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Form **990-PF**

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

OMB No 1545-0052

2013

Department of the Treasury Internal Revenue Service ► Do not enter Social Security numbers on this form as it may be made public.
► Information about Form 990-PF and its separate instructions is alwww.irs.gov/form990pf.

For care	endar year 2013, or tax year beginning	, 2013,	and ending	, , , , , , , , , , , , , , , , , , ,	
UROLO	OGIC CANCER FOUNDATION	-		A Employer identification num 74-2518380	mber
	NORTH CURTISWOOD LANE VILLE, TN 37204		Ī	B Telephone number (see the 615-293-9664	instructions)
C Cho	eck all that apply Initial return	Initial return of a form	per public charity	C If exemption application is	pending, check here
G Che	Final return	Amended return	1	D 1 Foreign organizations, che	ck here
	Address change	Name change		2 Foreign organizations mee	ting the 85% test, check
н СН	heck type of organization X Section 5010 Section 4947(a)(1) nonexempt charitable tr	(c)(3) exempt private fount ust Other taxable p		here and attach computate E. If private foundation status	L
	air market value of all assets at end of year J Acco	ounting method: X Ca		E If private foundation statu- under section 507(b)(1)(A	
(fr ► s̀	· —	Other (specify) column (d) must be on		F If the foundation is in a 60 under section 507(b)(1)(B	
Part		· · · · · · · · · · · · · · · · · ·			
- Allerad	Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	t (c) Adjusted net income	(d) Disbursements for charitable purposes (cash
	(seé instructions))				basis only)
	1 Contributions, gifts, grants, etc, received (att sch) 2 Ck If the foundn is not reg to att Sch B	49,067.			
	3 Interest on savings and temporary cash investments		+ <u>, , , , , , , , , , , , , , , , , , ,</u>	NY / B	377
	4 Dividends and interest from securities	5,862.	5,86	2. N/A	
·	5 a Gross rents b Net rental income				3
R	or (loss) 6 a Net gain/(loss) from sale of assets not on line 10	554.			-
R E V	b Gross sales price for all 1,020.		<u> </u>	7 7 7	2
Ě	7 Capital gain net income (from Part IV, line 2)	·= =.	55.	4.	1
E N U	8 Net short-term capital gain 9 Income modifications				
Ε	10 a Gross sales less returns and	9	= ,		;
	allowances b Less Cost of goods sold		-	د رو	
	c Gross profit/(loss) (att sch)		<u></u>		
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	55,483.	6,41		0,18
	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	0.			- 0
	15 Pension plans, employee benefits			ISI MAY	3 6 2014 10
A D	16 a Legal fees (attach schedule) SEE ST 1	770.	77	0. @	
M	b Accounting fees (attach sch) SEE ST 2 c Other prof fees (attach sch) SEE ST 3	1,170. 2,990.	1,17 2,99		DEN. UI
0 I	17 Interest	2,330.	2,33	0.	
O I S T R A	18 Taxes (attach schedule)(see instrs) SEE STM 4	23.	2	3.	
A A	sch) and depletion				
N V G E	20 Occupancy 21 Travel, conferences, and meetings				
	Z. Travel, edition of the same strategy				
A E N D P E N	23 Other expenses (attach schedule)				
N S E	24 Total operating and administrative	4 053	4.05		
š	expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid PART XV	4,953. 30,100.	4,95	3.	30,100.
	26 Total expenses and disbursements.		4.05	: 2	
	Add lines 24 and 25 27 Subtract line 26 from line 12	35,053.	4,95	00.	30,100.
	a Excess of revenue over expenses and disbursements	20,430.]		-
	b Net investment income (if negative, enter -0-)	20,430.	1,46	53.	, , ° -
<u> </u>	C Adjusted net income (if negative, enter -0-)	A		TEE 4050M 107072	Form 000 DF (0010)
BAA	For Paperwork Reduction Act Notice, see ins	iructions.		TEEA0504L 10/18/13	Form 990-PF (2013)

