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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2009

Department of the Treasory Internal Reverue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements , 2009, and ending 6/30 2010 For calendar year 2009, or tax year beginning 7/01 Final return Initial Return of a former public charity G Check all that apply Initial return Amended return Address change Name change Employer identification number Use the OREGON UROLOGY FOUNDATION, INC. 20-1547206 IRS label. Otherwise. 2400 HARTMAN LANE #300 Telephone number (see the instructions) R prınt SPRINGFIELD, OR 97477 541-334-3334 or type. See Specific If exemption application is pending, check here Instructions. 1 Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check X Section 501(c)(3) exempt private foundation Check type of organization: here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated Fair market value of all assets at end of year Accounting method | X | Cash J under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶\$ 113,417 (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and (b) Net investment (c) Adjusted net (d) Disbursements (a) Revenue and Expenses (The total of amounts in expenses per books income for charitable income columns (b), (c), and (d) may not necespurposes sarily equal the amounts in column (a) (cash basis only) (see the instructions)) Contributions, gifts, grants, etc, received (att sch) 是是實 77. ~ 46 If the foundn is not req to att Sch B Interest on savings and temporary 古得了学 1,208 1,208 1,208 cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10 REVE b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 2 10a Gross sales less returns and allowances 3 : draft. Lite **b** Less Cost of 1 3 kg , 5 mg , 5 degoods sold. c Gross profit/(loss) (att sch) 11 Other income (attach schedule). SEE STATEMENT 1 19,820 GO. 208 Total. Add lines 1 through 11 106,279 208 Compensation of officers, directors, trustees, etc. Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) **b** Accounting fees (attach sch) $3, \overline{195}$ SEE ST 2 3,195 c Other prof fees (attach sch) 17 Interest 18 Taxes (attach schedule) (Seelin LECEIVED Depreciation (attach sch) and depletion
Occupance NOV 2 2 2010
Travel, conferences, and meetings SC ਲ੍ਹੇ 8,973 8,973 Printing and publications 3,700 3,700 E X P Other expenses (16) Schaule T SEE STATEMENT 23 12,186. 12,186. SES 24 Total operating and administrative 28,054. 28,054 expenses. Add lines 13 through 23 76,588. Contributions, gifts, grants paid PART XV 76,588 Total expenses and disbursements. 0 104,642. Add lines 24 and 25 104,642 Subtract line 26 from line 12: a Excess of revenue over expenses 1,637 and disbursements. 1,208 b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) 1,208. Form 990-PF (2009)

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Form 990-PF (2009)

113,417.

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(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)			D) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year
1a N/A			D — Donation		
b '					
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	
a					
b					
c				· · · · · · · · · · · · · · · · · · ·	
d					
<u>e</u>					
	wing gain in column (h) and owned by		<u> </u>	(I) Gains (Colu	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	th	ain minus column (k an -0-) or Losses (fr	om column (h))
a					
b					
<u> </u>					
<u>d</u>	 				
е				<u> </u>	
2 Capital gain net income or (ne		enter in Part I, line 7 er -0- in Part I, line 7	2		
3 Net short-term capital gain or	(loss) as defined in sections 1222(5)	and (6)		l .	
ın Part I, line 8	ne 8, column (c) (see the instructions)		3		
Part V Qualification Unde	er Section 4940(e) for Reduced	I Tax on Net Investmen	t Income		
If 'Yes,' the foundation does not qua	ction 4942 tax on the distributable ame alify under section 4940(e) Do not con in each column for each year, see the	nplete this part		Yes	X No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution umn (b) divided t	
2008	162,783.	116,	328.		1.399345
2007	10,247.		297.		0.290308
2006	15,292.	16,	500.		0.926788
2005	1,020.	10,	203.		0.099971
2004	12,117.	8,	030.		1.508966
2 Total of line 1, column (d)			2	· · · · · · · · · · · · · · · · · · ·	4.225378
Average distribution ratio for to number of years the foundation	he 5-year base period — divide the tot n has been in existence if less than 5	al on line 2 by 5, or by the years	3		0.845076
4 Enter the net value of nonchar	ritable-use assets for 2009 from Part X	K, line 5	4		120,825.
5 Multiply line 4 by line 3			5		102,106.
6 Enter 1% of net investment in	come (1% of Part I, line 27b)		6		12.
7 Add lines 5 and 6			7		102,118.
8 Enter qualifying distributions fr	rom Part XII, line 4		8		104,642.
	than line 7, check the box in Part VI, li	ne 1b. and complete that part		tax rate. See the	
Part VI instructions	The state of the s			·	000 BE (2000)

