					
a Did the organization make any taxable distributions under section 4966?		organization, have excess business holdings at any time during the year?	8		<u>X</u>
b Did the organization make a distribution to a donor, donor advisor, or related person?	9	· · · · · · · · · · · · · · · · · · ·			
10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12	а		-		
a Initiation fees and capital contributions included on Part VIII, line 12	b		9b		<u> </u>
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10	· · · · · · · · · · · · · · · · · · ·			
11 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders	а	The state of the s			
a Gross income from members or shareholders	b	Gross receipts, included on Form 330, Fart VIII, line 12, for public use of dub facilities			f
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11	144-1			1
amounts due or received from them.)		Gloss income from members of shareholders			1
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	þ	1446			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		amounts due of received moin them.			
			12a		<del></del>
	b	it res, either the amount of tax-exempt interest received or accrued during the year   12b	<u> </u>	990	(2008)

Form 990 (2008) 54-1259576 Page 6 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code ) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions 1a Enter the number of voting members of the governing body b Enter the number of voting members that are independent 1 b 3 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 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? . . . Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a material diversion of the organization's assets? . . . . . 5 Х Does the organization have members or stockholders? Х 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . 7b Х Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Яa Each committee with authority to act on behalf of the governing body? 8 b 9a Does the organization have local chapters, branches, or affiliates? X 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? 9b 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 10 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 . . . . . . Section B. Policies No Yes 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a

b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give								
	rise to conflicts?	12b	Х						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
	describe in Schedule O how this is done	12c	Х						
13	Does the organization have a written whistleblower policy?	13	X						
14	Does the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision								
а	The organization's CEO, Executive Director, or top management official?	15a		_x_					
b	Other officers or key employees of the organization?			Х					
	Describe the process in Schedule O. (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			:					
	with a taxable entity during the year?	16a		_x_					
b	If "Yes," 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?	16b							
Sect	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE								
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 X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest								

20

policy, and financial statements available to the public.

(434)295-1000

Form 990 (2008)

State the name, physical address, and telephone number of the person who possesses the books and records of the organization <u>PERIC\_J. STRUCKO\_500\_RAY\_C\_HUNT\_DRIVE\_CHARLOTTESVILLE</u>, <u>VA\_22903</u>

Form 990 (2008)

# 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.

X Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average	(C) Position (check all that apply)					olv)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	employee Key employee Officer Institutional trustee Individual trustee or director		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
PAUL A LEVINE, M.D. DIRECTOR	0.1	х						NONE	451,131.	44, 945.
DENNIS J. TEMPLETON, M.D. DIRECTOR	0.1	x						NONE	404,513.	54,340.
JAY Y. GILLENWATER, M. D. DIRECTOR	0.1	x						NONE	101,041.	NONE
RODNEY E. DEAN, JR. DIRECTOR	0.1	x						NONE	NONE	NONE
STEVEN T. DEKOSKY, MD DIRECTOR	0.1	x						NONE	92,496.	19,198.
STEPHEN T. MCLEAN PRESIDENT	0.26			х				NONE	NONE	NONE
MARC J. DETTMANN CHIEF EXECUTIVE OFFICER	1.0			х				NONE	432,774.	61,480.
MICHAEL TUBRIDY TREASURER	0.09			х				NONE	NONE	NONE
WILLIAM D. STEERS, M.D. SECRETARY	0.26			х				NONE	563,172.	56,684.
BRADLEY E. HAWS CHIEF OPERATING OFFICER	0.5				x			NONE	318,884.	47,701.
ERIC J. STRUCKO CHIEF FINANCIAL OFFICER	1.0				х			NONE	194,334.	22,408.
J. COREY FEIST GENERAL COUNSEL	1.0				х			NONE	167,210.	25,379.
										-

Part VII Section A. Officers, Directors, Iru		y Em	pic			and I	Hig		1	ees (d			
(A)	(B)			-	C) 			(D)	(E)	.la	l .	(F)	
` Name and title	Average hours per week	हैं Individual trustee भे or director	Institutional trustee	Officer	Key employee	Highest compensated at employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportat compensa from rela organizati (W-2/1099-I	ition ted ons	amo comp fro orga and	imated ount of ther ensation the nization related mization	on n I
										-			
									-				
												•	
1b Total				<u> </u>			<b>&gt;</b>		2,725,			32,1	
2 Total number of individuals (including those organization ► NONE	e เก 1a) w	ho r	ece	ived	l m	ore tl	han	\$100,000 in rej	oortable cor	npens	ation fr	om th	e
												Yes	Νo
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		
											-		X
4 For any individual listed on line 1a, is the the organization and related organizations													
ındıvıdual											4	х	
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"											5		X
Section B. Independent Contractors	complete c	onea	010	7 101	34	on per	301	<u>,</u>	<u> </u>	••			
Complete this table for your five highest compensation from the organization	compensat	ed in	dep	enc	dent	cont	rac	tors that received	more tha	n \$10	00,000	of	
(A) Name and business address								(B) Description of sei	vices		(C) Compens	ation	
NONE							ļ	·			:		
							$\downarrow$						
						<u> </u>	+-			•			
2 Total number of independent contractors (in compensation from the organization ▶ N	-	ose	ın ´	l) v	vho	rece	ive	d more than \$10	0,000 in				
The state of the s	IONE						_					990 (2	