Part	Π	Balance Sheets	column should be for en		" ⊢	(a) Book Value	(h) Dools Vol	Cita of	<u> </u>
			(See instructions)		-	(a) Book value	(b) Book Val	ue	(c) Fair Market Value
	1	Cash - non-interest	•		<u> </u>	205 767		0.67	200 000
ŀ	2	Savings and tempor	•	ils		205,767.	200,		200,267
	3	Accounts receivable				·		=	
		Less: allowance for Pledges receivable	doubtidi accounts		+				a comme
	4	Less: allowance for	doubtful accounts I		+-		<u> </u>		<u> </u>
Ì	5	Grants receivable	doublidi accodins	-					
ļ			unara dirantara triintana	and other					
	6	Receivables due from offi disqualified persons (atta	nch schedule) (see instru	ctions)					
ļ	7	Other notes and loans red	cervable (attach sch)	•	-		cc 45.3		1
Ą		Less: allowance for	doubtful accounts 1	·					
Š	8	Inventories for sale	or use .				-		
A S E T	9	Prepaid expenses a	and deferred charge	s	.				
s	10 a	Investments - U.S.	and state governm	ent					
		obligations (attach	•	CM3 mpsersim r	_ _				
		Investments — corporate	•			112,024.	121,		111,846
		: Investments — corporate	•	STATEMENT 6	° -	101,000.	101,	000.	94,449
	11	Investments – land equipment: basis	, buildings, and			- , <u>-</u> .		= e	
		Less, accumulated depre (attach schedule)	ciation	-					
		Investments – mor							
	}	Investments – othe	•						
	14	Land, buildings, an		-			= 30 <u>3</u>		
		Less: accumulated depre (attach schedule)	ciation	>					
	15 16	Total assets (to be		ers — — — — — — — — — — — — — — — — — — —)	418,791.	423,	178	406,562
L	17		and accrued expens		- 	120, 132.	123)	170.	100, 302
I A	18	Grants payable						-	
B	19	Deferred revenue			.				-, -
L	20	Loans from officers, dire	ectors, trustees, & other o	disqualified persons					
Ī	21	Mortgages and other not	es payable (attach sched	ule)	. [}-*
i	22	Other liabilities (de	scribe►) _				
E S	23	Total liabilities (add		·		0.		0.	, mg
		Foundations that f and complete lines	ollow SFAS 117, ch 24 through 26 and	eck here l lines 30 and 31.					
N F	24	Unrestricted							
E U	25	Temporarily restric	ted						1
D	26	Permanently restric	cted]
A S B S A		Foundations that cand complete lines	to not follow SFAS 27 through 31.	117, check here	► X				
E L	27	Capital stock, trust	principal, or curren	it funds					
TA	28	• •	is, or land, building, and		.				-
O E	29	•	mulated income, endowm			418,791.	423,	178.	-
RS	30	Total net assets or	r fund balances(see	instructions)		418,791.		178.	1
	31		d net assets/fund b	alances		410 701			1
Dai	# III	(see instructions) Analysis of Cha	nges in Net Ass	ets or Fund Ra	lance	418,791.	423,	178.	L
	-	· · · · · · · · · · · · · · · · · · ·				n (a), line 30 (must a	gree with	\top	1
•	end	l-of-year figure report	ed on prior year's r	eturn)		, ,	-	1	418,791
2	Ent	er amount from Part	I, Ime 27a					2	20,430
3		r increases not included in	line 2 (itemize)	► SEE STATEM	ENT_7		_	3	554
4		l lines 1, 2, and 3 .						4	439,775
5		eases not included in line	•	► SEE STATEM				5	16,597
6	l ot	al net assets or fund	palances at end of	year (line 4 minus	iiue p)–	Part II, column (b), I	ine 30	6	423,178