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Form 990-PF (2009)

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Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names

Par	t VII-A Statements Regarding Activities Continued	,		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12	_	х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address * WWW.THEOUF.ORG	13	Х	
14	The books are in care of ► KIM WILDISH Telephone no. ► 541-3	43-1	603	
14	Located at 2400 HARTMAN LANE, STE 300 SPRINGFIELD OR ZIP + 4 97477	3 2 _1.	202	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	N/A		TT -
13	and enter the amount of tax-exempt interest received or accrued during the year			N/A
Par	t·VII-B ⁻ Statements Regarding Activities for Which Form 4720 May Be Required			
<u> </u>	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	-	Yes	No
1:	a During the year did the foundation (either directly or indirectly)	325	A A	4
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	7.734	4 3 4 2 5 1 4 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disgualified person? . Yes X No	7.2		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			3
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	事态	Salata (1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			- 3
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the		wэ ,	
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) Yes X No	1		,
ŧ	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?	1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here			
(c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	£146	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			門
ā	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?		4	, "
	If 'Yes,' list the years ► 20 , 20 , 20	, \ -	:	
t	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see the instructions)	2 b	N	A /A
	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	3.5		
	► 20, 20, 20			
	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			1
t	of if 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	3b	N	A A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	-	X

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Form 990-PF (2009)

Part: VII-B Statements Regarding Activit	ies for Which Forn	n <u>4720 May Be Rec</u>	uired (continued))		
5a During the year did the foundation pay or inc	ur any amount to			_	À	
(1) Carry on propaganda, or otherwise attem		•	Yes	X No		<i>y</i> 3.5
(2) Influence the outcome of any specific put on, directly or indirectly, any voter registr	X No					
(3) Provide a grant to an individual for travel	X No					
(4) Provide a grant to an organization other t in section 509(a)(1), (2), or (3), or section	X No					
(5) Provide for any purpose other than religion educational purposes, or for the prevention	ous, charitable, scientifi on of cruelty to children	c, literary, or or animals?	Yes	X No	<u> </u>	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or ii (see instructions)?	the transactions fail to a current notice regar	qualify under the exceptions disaster assistance	otions e		5b	N/A
Organizations relying on a current notice rega	arding disaster assistan	ce check here .	►[, ","
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?		N/A Yes [] No		
If 'Yes,' attach the statement required by Reg		• •	_	j		
6a Did the foundation, during the year, receive a on a personal benefit contract?			Yes [X No		
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	ilums, directly or indirec	ctly, on a personal bene	etit contract?	}	6b	X
7a At any time during the tax year, was the foun-				⊠No ∫	` -	,
b If yes, did the foundation receive any proceed Part VIII Information About Officers, D				Fmplo	•	N/A
and Contractors						
1 List all officers, directors, trustees, foundation				T		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	oth	cpense ac er allowa	
SEE STATEMENT 4						
		0.	0			0.
		0.		•		0.
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1— see ir	structions). If none.	enter 'NC	ONE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pense ac er allowar	count, nces
NONE						
			- 			
					 -	
Total number of other employees paid over \$50,000				Form	n 990-PF	0
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20-1547206

Page 6

Form 990-PF (2009) OREGON UROLOGY FOUNDATION, INC.

Form 990-PF (2009) OREGON UROLOGY FOUNDATION, INC.	20-1547206 Page 7
Part: VIII Information About Officers, Directors, Trustees, Foundation Managers, and Contractors (continued)	, Highly Paid Employees,
3 Five highest-paid independent contractors for professional services — (see instructions). If non-	е,
(a) Name and address of each person paid more than \$50,000 (b) Type of	service (c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services .	> 0
PartiX:A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the norganizations and other beneficiaries served, conferences convened, research papers produced, etc.	umber of Expenses
1 <u>SEE STATEMENT 5</u>	
2 SEE STATEMENT 6	
3 SEE STATEMENT 7	0,863.
	8,133.
4	
Part/IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lir	nes 1 and 2 Amount
1 <u>N/A</u>	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	▶ 0.