Par	t VIII	Statement of Reven	ue		54-1259576						
,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
द्य थ	1a	Federated campaigns	1a								
fts, grants amounts	ь	Membership dues	1								
s, g	c	Fundraising events									
<u>.e e</u>		Related organizations									
ıs,	e	Government grants (contribu	1.1								
ıtio	f	· . · . · . · . · . · . · . · .									
the di		and similar amounts not included	d above . 1f	<u> </u>							
Contributions, and other sımi	g	Noncash contributions included	ın lınes 1a-1f \$				.=				
	h	Total. Add lines 1a-1f	<u> </u>								
Service Revenue				Business Code							
e ve	2a	GROSS PATIENT REVENUE		621110	2,977,619	2,977,619.					
ě.	ь	LESS: CONTRACTUAL ADJUSTME	ENTS	621110	-1, 273, 430	-1, 273, 430.					
, vic	С										
	d		<u></u>								
E	e										
Program	f	All other program service rev	venue								
Pr	g	Total. Add lines 2a-2f			1,704,189.						
	3	Investment income (including	ng dividends, inter	rest, and							
		other similar amounts)			1,979.			1,979.			
	4	Income from investment of t	tax-exempt bond	proceeds ►	NONE						
	5	Royalties · · · · · · · ·	<u> </u>	<b>.</b>	NONE						
			(ı) Real	(II) Personal	İ						
	6a	Gross Rents									
	b	Less rental expenses									
	С	Rental income or (loss)	L								
	d	Net rental income or (loss).			NONE						
	7 a	Gross amount from sales of	(i) Securities	(II) Other							
		assets other than inventory									
	b	Less cost or other basis						}			
		and sales expenses									
	С	Gain or (loss)									
ļ	d	Net gain or (loss)		. <u></u>	NONE						
	8a	Gross income from f	fundraising								
흵		events (not including \$									
ē		of contributions reported on	line 1c).								
æ		See Part IV, line 18	a								
Other Revenu	b	Less direct expenses									
ᅙ	С	Net income or (loss) from ful	ndraising events	. <u></u>	NONE						
	9a	Gross income from gaming a	activities								
		See Part IV, line 19	а								
	ь	Less direct expenses	b								
	С	Net income or (loss) from ga	aming activities.	· <u></u>	NONE						
	10a	Gross sales of inventoreturns and allowances									
	þ	Less cost of goods sold					·				
ł	С	Net income or (loss) from sa	les of inventory.	<b>.</b>	NONE		<u> </u>				
		Miscellaneous Reven	nue	Business Code				<u> </u>			
	11a										
	b										
	С										
	đ	All other revenue						<u> </u>			
	e	Total. Add lines 11a-11d .			NONE						
ļ	12	Total Revenue. Add lines 1h		- 1							
		9c, 10c, and 11e	_		1,706,168	1,704,189	NON	1,979			
								Form <b>990</b> (2008)			

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	ete column (A) but are	not required to com	plete columns (B), (C)	, and (D).
	not include amounts reported on lines 6b, 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	166,667.	166,667.		
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		ľ		
	U.S. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
-	trustees, and key employees	NONE			
6	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			· · · · · · · · · · · · · · · · · · ·
8	Pension plan contributions (include section 401				
-	(k) and section 403(b) employer contributions).	NONE			
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
11	Fees for services (non-employees)	2.0412			
	Management	732.	732.		
	Legal	1,434.	1,434.		•
	Accounting	11,826.	11,826.		
	Lobbying	NONE	11,020.		<del></del>
	Professional fundraising services See Part IV, line 17	NONE			
	Investment management fees	NONE			
	Other	850.	850.		
12	Advertising and promotion	NONE			
13	Office expenses	94,164.	94,164.		
14	Information technology	NONE	31/2011		-
15	Royalties	NONE			
16	Occupancy	1,176.	1,176.		
17	Travel	NONE			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	[	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	125,998.	125,998.		
23	Insurance	483.	483.		
	Other expenses Itemize expenses not	100.			
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	PERSONAL SVC FEE PAID BY HSE	1,009,916.	1,009,916.		
	STAFF_DEVELOPMENT	395.	395.		
	COLLECTION/REGISTRATION_FEE_	42,071.	42,071.		
	COMPLIANCE FEE	16,045.	16,045.		
	MAI NTENANCE	129,034.	129,034.		
	All other expenses	15, 505.	15, 505.		
	Total functional expenses. Add lines 1 through 24f	1,616,296.	1,616,296.		
	Joint Costs. Check here ► If following	1,010,290.	1,010,200.		
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a				
	combined educational campaign and fundraising				
JSA	solicitation	·		- <u></u>	5 990 (2000)

JSA 8E1052 1 000

Pa	UΛ	Balance Sneet		<del>,</del>			
_			(A) Beginning of year		(B End of	i) f year	г
	1	Cash - non-interest-bearing		1			
- 1	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	25, 550.	4	6	36,	076.
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of Schedule L		5			
1	6	Receivables from other disqualified persons (as defined under section					
ĺ		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II					
		of Schedule L		6			
S	7	Notes and loans receivable, net		7			
ssets	8	Inventories for sales or use	7,248.	8	_		115.
Asi	9	Prepaid expenses and deferred charges	26,698.	9			021.
	-	Land, buildings, and equipment cost basis 10a 3, 173, 294.		<del>                                     </del>	<u></u>	<u> </u>	<u> </u>
ļ.		Less accumulated depreciation Complete					
ĺ		Part VI of Schedule D	436,694.	100	۵	02	835.
1	11	Investments - publicly traded securities	430,034.	11		02,	555.
	12	Investments - other securities. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12			
	-	Investments - program-related. See Part IV, line 11	· -	13			
- 1	13 14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14			
	15	Other assets. See Part IV, line 11	5,950,029.	15		71	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16			307.
	17	Accounts payable and accrued expenses	6,446,219.	17			<u>354.</u>
	18	Grants payable	5, 180, 284.	18	<u> </u>	23,	010.
		Deferred revenue	<del></del>	19			
	19 20	Tax-exempt bond liabilities		20			
- 1		· · · · · · · · · · · · · · · · · · ·		21			
es	21 22	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II					
Ē		of Schedule L		22			
_		Secured mortgages and notes payable to unrelated third parties		23			
	23			24			
	24 25	Unsecured notes and loans payable		25			
	26	Total liabilities. Add lines 17 through 25	5,180,284.	26		22 /	010.
$\overline{}$	20	Organizations that follow SFAS 117, check here ▶ 💢 and complete	5,100,204.	20	<u> </u>	23, (	<u> </u>
န္ဓ		lines 27 through 29, and lines 33 and 34.					
alances	27	Unrestricted net assets	1,265,935.	27	1 2	19	344.
	28	Temporarily restricted net assets	1,200,500.	28		<u>+ 7 / .</u>	<u> </u>
	29	Permanently restricted net assets		29			
Fund B		Organizations that do not follow SFAS 117, check here ▶ ☐ and			-		
5		complete lines 30 through 34.					
5	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
As	32	Retained earnings, endowment, accumulated income, or other funds	· - · · · · · · · · · · · · · · · · · ·	32			
= 1	33	Total net assets or fund balances	1,265,935.	33	1 2	19	344.
	34	Total liabilities and net assets/fund balances	6,446,219.	34		_	354.
Pa	t XI		0,440,219.		0,7	741.	<del>554.</del>
						Yes	No
1	Acco	ounting method used to prepare the Form 990 Cash X Accrual Other	er				
2a		e the organization's financial statements compiled or reviewed by an independent account			2a	Ì	х
b		e the organization's financial statements audited by an independent accountant?			2b	$\neg$	X
		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility			<del></del>		
		, review, or compilation of its financial statements and selection of an independent accou			2c		ı
3a		result of a federal award, was the organization required to undergo an audit or audits as s				$\neg$	
		Single Audit Act and OMB Circular A-133?			3a	l	х
b		es," did the organization undergo the required audit or audits?			3b		
						990	(2008)