(a) List and descr 2-story brick wareho	Story brick warehouse, or common stock, 200 shares M.C. Company) P - Purd		How acquired — Purchase — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year
1a 34 MAKO SURGICAL	CORP		P	VARIOUS	12/18/13
b c					
d				-	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) mi	
a 1,02	0.		66.		554
b					
C					
d e					
Complete only for assets sh	lowing gain in column (h) and owned by	the foundation on 12/31/69		(1) Gains (Colu	ımn (h)
(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		ain minus column (kj an -0-) or Losses (fro), but not less
a					554
c					
d					·
е					
2 Capital gain net income or		enter in Part I, line 7 ter -0- in Part I, line 7	2		554
3 Net short-term capital gain	or (loss) as defined in sections 1222(5) a	and (6):	-		334
If gain, also enter in Part I,	line 8, column (c) (see instructions). If (loss), enter -0-			
ın Part I, line 8 .	der Section 4940(e) for Reduced	ل_	3	<u> </u>	0
f 'Yes,' the foundation does not o	section 4942 tax on the distributable am	• • • • • • • • • • • • • • • • • • • •	loa?	∐Yes	X No
(a) Base period years Calendar year (or tax year	int in each column for each year; see the	instructions before making any	entries.		
beginning in)	(b) Adjusted qualifying distributions			(d) Distribution umn (b) divided l	ı ratıo
beginning in)	(b)	instructions before making any (c) Net value of	(col	Distribution	ratio by column (c))
2012 2011	Adjusted qualifying distributions 27,156. 17,375.	Net value of noncharitable-use assets 334, (297, 197)	(coli	Distribution	0.081130 0.05839
2012 2011 2010	(b) Adjusted qualifying distributions 27, 156. 17, 375. 23, 501.	(c) Net value of noncharitable-use assets 334, (297, 32490, 3249000000000000000000000000000000000000	(coli 699. 563.	Distribution	0.081130 0.058393 0.094263
2012 2011	(b) Adjusted qualifying distributions 27,156. 17,375. 23,501. 9,900.	Net value of noncharitable-use assets 334, 297, 249,	(coli 699. 563. 315.	Distribution	0.08113 0.05839 0.094262 0.04939
2012 2011 2010 2009	(b) Adjusted qualifying distributions 27, 156. 17, 375. 23, 501.	(c) Net value of noncharitable-use assets 334, (297, 32490, 3249000000000000000000000000000000000000	(coli 699. 563. 315.	Distribution	0.08113 0.05839 0.094262 0.04939
2012 2011 2010 2009	(b) Adjusted qualifying distributions 27,156. 17,375. 23,501. 9,900.	Net value of noncharitable-use assets 334, 297, 249,	(coli 699. 563. 315.	Distribution	0.081130 0.05839 0.094263 0.049393 0.051753
2012 2011 2010 2009 2008 2 Total of line 1, column (d) 3 Average distribution ratio for	(b) Adjusted qualifying distributions 27,156. 17,375. 23,501. 9,900.	noncharitable-use assets 334, (297, 3249, 3200, 221, 3240) al on line 2 by 5, or by the	(coli 5699. 563. 315. 438.	Distribution	0.081130 0.058393 0.094262 0.049393 0.051753
2012 2011 2010 2009 2008 2 Total of line 1, column (d) 3 Average distribution ratio for number of years the foundation	(b) Adjusted qualifying distributions 27, 156. 17, 375. 23, 501. 9, 900. 11, 450. or the 5-year base period— divide the total	Net value of noncharitable-use assets 334, 297, 249, 200, 221, 31 on line 2 by 5, or by the syears	(cold 599. 563. 315. 438. 246. 2	Distribution	0.08113 0.05839 0.094263 0.049393 0.051753 0.334933
2012 2011 2010 2009 2008 2 Total of line 1, column (d) 3 Average distribution ratio for number of years the foundation	Adjusted qualifying distributions 27, 156. 17, 375. 23, 501. 9, 900. 11, 450. or the 5-year base period— divide the totation has been in existence if less than 5	Net value of noncharitable-use assets 334, 297, 249, 200, 221, 31 on line 2 by 5, or by the syears	(cold 599. 563. 315. 438. 246. 2	Distribution	0.081130 0.058393 0.094263 0.049393 0.051752 0.334933 0.066983
2012 2011 2010 2009 2008 2 Total of line 1, column (d) 3 Average distribution ratio for number of years the foundate 4 Enter the net value of nonces 5 Multiply line 4 by line 3	Adjusted qualifying distributions 27, 156. 17, 375. 23, 501. 9, 900. 11, 450. or the 5-year base period— divide the totation has been in existence if less than 5 charitable-use assets for 2013 from Part	Net value of noncharitable-use assets 334, 297, 249, 200, 221, 31 on line 2 by 5, or by the syears	(cold 599. 563. 315. 438. 246. 2	Distribution	0.081136 0.058393 0.094264 0.049393 0.051753 0.334933 0.066983 404,134
2012 2011 2010 2009 2008 2 Total of line 1, column (d) 3 Average distribution ratio for number of years the foundate 4 Enter the net value of nonce 5 Multiply line 4 by line 3	Adjusted qualifying distributions 27, 156. 17, 375. 23, 501. 9, 900. 11, 450. or the 5-year base period— divide the totation has been in existence if less than 5 charitable-use assets for 2013 from Part	Net value of noncharitable-use assets 334, 297, 249, 200, 221, 31 on line 2 by 5, or by the syears	(column (colum	Distribution	ı ratıo
2012 2011 2010 2009 2008 2 Total of line 1, column (d) 3 Average distribution ratio for number of years the founds 4 Enter the net value of nonce 5 Multiply line 4 by line 3 6 Enter 1% of net investment	Adjusted qualifying distributions 27, 156. 17, 375. 23, 501. 9, 900. 11, 450. or the 5-year base period—divide the totation has been in existence if less than 5 charitable-use assets for 2013 from Part	Net value of noncharitable-use assets 334, 297, 249, 200, 221, 31 on line 2 by 5, or by the syears	(column (colum	Distribution	0.081130 0.058393 0.094262 0.049393 0.051752 0.334933 0.066983 404,134 27,072

b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation

SEE STATEMENT 9

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV) If 'Yes,' complete Part XIV