20-1547206

Form **990-PF** (2009)

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Adjusted qualifying distributions. Subtract line 5 from line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).

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Form **990-PF** (2009)

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104,642.

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1	Distributable amount for 2009 from Part XI, line 7		,		6,029.
2	Undistributed income, if any, as of the end of 2009.	All the second second		\$ _\$ % # =	
ä	a Enter amount for 2008 only	13-31 t		0.	
ł	o Total for prior years 20, 20, 20	100	0.	· 	·
3	Excess distributions carryover, if any, to 2009	4			• '
ä	From 2004 11, 715.		[·		¢.
ı	From 2005 510.			,	, 1 -
•	From 2006 14, 467.				
•	From 2007 8,494.				
	From 2008 156, 987.				
	Total of lines 3a through e.	192,173.	77 - 17 Are 184		Property of the second
4	Qualifying distributions for 2009 from Part				The state of the s
	XII, line 4 ► \$ 104, 642.		-	الم مسلم المائسانيسانيا	
ā	Applied to 2008, but not more than line 2a		-	0.	· • · · · · · · · · · · · · · · · · · ·
ŀ	Applied to undistributed income of prior years (Election required – see instructions)		0.		ī
(Treated as distributions out of corpus			,	, , , , , , , , , , , , , , , , , , ,
	(Election required — see instructions)	0.	2 // / / / / / / / / / / / / / / / / /	y jet n	C 020
	Applied to 2009 distributable amount	100 C12		By and the second secon	6,029.
	Remaining amount distributed out of corpus	98,613.	4	· 图412	0.
5	Excess distributions carryover applied to 2009 (If an amount appears in column (d), the	0.	1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.
	same amount must be shown in column (a))	The state of the state of the		*	· ·
		A CONTRACTOR OF THE PARTY OF TH		-	
6	Enter the net total of each column as	,-			*
	indicated below:	290,786.			
á	a Corpus Add lines 3f, 4c, and 4e Subtract line 5	290,700.	<u> </u>		
ŀ	Prior years' undistributed income Subtract line 4b from line 2b	1	0.	-	
	Enter the amount of prior years' undistribut-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	ed income for which a notice of deficiency	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3	
	has been issued, or on which the section 4942(a) tax has been previously assessed		0.	. 1	
	Subtract line 6c from line 6b. Taxable	建设建筑		4. 34 A	STORY I
•	amount — see instructions.	运动的	0.		1. S.
	Undistributed income for 2008. Subtract line 4a from	THE PARTY OF THE P			
•	line 2a Taxable amount — see instructions.	ALT ALL SELECTION	1	0.	
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be	,	,		
	distributed in 2010				0.
7	Amounts treated as distributions out of		,		
	corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)		100	•	
	(see instructions)	0.			
8	Excess distributions carryover from 2004 not				•
	applied on line 5 or line 7 (see instructions)	11,715.	7 m	،، نيو	
9	Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	279,071.			
10	Analysis of line 9:	جي 	-'		
ä	Excess from 2005 510.				i
t	Excess from 2006 14, 467.]			
	Excess from 2007 8, 494.				
	Excess from 2008 156, 987.	Ì			
	Excess from 2009 98, 613.	<u> </u>			
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Form 990-PF (2009) OREGON UROLOGY F	OUNDATION, 1	NC.		20-154720	6 Page 1
Part XIV Private Operating Foundation	ons (see instru	ctions and Part	VII-A, question 9	9)	N/A
1a If the foundation has received a ruling or on is effective for 2009, enter the date of the	determination lette ruling	r that it is a private	operating foundatio	n, and the ruling	
b Check box to indicate whether the foundate	tion is a private op	erating foundation of	described in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	<u> </u>	Prior 3 years		
investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		ļ			
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter	,				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Supplementary Information assets at any time during the	(Complete this e vear – see in	part only if the structions.)	organization ha	d \$5,000 or mor	e in
Information Regarding Foundation Managa List any managers of the foundation who holose of any tax year (but only if they have NONE	jers:	ore than 2% of the	total contributions re section 507(d)(2))	eceived by the found	dation before the
b List any managers of the foundation who o	wn 10% or more o	of the stock of a cor	noration (or an equa	ally large portion of	the ownership of
NONE	foundation has a 1	0% or greater intere	est	any large portion of	the ownership of
2 Information Regarding Contribution, Gran	t. Gift. Loan. Scho	larship, etc. Progra	ims:		
Check here Inf the foundation only makes complete items 2a, b, c, and d	akes contributions	to preselected cha	ritable organizations		
a The name, address, and telephone number	r of the person to v	whom applications s	should be addressed	l:	
SEE STATEMENT 8					
b The form in which applications should be s	ubmitted and infor	mation and materia	Is they should include	de	•
SEE STATEMENT FOR LINE 2A					
c Any submission deadlines.					
SEE STATEMENT FOR LINE 2A					* *
d Any restrictions or limitations on awards, s	uch as by geograp	hical areas, charitat	ole fields, kinds of in	nstitutions, or other	factors.
SEE STATEMENT FOR LINE 2A					
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Page 11