#### **SCHEDULE A** (Form 990, or 990-EZ)

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Employer identification number Name of the organization VIRGINIA UROLOGIC FOUNDATION 54-1259576 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III - Functionally Integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (vii) Amount of (v) Did you notify (vi) Is the in col (i) listed in your the organization in (described on lines 1-9) organization in col organization support governing document? (i) organized in the above or IRC section col (i) of your (see instructions)) support? Yes

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

Schedule A (Form 990 or 990-EZ) 2008

Pai	t II Support Schedule for Org (Complete only if you ched	ganizations I ked the box	Described in Son line 5, 7, or	Sections 170(b 8 of Part I.)	)(1)(A)(iv) and	170(b)(1)(	A)(vi)
Sec	tion A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	B (f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
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						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4		<del>                                     </del>	ļ		<del></del>	
	tion B. Total Support	<u> </u>	1	_	<u> </u>		<u>l</u> .
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3 (f) Total
7	Amounts from line 4		<del>  - :                                  </del>	<u></u>	<u> </u>		
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 carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		1				
12	Gross receipts from related activities, etc. (\$	See instructions)			L	12	
13	First five years. If the Form 990 is for the	organization's fir	st, second, third, f	ourth, or fifth tax ye	ear as a 501(c)(3)		لسسا
	organization, check this box and stop here			<u> </u>	<del> </del>	<del></del>	<u> ▶                       </u>
Sec	tion C. Computation of Public Sup	port Percenta	age			1 . 1	
14	Public support percentage for 2008 (In		•				<u>%</u>
15	Public support percentage from 2007					. 15	%
16a	33 1/3% support test - 2008. If the o						
	and stop here. The organization qualif						
ь	33 1/3% support test - 2007. If the o						
47-	box and stop here. The organization q						
1/a	10%-facts-and-circumstances test - 3 is 10% or more, and if the organizatio	_					
	in Part IV how the organization meets						· ·
	organization			_	•		· · ·
b	10%-facts-and-circumstances test -						
-	15 is 10% or more, and if the organiza	_					
	Explain in Part IV how the organization						
	supported organization				-		
18	Private foundation. If the organization						
_	instructions						~
		-					rm 990 or 990-EZ) 2008

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.)

<u>Sec</u>	tion A. Public Support		<del></del>				<del></del>
C	alendar 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	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities	1					
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	1,596,019.	1,709,498.	1,765,177.	1,717,276.	1,704,189.	8, 492, 159.
3	Gross receipts from activities that are not an	, ,	., .	•			
_	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's	i					
•	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
,							
	furnished by a governmental unit to the				İ		
_	organization without charge		. 700 400	1 265 122	1 212 226	1 704 100	0.400.150
6	Total. Add lines 1-5	1,596,019	1,709,498	1,765,177	1,717,276	1,704,189.	8,492,159
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
U	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	fine 6)						8,492,159.
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	1,596,019.	1,709,498.	1,765,177.	1,717,276.	1,704,189.	8, 492, 159.
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	11,717.	20, 384.	24,814	9, 117.	1,979.	68,011
b	Unrelated business taxable income (less	,		,,,,,,,,			
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	11,717.	20, 384.	24, 814	9,117.	1,979.	68,011.
11	Net income from unrelated business	11, /1/.	20, 304.	24,014	3,117.	1,515.	00,011.
• •	activities not included in line 10b,						
	whether or not the business is regularly					İ	
	carried on						
12	Other income Do not include gain or					İ	
	loss from the sale of capital assets					į	
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						8,560,170.
14	First five years. If the Form 990 is for	_			•	•	
	organization, check this box and stop here			<u></u>	<u></u>	<u> </u>	▶   _ <u> </u>
Sec	tion C. Computation of Public Sup						-
15	Public support percentage for 2008 (line 8,	, column (f) dıvıde	d by line 13, colum	nn (f))		15	99.21%
16	Public support percentage from 2007 Sche	edule A, Part IV-A,	line 27g	<u> </u>		16	9 <u>8.70%</u>
Sec	tion D. Computation of Investmer	nt Income Per	centage				
17	Investment income percentage for 2008 (lin	ne 10c, column (f	) divided by line 1	3, column (f))		17	0.79%_
18	Investment income percentage from 2007					18	1.30%
	33 1/3% support tests - 2008. If the org						
	17 is not more than 33 1/3 %, check this box						
h	33 1/3% support tests - 2007. If the orga						
	line 18 is not more than 33 1/3 %, check this						
20	Private foundation. If the organization did-				_		
<u> 4 U </u>	<u>_г.н.талелоппианопн (пе огдантаноп-ого-г</u>	HOL-CHECK-A DOX O	11 mile 14, 19a, Of	Tab, Check this to	on and see mistruc		