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

SEE STATEMENT 10

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Pai	Statements Regarding Activities (continued)					
113/64			— т		—	
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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified advisory privileges? If 'Yes,' attach statement (see instructions)	persor		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption ap Website address N/A	plication	on?	13	Х	
1/	The books are in care of DR. JOSEPH A. SMITH, JR. Telephone no					
,-		_	<u> 615-29</u>	3-95	004_	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu oForm 1041 – Check here	<u>3720</u>	4	N/A		г.
13	and enter the amount of tax-exempt interest received or accrued during the year	► 15	5	 A^1 ∨		∐ N/A
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authobank, securities, or other financial account in a foreign country?	rity ov	era	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name foreign country ►	of the				TABLE
22	MWIEB Statements Regarding Activities for Which Form 4720 May Be Required					
	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):				- 63	7.6
	The state of the s	Yes	XNo		¥6. —	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	163	A NO			
		Yes	XNo	- 	ا - سری-	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No		=	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			errien .
	(5) Transfer any income or assets to a disqualified person (or make any of either available	•				
		Yes	X No			. E
		,			-	
	(6) Agree to pay money or property to a government official? Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination		i			- - : `
		Yes	ΧNο	}		gran.
	b If any answer is 'Yes' to 1a(1)-(6), didany 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 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 2013?			1 c		Х
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)):					
	a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d		_			
	and 6e, Part XIII) for tax year(s) beginning before 2013?	Yes	X No		-	
	If 'Yes,' list the years ▶ 20 , 20 , 20			_		
	b Are there any years listed in 2a for which the foundation isnot 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		ļ			
	all years listed, answer 'No' and attach statement— see instructions.)	2) 10	ľ	2b	N	/A
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.					
	► 20 , 20 , 20 , 20				ŀ	
3	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			
			△ 140			
	b If 'Yes,' did it have excess business holdings in 2013 as a result o(1) any purchase by the foundation or disqualified persons after May 26, 1969:(2) the lanse of the 5-year period (or longer period approved		l		ŀ	
	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 2013).		ſ	3ь	NT	/ ħ
			ŀ	30	N	A
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4 a		v
	onancado parpodos.		į	4 4	أدري	X
	b 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 2013?		ľ	4 b		Х

Part VII-B Statements Regarding Activitie	es for Which Form	4720 May Be Requ	i ired (continued)	
5 a During the year did the foundation pay or incur	-			
(1) Carry on propaganda, or otherwise attempt	_		Yes X	No see see see
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registrate	ion drive?			No -
(3) Provide a grant to an individual for travel,	study, or other similar p	urposes	∐ Yes X	No -
(4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section	an a charitable, etc, orç 4940(d)(2)? (see instru	ganization described ctions)	Yes X	No E
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	is, charitable, scientific, i of cruelty to children o	literary, or or animals?	Yes X	No
b If any answer is 'Yes' to 5a(1)-(5), didany of the described in Regulations section 53.4945 or in (see instructions)?	e transactions fail to qua current notice regard	ualify under the exception ing disaster assistance	ons	5b N/A
Organizations relying on a current notice regar	ding disaster assistanc	e check here .	▶ [
c If the answer is 'Yes' to question 5a(4), does that tax because it maintained expenditure responsing 'Yes,' attach the statement required by Regulations.	sibility for the grant?		N/A Yes	No
6 a Did the foundation, during the year, receive an on a personal benefit contract?	y funds, directly or indi	rectly, to pay premiums · ·	Yes X	No No
b Did the foundation, during the year, pay premi	ums, directly or indirect	ly, on a personal benef		6 b X
7 a At any time during the tax year, was the found	ation a party to a prohi	bited tax shelter transa	ction? Yes X	No No
b if 'Yes,' did the foundation receive any proceed				N/A 7b
Part VIII Information About Officers, Dire				
and Contractors	, ,	J	, , , ,	,
1 List all officers, directors, trustees, foundatio	n managers and their c	ompensation (see inst	ructions).	
(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	(e) Expense account, other allowances
JOSEPH A. SMITH, JR. 828 N CURTISWOOD LANE	TRUSTEE 1.80	0.	0.	0.
NASHVILLE, TN 37204				
BARBARA B. SMITH	TRUSTEE	0.	0.	0.
828 N CURTISWOOD LANE	0.13			
NASHVILLE, TN 37204	TDUCTEE		0	
RICHARD H. JOHNSON II 201 S MAIN STREET, SUITE 1100 SALT LAKE CITY, UT 84111	TRUSTEE 0.04	0.	0.	0.
SHEET MILLE CITT, OF OATEL				-
2 Compensation of five highest-paid employee	es (other than those inc	luded on line-1 see ins	tructions). If none, er	iter 'NONE.'
(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) Expense account, other allowances
NONE	-			
		=-		
Total number of other employees paid over \$50,000)			• 0
BAA	TEEA0306L (07/10/13		Form 990-PF (2013)

74-2518380

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Total. Add lines 1 through 3

BAA

0.