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution status of Amount recipient Name and address (home or business) a Paid during the year TO PROVIDE FOR FREE 15,000. RIVERSTONE CLINIC CHARITABLE OR PUBLIC 1640 G STREET OR LOW-COST UROLOGICAL CARE FOR SPRINGFIELD, OR 97477 PATIENTS OF RIVERSTONE CLINIC. FRIENDS OF FLORENCE CHARITABLE OR PUBLIC TO PROVIDE FRIENDS 10,000. OF FLORENCE WITH THE PO BOX 598 FLORENCE, OR 97439 RESOURCES NEEDED TO TRANSPORT CANCER PATIENTS TO THEIR CANCER TREATMENTS FOR FREE. LCC FOUNDATION CHARITABLE OR PUBLIC TO PROVIDE SUPPORT 51,588. 4000 EAST 30TH AVE FOR THE UROLOGIC NEEDS OF THE NURSING EUGENE, OR 97405 PROGRAM. • 76,588. 3a b Approved for future payment

3Ь

Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income	Exclude	by section 512, 513, or 514	
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
a PROST8K RACE					8,086.
b SYMPOSIUM REVENUE					11,734.
С					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	1,208.	
4 Dividends and interest from securities.					
5 Net rental income or (loss) from real estate.	Supplied to	多。这些人的	Fry C. M.	大学のない これが	*10
a Debt-financed property.	<u></u>				
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income				· · · · · · · · · · · · · · · · · · ·	
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue	10 mm	ラナ かい 当 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			The state of the s
a	ļ				·
b	ļ				
с					
d					
e					
12 Subtotal Add columns (b), (d), and (e)	J. 1			1,208.	19,820.
13 Total. Add line 12, columns (b), (d), and (e)				13	21,028.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions)
1A	REVENUE RECEIVED FROM THE ORGANIZATION'S ANNUAL EDUCATIONAL SYMPOSIUM. THE
	EDUCATIONAL SYMPOSIUM IS CONDUCTED TO FURTHER OREGON UROLOGY FOUNDATION'S
	MISSION OF PROMOTING UROLOGICAL HEALTH THROUGH EDUCATION, AND CREATING
	OPPORTUNITIES FOR PRACTICING UROLOGISTS' CONTINUING PROFESSIONAL DEVELOPMENT.
1B	REVENUE RECEIVED FROM THE ORGANIZATION'S ANNUAL FATHER'S DAY PROST8K RACE.
	REVENUES FROM THE RACE ARE CONDUCTED TO FURTHER OREGON UROLOGY FOUNDATION'S
	MISSION OF PROVIDING FREE UROLOGIC HEALTH CARE SERVICES AT IT'S ANNUAL
	PROSTRATE CANCER SCREENING EVENT IN JULY.