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Schedule A (	Form 990 or 990-EZ) 2	008	54-1259576	Page 4
Part IV	Supplemental	Information. Complet	ete this part to provide the explanation required by Part II, line e 12. Provide any other additional information. (see instructions)	10,
`				
				<b>-</b>
	<b></b>			
	<b></b>			- <b>-</b>
				· <b></b> -
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				<del>-</del>
<b></b>				· <b>-</b>

# SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

2008

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ 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.

Employer identificat	lon number
· 12.	Inspection
	Open to Public

VIF	GINIA UROLOGIC FOUNDATION		···	54-1259576
Pa	Organizations Maintaining Donor Ad the organization answered "Yes" to Fo			r Accounts. Complete if
	· · · · · · · · · · · · · · · · · · ·	(a) Donor advi	sed 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		ho appote hold in d	and advand
5	funds are the organization's property, subject to t			
6				
U	Did the organization inform all grantees, donors, used only for charitable purposes and not for the			
Pa	Impermissible private benefit?	of the organization and	ewored "Vec" to E	Yes No
1	Conservation Easements. Complete Purpose(s) of conservation easements held by the	e organization (check all	that apply)	omi 990, Part IV, line 7.
1		= :		
	Preservation of land for public use (e.g., reci	reation or pleasure)	I I	of an historically importantly land area
	Protection of natural habitat		Preservation	of certified historic structure
_	Preservation of open space			_
2	Complete lines 2a-2d if the organization held a qu	ialified conservation coi	ntribution in the fori	m of a conservation easement
	on the last day of the tax year.			Held at the End of the Year
				<del></del>
а	Total number of conservation easements			
b	Total acreage restricted by conservation easemen			
С	Number of conservation easements on a certified			
d	Number of conservation easements included in (			
3	Number of conservation easements modified, tra	nsferred, released, exti	nguished, or termin	lated by the organization during
	the taxable year			
4	Number of states where property subject to cons			
5	Does the organization have a written policy regard			
	enforcement of the conservation easements it hold	is?		····· Yes ☐ No
6	Staff or volunteer hours devoted to monitoring, in	specting, and enforcing	easements during	the year ▶
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing ea	sements during the	year ▶ \$
8	Does each conservation easement reported on lin	ne 2(d) above satisfy the	requirements of se	ection
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIV, describe how the organization reports	conservation easemer	nts in its revenue an	d expense statement, and
	balance sheet, and include, if applicable, the text	of the footnote to the o	rganızatıon's financ	cial statements that describes
	the organization's accounting for conservation eas			
Pai	Organizations Maintaining Collection Complete if the organization answere	<b>s of Art, Historical T</b> i d "Yes" to Form 990.	<b>easures, or Oth</b> e Part IV, line 8.	er Similar Assets.
				nent and balance sheet works of
	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	eld for public exhibition, financial statements that	education, or researt t describes these it	arch in furtherance of public service, ems.
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for provide the following amounts relating to these ite	AS 116, to report in its or public exhibition, edu	revenue statement	and balance sheet works of art,
	(i) Revenues included in Form 990, Part VIII, line	1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, h			
	following amounts required to be reported under			9, p. 2
а	Revenues included in Form 990, Part VIII, line 1.			<b>&gt;</b> \$
b	Assets included in Form 990, Part X			
FOFF	rivacy Act and Paperwork Reduction Act Notice, see the Instru	COURS FOR FORM 990.		Schedule D (Form 990) 2008

Schedule D	/Form	990)	2008
Schlednie P	(1 01111	3301	2000

54-1259576				

Page 2

Pai	Tell . Organizations Maintaini	ng Collections	of Art, Histor	rical i reasure	s, or C	other Similar As	ssets (contini	uea)
3	· Using the organization's accession	and other records	s. check any o	of the following	that are	e a significant use	of its collection	on.
•	items (check all that apply)		-,					
а	Public exhibition		d [	Loan or e	xchange	e programs		
b	Scholarly research		e –	Other		- p 3		
C	Preservation for future ge	enerations			-			<del></del>
4	Provide a description of the organi		s and explain	how they furthe	r the o	roanization's exer	not purpose ir	1
•	Part XIV.		- and			· gameanon o ono.		•
5	During the year, did the organization	on solicit or receiv	e donations o	f art. historical	treasur	es, or other similar	r	
-	assets to be sold to raise funds rat							s No
Pai	Trust, Escrow and Custo Part IV, line 9, or reporte	odial Arrangeme	ents. Compl	ete if organiza	tion ar			<u> </u>
							_	
1a	Is the organization an agent, truste	e, custodian or ot	her intermedia	ary for contribut	ions or	other assets not		
	included on Form 990, Part X?						🔲 Ye	s No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the folio	owing table			_	
						Am	ount	
C	Beginning balance				1c			
d	Additions during the year			. <b></b>	1 d			
	Distributions during the year						-	
	Ending balance						_	
2a	Did the organization include an am	ount on Form 990	D, Part X, line 2	217			Ye	s No
b	If "Yes," explain the arrangement in				_			
Par	t V Endowment Funds. Con	nplete if organiz	ation answe	red "Yes" to F	orm 99	90, Part IV, line	10.	
		(a) Current Year	(b) Prior yea	ar (c) Two y	ears back	(d) Three years	s back (e) Fo	ur years back
	Beginning of year balance							
b	Contributions							
C	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities .							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage	of the year end ba	lance held as					
а	Board designated or quas⊢endown	nent ▶	%					
	Permanent endowment ▶	<u>%</u>						
	Term endowment ▶	%						
3a	Are there endowment funds not in	the possession of	f the organiza	tion that are he	ld and a	administered for th	ne	
	organization by							Yes No
	(i) unrelated organizations						(3a(i)	<u> </u>
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(II), are the related org						<u>3b</u>	<u> </u>
4	Describe in Part XIV the intended u							
Par	t VI Investments - Land, Buil	dings, and Equi	pment. See	Form 990, Pa	<u>ırt X, lii</u>	ne 10.		
	Description of investment	1 , ,	t or other basis vestment)	(b) Cost or other basis (other)	r	(c) Depreciation	(d) Book v	atue
1 a	Land			****				
b	Buildings							
	Leasehold improvements			37,40	54.	937.		<u>36,527.</u>
	Equipment			3, 135, 83	30.	2, 269, 522.	8	66,308.
	Other				L			
Tota	I. Add lines 1a-1e. (Column (d) shou	ld equal Form 990	), Part X, colui	mn (B), line 10(d	<u>))</u>	<b>.</b>	9	02,835.