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3 Five highest-paid independent contractors for professional services (see in	structions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	İ	
	r-10-	
	· · · · · · · · · · · · · · · · · · ·	
Total number of others receiving over \$50,000 for professional services	>	
Part IXA Summary of Direct Charitable Activities		-
d Che De Ma		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic organizations and other beneficiaries served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
		· · · · · · · · · · · · · · · · · · ·
1 <u>N/A</u>		
		
2		
<u></u>		
3		
4		
PartilX-B. Summary of Program-Related Investments (see instri	uctions)	-
		,
Describe the two largest program-related investments made by the foundation du	uring the tax year on lines I and 2.	Amount
1		
<u>N/A</u>		
2	· · · · · · · · · · · · · · · · · · ·	
²		•
		-
All other program-related investments. See instructions.		
3		
		-
	_ _	-

Adjusted qualifying distributions Subtract line 5 from line 4

Minimum Investment Return (All domestic foundations must complete this part, Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: a Average monthly fair market value of securities 1 a 194,534 b Average of monthly cash balances 1 b 215,754c Fair market value of all other assets (see instructions) 1 c d Total (add lines 1a, b, and c). 1 d 410,288 e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1е 0 Acquisition indebtedness applicable to line 1 assets. 2 O Subtract line 2 from line 1d 3 410. 288. Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 6,154. Net value of noncharitable-use assetsSubtract line 4 from line 3. Enter here and on Part V, line 4 5 404,134. Minimum investment return.Enter 5% of line 5 20,207. Particular Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) Minimum investment return from Part X, line 6 1 20,207. 2 a Tax on investment income for 2013 from Part VI, line 5 2 a 15 b Income tax for 2013 (This does not include the tax from Part VI) 2 b c Add lines 2a and 2b 2 c 15. Distributable amount before adjustments. Subtract line 2c from line 1 3 20,192 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 20,192. Deduction from distributable amount (see instructions) 6 Distributable amountas adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 20,192. Part Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 1 a 30,100. b Program-related investments - total from Part IX-B 1 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes 2 Amounts set aside for specific charitable projects that satisfy the. a Suitability test (prior IRS approval required) 3 a b Cash distribution test (attach the required schedule). 3 b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 30,100. 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) 5

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.

BAA

Form 990-PF (2013)

30,085.

6

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	. (d) 2013
1 Distributable amount for 2013 from Part XI, line 7				20 102
2 Undistributed income, if any, as of the end of 2013:				20,192.
a Enter amount for 2012 only			0.	ا ا اسع فو بیا
b Total for prior years: 20 , 20 , 20	-	0		
3 Excess distributions carryover, if any, to 2013:				
a From 2008		ء ۽	-	- · · · · · ·
b From 2009	= m		್ತ್ರೆ~ ್_್_	- g= ' - g=-
c From 2010 8, 492.	-		· - .	ع ا
d From 2011 2,573.				
e From 2012 10,467.	e#**			Sage To a series of the series
f Total of lines 3a through e	21,532.		= "	
4 Qualifying distributions for 2013 from Part				
XII, line 4 ► \$ 30,100.		عدي .	=======================================	
a Applied to 2012, but not more than line 2a			0.	
		\$ 720		
b Applied to undistributed income of prior years (Election required – see instructions)	'	0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
,	=			
 Treated as distributions out of corpus (Election required – see instructions) 	0.	=	- 	
d Applied to 2013 distributable amount		 		20,192
e Remaining amount distributed out of corpus	9,908.			20, 192.
5 Excess distributions carryover applied to 2013	0.			
(If an amount appears in column (d), the				0.
same amount must be shown in column (a))			 د	,
_		=	-	
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	31,440.	, •=		
	31,440.		,	20
b Prior years' undistributed income. Subtract line 4b from line 2b	1 '	0.	[- ,	
c Enter the amount of prior years' undistribut-	-		93°	
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed	=	0.		
d Subtract line 6c from line 6b, Taxable				
amount - see instructions .	=	0.	= 1	
e Undistributed income for 2012. Subtract line 4a from				
line 2a. Taxable amount — see instructions .		1	0.	
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be		1		
distributed in 2014			į	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)			1	
(see instructions)	0.		1	
8 Excess distributions carryover from 2008 not				
applied on line 5 or line 7 (see instructions)	0.		 	
9 Excess distributions carryover to 2014.			#	
Subtract lines 7 and 8 from line 6a	31,440.			}
10 Analysis of line 9:				!
a Excess from 2009		j	•	,
b Excess from 2010 8,492.		1	1	<u> </u>
c Excess from 2011 2,573.			=	
d Excess from 2012 10, 467.				ļ
e Excess from 2013 9, 908.		<u> </u>		1
BAA				Form 990-PF (2013)