Page 13

Part Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

_		i								Yes	No
	desc	the organization directly cribed in section 501(c)	of the Code (o	ngage in any of th ther than section 5	e following witi 501(c)(3) organ	h any o izations	ther organizati s) or in section	on 527,			
	relat	ing to political organiza	itions?					,	34.025	G.	100
		sfers from the reporting	g foundation to	a noncharitable e	xempt organiza	ation of			1- (1)	3 5	
	(1) (1a (1)		X
	` '	Other assets						•	1 a (2)	/ 200	1 70 1 6
		er transactions: Sales of assets to a nor	acharitable eve	mnt organization					1 b (1)	TELES.	X
	• •	Purchases of assets fro		· -	zation	•	•		1b(1)		X
	٠,	Rental of facilities, equi			2011011	• •			1b (3)		X
	` '	Reimbursement arrange	•	1 433013					1b (4)		X
	` '	oans or loan guarantee							1 b (5)		Х
	• • •	Performance of services		ip or fundraising s	olicitations				1 b (6)		Х
	c Shar	ing of facilities, equipm	ent, mailing lis	sts, other assets, o	r paid employe	es			1c	•	Х
	d If the the g	e answer to any of the a goods, other assets, or transaction or sharing a	above is 'Yes,' services given irrangement, si	complete the follow by the reporting for how in column (d)	wing schedule Jundation If the the value of the	Colum e found e aoods	n (b) should al ⁱ ation received s. other assets	ways show the less than fair r , or services re	fair market vali market value in ceived	ue of	
-	a) Line no.	7	1	of noncharitable exempt					s, and sharing arrar		ts
	/A										
				<u> </u>							
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_	-										
_											
	2a Is the	e foundation directly or ribed in section 501(c)	indirectly affiliated the Code (of	ated with, or relate ther than section 5	d to, one or mo 01(c)(3)) or in	ore tax- section	exempt organi 527?	zations	Yes	X	No
	b If 'Ye	s,' complete the follow	ing schedule	·						-	
		(a) Name of organizati	ion	(b) Type o	f organization		(0	c) Description of	of relationship		
<u>N</u>	<u>/A</u>										
_					-						
			·								
_											
-	Under nen	alties of perjury, I declare that	I have examined thi	s return, including accom	nanving schedules	and states	ments, and to the hi	est of my knowledge	and belief, it is true	correc	t. and
	complete	Declaration of preparer (other t	than taxpayer or fide	uciary) is based on all inf	ormation of which p	reparer h	as any knowledge			,	.,
		-	ulh.			1.5.	1 1				
S	-	Arrio -	$\nu \nu \cdot \gamma$			11	118/10		'ARY/TREASI	JRER	<u> </u>
G	Sign	ature of officer or trustee				Date	<u> </u>	Title	Branavar's Identifie		
	רים ו	Preparer's				Date	1/2-1	Check if	Preparer's identify: (See Signature in t	the instr	s)
HERE	Paid Pre-	signature					105/10	employed P	P00374744		
E	parer's Use			N OSTERMAN Y	UVA LLP			EIN ► 26-	-1589090		
	Only	employed),	E 4TH AVE	AO1 0400			·	-	/FA1\ 244	110	^
_		ZIP code EUGE	NE, UR 97	401-2429				Phone no	(541) 344-		
B	AA .								Form 99 0	 アト (ZUUY)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545 0047

2009

Name of the organization		Employer identification number
OREGON UROLOGY FOUNDATION	N, INC.	20-1547206
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
•	4947(a)(1) nonexempt charitable trust not tr	eated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treate	ed as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by Note: Only a section 501(c)(7), (8), or (the General Rule or a Special Rule 10) organization can check boxes for both the General R	dule and a Special Rule See instructions
General Rule –		•
X For an organization filing Form 990, contributor (Complete Parts I and II	990-EZ, or 990-PF that received, during the year, \$5,000 (0 or more (in money or property) from any one
Special Rules –		
509(a)(1)/170(b)(1)(A)(vi) and received f	filing Form 990 or 990-EZ, that met the 33-1/3% supportrom any one contributor, during the year, a contribution of the ine 1h or (ii) Form 990-EZ, line 1 Complete Parts I and I	greater of (1) \$5,000 or (2) 2% of the
For a section 501(c)(7), (8), or (10) aggregate contributions of more that prevention of cruelty to children or a	organization filing Form 990 or 990-EZ, that received froin \$1,000 for use <i>exclusively</i> for religious, charitable, sciennimals. Complete Parts I, II, and III	m any one contributor, during the year, entific, literary, or educational purposes, or the
contributions for use exclusively for	organization filing Form 990 or 990-EZ, that received froin religious, charitable, etc, purposes, but these contribution that were received during the year for exparts unless the General Rule applies to this organization.	ons did not aggregate to more than \$1,000 lf an exclusively religious, charitable, etc.
religious, charitable, etc, contribution	ns of \$5,000 or more during the year	> \$
990 PF) but it must answer 'No' on Part	rered by the General Rule and/or the Special Rules does t IV, line 2 of their Form 990, or check the box on line H the filing requirements of Schedule B (Form 990, 990-EZ	of its Form 990-EZ, or on line 2 of its Form
BAA For Privacy Act and Paperwork F for Form 990, 990EZ, or 990-PF.	Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of org	anization		Employer identification number
OREGO	N UROLOGY FOUNDATION, INC.		20-1547206
Partil	Contributors (see instructions)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) Type of contribution
1	OREGON UROLOGY INSTITUTE, P.C. 2400 HARTMAN LANE, SUITE 100 SPRINGFIELD, OR 97477		Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributior	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)		Page	1of	1 of Part II
Name of organiza				Į.	ntification number
OREGON U	ROLOGY FOUNDATION, INC.			20-1547	206
Partilla N	Noncash Property (see instructions)				
(a) No. from Part I	(b) Description of noncash property given		FMV (or (see inst	c) estimate) tructions)	(d) Date received
N	I/A				
 					