Part VII	Investments - Other Securities. See	Form 990, Part X, III	ne 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
Financial der	ivatives and other financial products			
	equity interests			
Other				
				<del></del>
		<del> </del>		
			· · -	<del> </del>
Total. (Column	(b) should equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. See	Form 990, Part X, I	ine 13.	
_	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	tion set value
			<del></del>	
<del></del>			+	
Total. (Column	(b) should equal Form 990, Part X, col (B) line 13)	<del> </del>		
Part IX	Other Assets. See Form 990, Part X,		1	
		Description		(b) Book value
DUE FROM	1 AFFILIATES			5,171,307.
			······································	
		· · · · · · · · · · · · · · · · · · ·		
		· <del>- · · · · · · · · · · · · · · · · · · </del>		
		<del></del>		
	<del></del>			
Total, (Column	(b) should equal Form 990, Part X, col (B) line 15)			5, 171, 307.
Part X	Other Liabilities. See Form 990, Part			5,1.1,00
	(a) Description of liability	(b) Amount		
Federal incor	ne taxes	<u> </u>		
			]	
			_	
		ļ	4	
			4	
		-	4	
			4	
		<del> </del>	4	
			4	
Total (Column	(b) should equal Form 990 Part X col (B) line 25)	-	4	
TOMI. (COIDINA	(b) should equal Form 990 Part X col (B) line 25)	<u> </u>	<u> </u>	

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

Schedule D (Fo	rm 990) 2008	54-1259576	Page 5
Part XIV	Supplemental information (continued)		
			<del></del>
,			
- <b></b>			
<del>-</del> -			
			<del></del>
	•		
<b></b>			

Schedule D (Form 990) 2008

SCHEDULE (Form 990) Department of the Treasury

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

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

2008

OMB No. 1545-0047

Open to Public

å (h) Purpose of grant or assistance ROSTATE CANCER X Yes 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. Employer identification number ES EARCH Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 54-1259576 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed .......... Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. 166,667 the selection criteria used to award the grants or assistance? Enter total number of section 501(c)(3) and government organizations (c) IRC section if epplicable 501(C)(3) General Information on Grants and Assistance 54-1124769 (b) EIN Enter total number of other organizations VIRGINIA UROLOGIC FOUNDATION UVA HSE .- DEPARTMENT OF UROLOGY (a) Name and address of organization or government CHARLOTTES VILLE, VA 22903 Name of the organization Internal Rovenue Service Part II Part

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

Schedule I (Form 990) 2008

Page 2 Schedule I (Form 990) 2008 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. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS <u>EQR. GRANTS. TO. UVA. . A. RELATED. ORGANIZATION. PERIODIC. REPORTS. ARE. PROVIDED.</u> (d) Amount of non-cash assistance 54-1259576 (c) Amount of cash grant IQ\_IHE\_EQUNDATION TO\_SUPPORT\_THE\_USE\_OF\_THE\_FUNDS.\_. (b) Number of recipients (a) Type of grant or assistance E¢RM\_990.\_SCHEDULE\_I\_ Schedule I (Form 990) 2008 Part III

#### SCHEDULE J (Form 990)

# **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

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number

VT R	GINIA UROLOGIC FOUNDATION 54-12595	76		
Par				
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
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	1ь		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
-	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		ŀ
	officers, directors, trustees, and the open-executive process, regularing the terms diseased in time 14.	-		
3	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.			
	Compensation committee Written employment contract			ŀ
	Independent compensation consultant Compensation survey or study			İ
	Form 990 of other organizations  Approval by the board or compensation committee			•
	Total 330 of other organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
	Receive a severance payment or change of control payment?	4a		×
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		^
	The to any of lines 44 of list the persons and provide the applicable another to saw ton in the artific			ŀ
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			ŀ
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of			
а		5a		х
	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of			•
	The organization?	6a		x
	Any related organization?	6b		x
D	If "Yes" to line 6a or 6b, describe in Part III	0.5		^
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			İ
•	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	- <del>'</del> -		
O	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	in Doct III	R		v