Form 990-PF (2013) UROLOGIC CANCER I	FOUNDATION _			74-2518380	Page 10
Private Operating Foundations (see instructions and Part VII-A, question 9) 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling					
1 a If the foundation has received a ruling or of its effective for 2013, enter the date of the	letermination letter ruling	that it is a private	operating foundatior	n, and the ruling	
b Check box to indicate whether the foundat		erating foundation o		4942(J)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	ļ <u> </u>	Prior 3 years		
investment return from Part X for each year listed	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(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					
 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)					
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:					
 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	<u> </u>				
Supplementary Information assets at any time during the	(Complete thing the year — see i	s part only if the instructions.)	e foundation had	1 \$5,000 or more	ın
Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they have NONE	have contributed r	nore than 2% of the e than \$5,000). (Se	e total contributions r e section 507(d)(2).)	received by the found	lation before the
b List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more e foundation has a	of the stock of a co 10% or greater inte	orporation (or an equerest.	ally large portion of	the ownership of
2 Information Regarding Contribution, Grace Check here ► X if the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d.	makes contribution es gifts, grants, et	ns to preselected ch c (see instructions)	narıtable organızatıor to ındıvıduals or orga	anizations under othe	pt unsolicited er conditions,
a The name, address, and telephone numb	er or e-mail of the	person to whom ap	oplications should be	addressed:	
b The form in which applications should be	submitted and inf	ormation and mater	rals they should incli	ude.	
c Any submission deadlines:					
d Any restrictions or limitations on awards	, such as by geogr	aphical areas, chari	table fields, kinds of	institutions, or other	factors:

3 Grants and Contributions Paid During the	ear or Approved for Futi	re Paymen	t	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	substantial contributor	recipient		
Name and address (home or business) a Paid during the year SEE STATEMENT 11	substantial contributor	recipient	Contribution	
Total b Approved for future payment		1	► 3a	30,100.
Total			▶ 31	ɔ

Part XVI-A Analysis of Income-Producing Activities

		ousiness income	Excluded by	section 512, 513, or 514	(e)	
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)	
a						
b						
c						
d		<u> </u>				
e						
f				·		
g Fees and contracts from government agencies						
2 Membership dues and assessments		<u>-</u>				
3 Interest on savings and temporary cash investments			_			
4 Dividends and interest from securities		-	14	5,862.		
5 Net rental income or (loss) from real estate:		-				
a Debt-financed property						
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			18	554.		
9 Net income or (loss) from special events				<u> </u>		
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:		<u></u>	1 - T			
a						
b		···				
С		·				
d						
e	•					
12 Subtotal. Add columns (b), (d), and (e)				6,416.		
13 Total. Add line 12, columns (b), (d), and (e).				13	6,416.	
See worksheet in line 13 instructions to verify calculate	ations.)			·		

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 instructions.)
N/A	
•	
-	

Form 990-PF (2013) UROLOGIC CANCER FOUNDATION 74-2518380 Rank XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

described relating to a Transfers (1) Cash (2) Other trar (1) Sales (2) Purch (3) Renta (4) Reiml (5) Loans (6) Perfo c Sharing of	in section 501(c) of political organization of political organization of political organization of the algorithms of the algorithms of services of facilities, equipments or loan guarantees of facilities, equipments of facilities, equipments of services of facilities, equipments, other assets, or services of the algorithms	f the Code (othons? foundation to a charitable exent a noncharitable ment, or other ments . s or membershipent, mailing list bove is 'Yes,' of the covering of the control of the contr	ole exempt organization assets or fundraising solicity, other assets, or participations, other assets, or participations, other reporting found	ot organization of organization of organization on the control of	ons) or in section of. lumr(b) should alw undation received	rays show the less than fair	1 a (1) X 1 a (2) X 1 b (1) X 1 b (2) X 1 b (3) X 1 b (4) X 1 b (5) X 1 b (6) X 1 c X
			ow in column(d) the v				
a) Line no.	(b) Amount involved	(c) Name of	noncharitable exempt orgai	nization	(d) Description of tra	nsters, transaction	ns, and sharing arrangements
I/A							
			<u> </u>		· <u> </u>		
					· · · · · · · · · · · · · · · · · · ·		
	·						
	······································						
	<u> </u>						
			· · · · · · · · · · · · · · · · · · ·				
			,		·		
describe b If 'Yes,'	d in section 501(c) (complete the followi	of the Code (of ing schedule.	ated with, or related to ther than section 501(c)(3)) or in se		iizations	Yes XNo
(a)	Name of organizati	ion	(b) Type of or	ganization		(c) Description	of relationship
N/A			**********				
· · · · · · · · · · · · · · · · · · ·							
Sign Here	enalties of perjury, I declare and complete Declaration the perfect of the perfec	that I have kamined of preparer (other	this eturn, including accompathan taxpayer) is based on all	nying schedules and I information of wh	statements, and to the bech preparer has any known that the preparer has a	est of my knowledge wledge	May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No
	Print/Type preparer na	me /	Preparer's signature	()	Date/	Check	ıf PTIN
Daid	STEVEN L. RO	oss	Keun	to ch	4 3/21/14	self-employ	□
Paid Bromarar			RKMAN, LLC	Jan Con, Co			87-0545746
Preparer			HAVEZ DR.			1	0, 0040/40
Use Only	_	SOUTH JORE		<u>-</u>		Phone no	(801) 254-9781
D A A		SOUTH JOKE	MIN, UI 04093			I House no	Form 990-PF (2013)
BAA							rorm 330-PF (2013)

Schedule B

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

Schedule of Contributors

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990, Form 990-EZ, or Form 990-PF
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is aboww.irs.gov/form990.