		\$_			
(a) No. from Part I	(b) Description of noncash property given		FMV (or	c) estimate) tructions)	(d) Date received
- until					
		, \$_			
	<i>(L)</i>			<u> </u>	(d)
(a) No. from Part I	(b) Description of noncash property given		FMV (or (see inst	c) estimate) ructions)	(d) Date received
-		\$			
(a) No. from Part I	(b) Description of noncash property given		FMV (or (see inst	c) estimate) ructions)	(d) Date received
		\$_	,		
(a) No. from Part I	(b) Description of noncash property given		FMV (or (see inst	c) estimate) ructions)	(d) Date received
		\$-	-		

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

(d) Date received

(c) FMV (or estimate) (see instructions)

(a) No. from Part I (b)
Description of noncash property given

Relationship of transferor to transferee

(d)

Description of how gift is held

(a)

No. from

Part I

(b)

Purpose of gift

Transferee's name, address, and ZIP + 4

(c)

Use of gift

(e) Transfer of gift

2009	FEDERAL STATEMENTS	PAGE 1
CLIENT 40038	OREGON UROLOGY FOUNDATION, INC.	20-1547206
11/04/10		09:32AM
STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME		
	(A) (B) NET REVENUE INVESTMENT PER BOOKS INCOME	(C) ADJUSTED NET INCOME
PROST8K RACE . SYMPOSIUM REVENUE	\$ 8,086. 11,734. \$ 19,820.\$ 0.5	<u> 0.</u>
STATEMENT 2 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES		
PROFESSIONAL FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 3,195. TOTAL \$ 3,195. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 3,195. \$ 3,195.
STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
BANK FEES FILING FEES GENERAL SUPPLIES MARKETING EXPENSES MEALS & ENTERNTAINMENT POSTAGE SCREENING CLINICS	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 189. 50. 81. 2,827. 1,041. 1,498. 6,500. TOTAL \$ 12,186. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 189. 50. 81. 2,827. 1,041. 1,498. 6,500. \$ 12,186.
STATEMENT 4 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS	S, TRUSTEES, AND KEY EMPLOYEES	- EXPENSE
NAME AND ADDRESS	TITLE AND CONTRI AVERAGE HOURS COMPEN- BUTION PER WEEK DEVOTED SATION EBP & 1	TO ACCOUNT/
NAME AND ADDRESS DENNIS ELLISON, MD 39689 DEERHORN ROAD SPRINGFIELD, OR 97478	DIRECTOR \$ 0.\$	0. \$ 0.

2009

FEDERAL STATEMENTS

PAGE 2

CLIENT 40038

OREGON UROLOGY FOUNDATION, INC.