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		1						
(A) Name	-m	(I) Base	(ii) Bonus & incentive	(III) Other	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior
		compensation	compensation	reportable				Form 990-EZ
	€	BNON	NONE	NONE	NONE	NONE	NON	NONE
MARC J. DETIMANN	▣	344,037.	60,	27,	42, 199.	19, 281.	494, 254.	NONE
	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WILLIAM D. STEERS, M.D.	€	477,002.	55,	30,	44,834.	11,850.	619,856.	NONE
	€	NONE	   	NONE	NONE	NONE	BNON	NONE
PAUL A LEVINE, M. D.	€	히	709	11,131.	39, 520.	5, 425.	496,076.	NONE
	€	NONE	 	NONE	NONE	NONE	NONE	NONE
DENNIS J. TEMPLETON, M. D. (	€	389,069.		5,	_1	13,884.	458,853.	NONE
	ε	NONE			NONE	NONE	NONE	NONE
BRADLEY E. HAWS	•	ဖ	35, 554.	13,	33, 359.	14,342.	366, 585.	NONE
	ε	BNON		NONE	NONE	NONE		NONE
ERIC J. STRUCKO	•	58,	7	17, 102.	21,042.	1, 366.	216, 742.	NONE
	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
J. COREY FEIST	€	4	12,	10,	4,694.	20, 685.	192, 589.	NONE
	ε	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		                 				
)	₿							 
	€			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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Schedule O (Form 990) 2008	<del></del>	Page Z
Name of the organization VIRGINIA UROLOGIC FOUNDATION	Employer identification number $54-1259576$	
AUDITED FINANCIAL STATEMENTS		
•		
PART_XI, LINE 2B		· <b>-</b>
_THE_FOUNDATION_IS_INCLUDED_IN_THE_CONSOLIDATED_AUDITED_FINANCIAL_		·
STATEMENTS OF UNIVERSITY OF VIRGINIA HEALTH SERVICES FOUNDATION.	THERE	
ARE NOT ANY SEPARATE AUDITED FINANCIAL STATEMENTS ISSUED FOR VIRG	<u>INIA</u>	· <b></b>
UROLOGIC FOUNDATION.		
		. <b></b> .

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Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
VIRGINIA UROLOGIC FOUNDATION	54-1259576
_DESCRIBE THE PROCESS_USED BY MANAGEMENT &/OR_GOVERNING BODY TO RE	VIEW_990
FORM 990, PART VI, QUESTION 10	
UPON RECEIPT OF THE DRAFT TAX RETURN FROM THE TAX PROFESSIONALS,	
MANAGEMENT IN THE FINANCE DEPARTMENT REVIEW THE RETURN IN DETAIL	AND
AGREE AMOUNT AND INFORMATION DISCLOSED WITH SUPPORTING DOCUMENTAT	ION.
AFTER REVIEW OF THE DRAFT RETURN BY THE DIRECTOR OF FINANCE AND T	HE_CFO,
COPIES OF THE RETURN ARE EMAILED TO THE BOARD OF DIRECTORS PRIOR	<u>TO</u>
_FILING THE RETURN WITH THE IRS	

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Schedule O (Form 990) 2008	Page <b>2</b>
Name of the organization	Employer identification number
VIRGINIA UROLOGIC FOUNDATION .	54-1259576
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF I	NTEREST
FORM 990, PART VI, QUESTION 12C	
EMPLOYEES SHOULD CONTACT HUMAN RESOURCES REGARDING SITUATIONS WHI	CH_MAY
POTENTIALLY REPRESENT A CONFLICT OF INTEREST. IF NECESSARY, THE	DIRECTOR
OF HUMAN RESOURCES WILL CONSULT WITH CORPORATE COUNSEL TO DETERMI	NE
WHETHER A CONFLICT OF INTEREST IS PRESENT. IN ADDITION TO THE PO	LICY,
_ VUF_MAILS QUESTIONNAIRES TO BOARD MEMBERS ASKING ABOUT POTENTIAL	
RELATIONSHIPS WITH ONE AND ANOTHER AS PART OF THE TAX RETURN PREP	<u>ARATION</u>
PROCESS.	
	<b></b>

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
VIRGINIA UROLOGIC FOUNDATION .	54-1259576
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS	S_BEGUN
FORM 990, PART VI, QUESTION 15A	
THE CEO'S COMPENSATION IS DISCUSSED DURING EXECUTIVE SESSION OF T	HE_BOARD
OF DIRECTORS. CHANGES ARE COMMUNICATED IN WRITING TO THE DIRECTOR	_ <u>OF</u>
HUMAN RESOURCES AND DOCUMENTATION IS RETAINED IN THE CEO'S PERSON	NEL_FILE
MAINTAINED IN THE HUMAN RESOURCE DEPARTMENT. IN ADDITION, THE FAC	ULTY
PRACTICE PLAN EXECUTIVE STAFF COMPENSATION SURVEY IS UTILIZED AS	<u>A</u>
BENCHMARK REGARDING THE CEO'S COMPENSATION. THE DOCUMENTATION (SA	LARY
CHANGE REQUEST FORM) COMES FROM THE CHAIRMAN OF THE BOARD AND IS	
MAINTAINED IN HUMAN RESOURCES IN THE EMPLOYEE'S FILE ONCE IT IS R	ECEI VED.
SINCE THE MEETING IS HELD IN EXECUTIVE SESSION, MINUTES ARE NOT	
RECORDED.	

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Name of the organization	Employer Identification number
VIRGINIA UROLOGIC FOUNDATION	54-1259576
. OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WA	S_BEGUN
FORM 990, PART VI, QUESTION 15B	
VUF DOES NOT HAVE ANY EMPLOYEES OF ITS OWN, HOWEVER THE COMPENSAT	ION_FOR
THE BOARD MEMBERS AND KEY EMPLOYEES IS DETERMINED BY HSF.	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
VIRGINIA UROLOGIC FOUNDATION	54-1259576
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GE	N_PUBLIC
FORM 990, PART VI, QUESTION 19	
THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTERES	T_POLICY
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. THESE DOCUMENTS	ARE NOT
POSTED PUBLICLY.	

JZ6669 7266

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

2008 Open to Public

OMB No 1545-0047

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▼ See separate instructions.