Name of the organization		Employer identification number		
UROLOGIC CANCER FOUNDAT	74-2518380			
Organization type(check one):				
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization	n		
	4947(a)(1) nonexempt charitable trustnot	treated as a private foundation		
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust trea	ated as a private foundation		
	501(c)(3) taxable private foundation			
Check if your organization is covered	by the General Rule or a Special Rule .			
Note. Only a section 501(c)(7), (8), o	r (10) organization can check boxes for both the General	Rule and a Special Rule. See instructions.		
General Rule [X] For an organization filing Form 9 contributor. (Complete Parts I and	90, 990-EZ, or 990-PF that received, during the year, \$5, d II)	000 or more (in money or property) from any one		
Special Rules				
509(a)(1) and $170(b)(1)(A)(vi)$ are	tion filing Form 990 or 990-EZ that met the 33-1/3% supp nd received from any one contributor, during the year, a c n 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Comp	contribution of the greater of \$5,000 or		
total contributions of more than \$	10) organization filing Form 990 or 990-EZ that received fi \$1,000 for useexclusively for religious, charitable, scientifice ren or animals. Complete Parts I, II, and III.	rom any one contributor, during the year, ic, literary, or educational purposes, or		
If this box is checked, enter here purpose Do not complete any of	10) organization filing Form 990 or 990-EZ that received for religious, charitable, etc, purposes, but these contribue the total contributions that were received during the yeaf the parts unless the General Rule applies to this organizations of \$5,000 or more during the year	itions did not total to more than \$1,000. ar for arexclusively religious, charitable, etc,		
990-PF) but it must answer 'No' on F	covered by the General Rule and/or the Special Rules do Part IV, line 2, of its Form 990; or check the box on line F not meet the filing requirements of Schedule B (Form 990	H of its Form 990-EZ or on its Form 990-PF.		
BAA For Paperwork Reduction Act or 990-PF.	Notice, see the Instructions for Form 990, 990EZ,	Schedule B (Form 990, 990-EZ, or 990-PF) (2013)		

C - L L - D	<i></i>	000	~~~ = 7	000 00	(00.00
Schedule B	(Form	990.	990-EZ.	or 990-PF)	(2013)

Name of organization

UROLOGIC CANCER FOUNDATION

Page 1 of 1 of Part 1
Employer Identification number 74-2518380

w:	Contributors (see instructions). Use duplicate copies of Part I if additional sp	dace is ficeded.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GERALD WOLKEN		Person
	1550 KILBERNIE DRIVE	\$ <u>9,</u> 887.	Payroll X
	FT MYERS, FL 37204		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROGER_NEWMAN		Person X
:	1536 OCEAN DRIVE	\$ <u>10,000.</u>	Noncash
	VERO BEACH, FL 32963		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOEL B. NELSON		Person X
	148 SHADY LANE	\$5,000.	Noncash
	PITTSBURGH, PA 15215	_	(Complete Part II for noncash contributions.)
		•	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Number	(b)	(c) Total contributions	(d) Type of contribution Person X
Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number	(b) Name, address, and ZIP + 4 JOEL GORDON	\$5,000.	(d) Type of contribution Person X Payroll
Number	Name, address, and ZIP + 4 JOEL GORDON 3102 WEST END AVE NASHVILLE, TN 37203	\$5,000.	(d) Type of contribution Person X Payroll Noncash (Complete Part II for
4	Name, address, and ZIP + 4 JOEL GORDON 3102 WEST END AVE NASHVILLE, TN 37203	\$5,000.	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X
4 (a) Number	Name, address, and ZIP + 4 JOEL GORDON 3102 WEST END AVE NASHVILLE, TN 37203 (b) Name, address, and ZIP + 4	\$5,000.	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
4 (a) Number	Name, address, and ZIP + 4 JOEL GORDON 3102 WEST END AVE NASHVILLE, TN 37203 (b) Name, address, and ZIP + 4 DIANE KLIROS	\$5,000.	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Payroll
4 (a) Number	Name, address, and ZIP + 4 JOEL GORDON 3102 WEST END AVE NASHVILLE, TN 37203 Name, address, and ZIP + 4 DIANE KLIROS 1266 PACES FERRY RD ATLANTA, GA 30327 (b)	\$5,000.	Complete Part II for III for III Noncash
(a) Number	Name, address, and ZIP + 4 JOEL GORDON 3102 WEST END AVE NASHVILLE, TN 37203 (b) Name, address, and ZIP + 4 DIANE KLIROS 1266 PACES FERRY RD ATLANTA, GA 30327 (b)	\$5,000. (c) Total contributions \$10,000.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.)
(a) Number	Name, address, and ZIP + 4 JOEL GORDON 3102 WEST END AVE NASHVILLE, TN 37203 (b) Name, address, and ZIP + 4 DIANE KLIROS 1266 PACES FERRY RD ATLANTA, GA 30327 (b)	\$5,000. (c) Total contributions \$10,000.	Type of contribution Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