20-1547206

11/04/10

09 32AM

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	
JOSEPH COX 3845 SPRING BOULEVARD EUGENE, OR 97405	SECRETARY/TREAS 1.00	\$ 0	0. \$ 0.	\$ 0.
KAREN RUTAN 590 COUNTRY CLUB ROAD EUGENE, OR 97401	DIRECTOR 1.00	C	0.	0.
PAUL WEINHOLD 2255 CHARNELTON STREET EUGENE, OR 97405	VICE PRESIDENT 1.00	C	0.	0.
JACKMAN WILSON PO BOX 10188 EUGENE, OR 97440	PRESIDENT 1.00	C	. 0.	0.
KEN PROVENCHER 110 INTERNATIONAL WAY SPRINGFIELD, OR 97477	DIRECTOR 1.00	C	0.	0.
DEREK JOHNSON C/O 975 OAK STREET, SUITE 1050 EUGENE, OR 97401	DIRECTOR 1.00	O	0.	0.
	TOTAL	\$ 0	. \$ 0.	\$ 0.

STATEMENT 5 FORM 990-PF, PART IX-A, LINE 1 SUMMARY OF DIRECT CHARITABLE ACTIVITIES

DIRECT CHARITABLE ACTIVITIES

EDUCATIONAL SYMPOSIUM. ON APRIL, 10, 2010, OREGON UROLOGY FOUNDATION \$ 11,859.
PROVIDED TO THE PUBLIC AN EDUCATIONAL SYMPOSIUM TITLED "UROLOGY:
UPDATE." THE SYMPOSIUM WAS DESIGNED TO EDUCATE UROLOGISTS IN A
VARIETY OF ADVANCED UROLOGIC TOPICS AND TECHNIQUES. THE SYMPOSIUM HAD
AN ATTENDANCE OF 90 PEOPLE, WITH 12 SPEAKERS.

STATEMENT 6 FORM 990-PF, PART IX-A, LINE 2 SUMMARY OF DIRECT CHARITABLE ACTIVITIES

DIRECT CHARITABLE ACTIVITIES	- —	EXPENSES
FATHER'S DAY PROST8K RACE. ON JUNE 20, 2010, OREGON UROLOGY	\$	6,865.
FOUNDATION ORGANIZED AN 8K RUN AND A 5K WALK TO RAISE PROSTATE CANCER		
AWARENESS. THE EVENT INCLUDED 236 SURVIVORS/RUNNERS/WALKERS AND OVER		
30 VOLUNTEERS. PROCEEDS FROM THE RACE WENT TO FUND OREGON UROLOGY		
FOUNDATION'S ANNUAL FREE PROSTATE CANCER SCREENING EVENT.		

2009

FEDERAL STATEMENTS

PAGE 3

CLIENT 40038

OREGON UROLOGY FOUNDATION, INC.

20-1547206

11/04/10

09 32AM

STATEMENT 7 FORM 990-PF, PART IX-A, LINE 3 SUMMARY OF DIRECT CHARITABLE ACTIVITIES

DIRECT CHARITABLE ACTIVITIES

EXPENSES

ANNUAL FREE PROSTATE CANCER SCREENING EVENT. ON JULY 13, 2010 AND JULY 14, 2010, THE OREGON UROLOGY FOUNDATION SPONSORED A FREE SCREENING EVENT IN WHICH MEN RECEIVED A PHYSICAL AND BLOOD DRAW FREE OF CHARGE. APPOXIMATELY 1,000 MEN WERE SCREENED IN THE TWO DAYS.

8,133.

STATEMENT 8 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

CARE OF:

STREET ADDRESS: CITY, STATE, ZIP CODE:

TELEPHONE:

FORM AND CONTENT:

OREGON UROLOGY FOUNDATION

STEPHANIE KERNS

OREGON UROLOGY FOUNDATION 2400 HARTMAN LANE, SUITE 300

SPRINGFIELD, OR 97477

(541) 484-0221

OREGON UROLOGY FOUNDATION PROVIDES A GRANT APPLICATION ON

THEIR WEBSITE. THE APPLICATION ASKS FOR CONTACT INFORMATION, TAX ID NUMBER, REQUESTED GRANT AMOUNT, POPULATION DESCRIPTION AND PROPOSAL INFORMATION.

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS:

THE BOARD OF DIRECTORS REQUEST THAT APPLICANTS APPLY FOR GRANTS BETWEEN \$10,000 AND \$25,000. THEY ALSO PREFER THE INTENDED USE OF THE GRANT BE USED TO PROVIDE UROLOGIC CARE

TO PATIENTS.