Related Organizations and Unrelated Partnerships

Inspection

Employer Identification number

(F)
Direct controlling
entity 54-1259576 (E) End-of-year assets (D) Total income (C)
Legal domicile (state
or foreign country) Identification of Disregarded Entities VERGINIA UROLOGIC FOUNDATION

(B) Primary activity

(A) Name, address, and EIN of disregarded entity

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Part II	Part II Identification of Related Tax-Exempt Organizati	zations					
-	(A) Name. address, and EIN of related organization		(B) Primary activity	(C) Legal domicile (state	(C) (E) (Exempt Code section Public charity status	(E) Public chanty status	(F) Direct controlling
			,	or foreign country)	-	(if section 501(c)(3))	entity
UNIVERS	UNIVERSITY OF VIRGINIA	54-6001796					

Name, address, and EIN of related organization	related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Legal domicile (state   Exempt Code section   Public charity status   Direct controlling or foreign country)   (if section 501(c)(3))   entity	Direct controlling entity
UNI VERSITY. OF. VIRGI NI A.	54-6001796					
PO BOX 400194	CHARLOTTESVILLE, VA 22904- HIGHER EDUC. VA	HIGHER EDUC.	VA	170(C)(1)		N/A
UVA, HEALTH, SERVICES, FOUNDATION.	54-1124769					
500 RAY C HUNT DRIVE	CHARLOTIESVILLE, VA 22903	LLE, VA 22903 PATIENT CARE, VA	VA	501 (C)(3)	6	N/A

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Schedule R (Form 990) 2008

Schedule R (Form 990) 2008	54-1259576 Page 2
Part III Identification of Related Organizations Taxable as a Partnership	

(A) Narne, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income		(G) Share of end-of-year assets	(H) Disproperforation	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
		(Autoria)						Yes No		Yes No
	-						:			
	1									
						<u>i</u>				
				:						
Part IV Identification	Identification of Related Organizations Taxable as a Corporation or Trust	ions Tax	able as a Corpor	ation or Trust						
Name, address, ar	(A) Name, address, and EIN of related organization		(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp., S corp., or trust)	(F) Share of total income	come	(G) Share of end-of-year assets	(H) Percentage ownership
UNI PERSITY RADIOLOGY DEVELOPMENT CORPORA 500 RAY C HUNT DRIVE CHARLOTTESVILLE, VA	229	_54_1 <u>828615</u> 03	MEDICAL SERVICES	VA	N/A	CCORP				
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										i
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Note: Complete line 1 if you should be part at its line of the diplomagn transactions with Related Organization be hard to line.  Note: Complete line 1 if you should sell the Part III line. The Property of the Complete line 1 if you will be any sear dut the organization engage in any of the following transactions with one or more related organization (s).  Call grant or capital contribution from other organization(s).  Call grant or capital contribution from their organization(s).  Call grant or capital contribution from their organization(s).  Sale of sassets to other organization(s).  Sale of sassets to other organization(s).  Sale of sassets to membershy or fundrations golicitations by other organization(s).  Exchanged assets are more organization for expenses.  Performance of severes or membershy or fundrations golicitations by other organization for expenses.  Performance of severes or membershy or fundrations golicitations by other organization for expenses.  Performance of severes or membershy or fundrations golicitations by other organization for expenses.  Performance of severes or membershy or fundrations golicitations by other organization for expenses.  Performance of severes or membershy or fundrations by other organizations of expenses.  Performance of severes or membershy or fundrations by other organization for expenses.  Performance of severes or membershy or fundrations by other organizations of expenses.  Performance of severes or membershy or fundrations by other organizations by other organizations of expenses.  Performance of severes or membershy or fundrations by other organizations by other organizations of expenses.  Performance of severes or membershy or fundrations by other organizations by other organizations of expenses.  Performance of severes organization for expenses.  Performance of severes or membershy or fundrations or who must complete this line, including covered realizations and transactions or property for the organizations of expenses.  Performance of expenses organizatio				
ote. Complete line 1 if any entity is listed in Parts III, III, or IV  Receipt of (I) indexest (I) annuties (III) entitation entages (III) entity (III) and the following transactions with one or more related organizations based (III) entity (IIII) entity (III) entity (III) entity (III) entity (III) entity (IIII) entity (IIII) entity (IIII) entity (IIII) entity (IIII) entity (IIII) entity (IIII) entity (IIII) entity (IIII) entity (IIIII) entity (IIII) entity (IIII) entity (IIII) entity (IIII) entity (IIII) entity (IIII) entity (IIII) entity (IIII) entity (IIIII) entity (IIIII) entity (IIIII) entity (IIII) entity (IIII) entity (IIII) entity (IIII) enti				
During the taxyear did the organization engage in any of the following transactions with one or more related organizations lasted in Parts II-N?  Grit, grant, or capital contribution to other organizations(s)  Grit, grant, or capital contribution from other organizations(s)  Grit, grant, or capital contribution from other organizations(s)  Leans or foan guarantees to or for organizations(s)  Leans or foan guarantees by other organization(s)  Sale of assets from other organization(s)  Experiment of assets from other organization(s)  Experiment of assets from other organization(s)  Experiment of assets or membership or fundraming solicitations for other organization(s)  Experiment of assets or membership or fundraming solicitations for other organization for other sasets.  Sharing of facilities, equipment, maling size, or other sasets.  Sharing of paid employees  Sharing of paid employees  Sharing of paid employees  Sharing of paid employees  Sharing of tacilities, equipment, maling size, or other sasets.  Sharing of tacilities, equipment to other organization for expenses  Sharing of tacilities, equipment to other organization for expenses  Sharing of tacilities, equipment to other organization for expenses  Sharing of tacilities, equipment to other organization for expenses  Rembursement paid to other organization for expenses  Name of other transfer of cash or property from other organization(s)  If the answer to any of the above is "Yes," see the instruction on who must complete this line, including covered relationships and transaction any of the above is "Yes," see the instruction on who must complete this line, including covered relationships and transaction any of the above is "Yes," see the instruction or who must complete this line, including covered relationships and instruction or expenses.	Complete ine 1 if any entity is listed in Parts II III or IV			Yes
Courting the axyse for one organization regage in an according for the according to the acc	4,4	di bodoil onoidoningono bodollos cocos.	0/4   0/0	
Activation of the merse that or particular that the activation of the regalization(s)  Git, grant, or ceptal contribution to other organization(s)  Git, grant, or ceptal contribution to other organization(s)  Leans or loan guarantees by other organization(s)  Sale of assets to other organization(s)  Sale of assets from other organization(s)  Purchase of facilities, equipment, or other assets from other organization(s)  Lease of facilities, equipment, or other assets from other organization(s)  Performance of services or membership or fundrations solicitations for other organization(s)  Performance of services or membership or fundrations solicitations by other organization(s)  Performance of services or membership or fundrations solicitations by other organization for expenses  Rembusement part to other organization for expenses  Rembusement part to other organization for expenses  Rembusement part to other organization for expenses  Other transfer of sash or property to other organization(s)  If the arrawer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transations are all the arrawer to any of the above is "Yes," see the instructions for information or who must complete this line, including covered relationships and transationships and transationships and transationships and transationships are of the organization for expenses.  Name or other organization (or expenses)  Name or other organization (or expenses)  Name or other organization (or expenses)  Name or other organization (or expenses)  Name or other organization (or expenses)  Name or other organization (or expenses)  Name or other organization (organization) (organizati		more related organizations used in	AILI CILIC	7
Gelf, grant, or captal contribution from other organization(s)  (delf, grant, or captal contribution from other organization(s)  (Loans or loan guarantees to or for other organization(s)  Sale of assets to control agrantazion(s)  Sale of assets to mother organization(s)  Exchange of assets  Exchange of as	_			+-
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Sale of assets to other organization(s)  Sale of assets to other organization(s)  Evchange of assets from other organization(s)  Evchange of assets from other organization(s)  Evchange of assets from other organization(s)  Lease of facilities, equipment, or other assets from other organization(s)  Performance of services or membership or fundraising solicitations for other organizations for other organizations for other organization for expenses  Sharing of paid employees  Rembursement paid by other organization for expenses  Rembursement paid by other organization for expenses  Rembursement paid to other organization for expenses  Other transfer of cash or property to other organization for expenses  Other transfer of cash or property from other organization for expenses  If the answer to any of the above is "Yes," see the institutions of information on who must complete this line, including covered relationships and transant has a contraction of the organization for expenses.  In the answer to any of the above is "Yes," see the institutions of the organization for expense organization for expense organization for expense organization for expense organizations.  In the answer to any of the above is "Yes," see the institutions of the organizations organization for expense organizations.  In the answer to any of the above is "Yes," see the institutions of the organization for expense organizations.  In the answer to any of the organizations for expense organizations for information on who must complete this line.  In the answer to any of the above is "Yes," see the institutions of the organization for expense organizations for information on who must complete this line.  In the answer to any of the above is "Yes," see the institutions for information on who must complete this line.  In the answer to any of the above is "Yes," see the institutions for information on who must complete this line.  In the answer to any of the organization for expenses.	Loans or loan quarantees to or for other organization(s)			<b>P</b> :
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Exchange of assets  Lease of facilities, equipment, or other assets from other organization(s)  Lease of facilities, equipment, or other assets from other organization(s)  Performance of services or membership or fundraising solicitations for other organization(s)  Performance of services or membership or fundraising solicitations by other organization for expenses  Sharing of facilities, equipment, mailing lists, or other assets.  Sharing of paid employees.  Sharing of paid employees  Sharing of paid employees  Other transfer of cash or property to other organization(s).  Other transfer of cash or property from other organization(s).  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 of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transactionships and transactionships are considered in the answer to any of the above is "Yes," see the instructions of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transactionships are transactionships and transactionships and transactionships are transactionships and transactionships and transactionships are transactionships and transactionships and transactionships are transactionships and transactionships are transactionships and transactionships are	Purchase of assets from other organization(s)			19
Lease of facilities, equipment, or other assets from other organization(s)  Lease of facilities, equipment, or other assets from other organization(s)  Performance of services or membership or fundrasing solicitations for other organization(s)  Performance of services or membership or fundrasing solicitations for other organization(s)  Sharing of facilities, equipment, malling lists, or other assets  Sharing of and employees  Sharing of and employees  Rembursement pand by other organization for expenses  Rembursement pand by other organization for expenses  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered reliationships and transatif the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered reliationships and transatif the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered reliationships and transative or the complete this line, including covered reliationships and transative or the complete this line, including covered reliationships and transation or the complete this line, including covered reliationships and transation or the complete this line, including covered reliationships and transative or the complete this line, including covered reliationships and transation or the complete this line, including covered reliationships and transation or the complete this line, including covered reliationships and transation or the complete this line, including covered reliationships and transation or the complete this line, including covered reliationships and transation or the complete this line, including covered reliationships and transation or the complete this line, including covered reliationships and transation or the complete this line, including covered reliationsh	Exchange of assets			# ::::
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Name of other organization(s)  Transaction (ppe (e-r)) (ppe (e-r))	If the answer to any of the above is "Yes," see the instructions for information on who must	mplete this line, including covered	relationships and trans	saction thresholds.
Name of other organization(s)  Transaction type (a=-f)  Type (a=-f)	***		(8)	(0)
	(A) Name of other organization(s)		Transaction type (a-r)	Amount involved
TOTAL BIOLOGICA				Sono (neo more) d alubados

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Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

(H) General or managing partner? Yes No Schedule R (Form 990) 2008 Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships. (G)
Code V-UBI
amount In box 20
of Schedule K-1
(Form 1065) (F) Disproportionate allocations? Yes (E)
Share of
end-of-year
assets Are all partners section 501(c)(3) organizations? (C)
Legal domicile
(state or foreign
country) Primary activity <u>e</u> Name, address, and EIN of entity