of Part II

Name of organization

BAA

UROLOGIC CANCER FOUNDATION

Employer identification number

74-2518380 Partill Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed (a) No. from (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Part I 44 SHS. INTERCONTINENTAL EXCHANGE GROUP 9,887. 12/27/13 (a) No. from Part I (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) (b)
Description of noncash property given (a) No. (c) FMV (or estimate) (see instructions) (d) Date received from Part I (a) No. from (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) Part I (see instructions) (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I (b)
Description of noncash property given (d) Date received (a) No. (c) FMV (or estimate) (see instructions) from Part I

of Part III

Name of organization
IIROLOGIC CANCER FOUNDATION

Employer Identification number 74-2518380

OVOTOGIC CVI							14-	
Rant III Exclus	ively religious	, charitable, etc	., individual	contributions to	section 501(c)	(7), (8)	or ((10

	Exolusively lenginus, chantable, etc., maintaudi contributions to section 501(c)(7), (0) or (10)										
organiz	ations that	total	more	than	\$1,00	0 for	the year.	Complete columns	(a) through	(e) and the following	line entry

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions.)

►\$____N/A

	Use duplicate copies of Part III if additional s				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	N/A				
		(e) Transfer of gift			
	Transferee's name, addres	Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gift			
	Transferee's name, addres	s, and ZIP + 4	Kela	tionship of transferor to transferee	
(a)	(b)	(c)	-	(4)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
				·	
_ 3					
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee	
	<u> </u>				

2013	FEDERAL STATEMENTS	PAGE ²
	UROLOGIC CANCER FOUNDATION	74-251838
STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES		
LEGAL EXPENSES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUST PER BOOKS INCOME NET INC \$ 770. \$ 770. TOTAL \$ 770. \$ 770.	
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
ACCOUNTING FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUST PER BOOKS INCOME NET INC \$ 1,170. \$ 1,170. \$ 1,170. \$ 1,170.	
STATEMENT 3 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES		
INVESTMENT & MANAGEMENT SER	(A) (B) NET (C) EXPENSES INVESTMENT ADJUST PER BOOKS INCOME NET INC VICES \$ 2,990. \$ 2,990. TOTAL \$ 2,990. \$ 2,990.	
STATEMENT 4 FORM 990-PF, PART I, LINE 18 TAXES		
EXCISE TAX ON INVESTMENT IN	(A) (B) NET (C) EXPENSES INVESTMENT ADJUST PER BOOKS INCOME NET INCOME COME \$ 23. \$ 23. TOTAL \$ 23. \$ 23.	

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FEDERAL STATEMENTS

PAGE 2

UROLOGIC CANCER FOUNDATION

74-2518380

STATEMENT 5
FORM 990-PF, PART II, LINE 10B
INVESTMENTS - CORPORATE STOCKS

CORPORATE STOCKS	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
CAPITAL INCOME BUILDER FUND CLASS F1 NUANCE COMMUNICATIONS INC INTERCONTINENTAL EXCHANGE GROUP	COST COST COST TOTAL	\$ 110,000. 2,024. 9,887. \$ 121,911.	\$ 100,552. 1,398. 9,896. \$ 111,846.

STATEMENT 6 FORM 990-PF, PART II, LINE 10C INVESTMENTS - CORPORATE BONDS

CORPORATE BONDS	VALUATION <u>METHOD</u>	BOOK VALUE	FAIR MARKET VALUE
BOND FUND OF AMERICA CLASS F1	COST TOTAL	\$ 101,000. \$ 101,000.	\$ 94,449. \$ 94,449.

STATEMENT 7 FORM 990-PF, PART III, LINE 3 OTHER INCREASES

TAX/BOOK DIFFERENCE ON SALE OF STOCK

	\$ 554.
TOTAL	\$ 554.

STATEMENT 8 FORM 990-PF, PART III, LINE 5 OTHER DECREASES

DEPOSITS IN TRANSIT AT 12/31/13 OUTSTANDING CHECKS AT 12/31/12

	\$ 1,610.
	14,987.
TOTAL	\$ 16,597.

STATEMENT 9 FORM 990-PF, PART VII-A, LINE 8B COPIES OF FORM 990-PF TO STATE OFFICIALS

THE UTAH ATTORNEY GENERAL DOES NOT REQUIRE THAT A COPY OF FORM $990\mbox{-}PF$ BE FILED WITH THE STATE.

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FEDERAL STATEMENTS

PAGE 3

UROLOGIC CANCER FOUNDATION

74-2518380

STATEMENT 10 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR ADDRESS OF SUBSTANTIAL CONTRIBUTOR

1266 PACES FERRY RD

DIANE KLIROS

ATLANTA, GA 30327

ROGER NEWMAN

1536 OCEAN DR VERO BEACH, FL 32963

GERALD WOLKEN

1550 KILBERNIE DR FT MEYERS, FL 37204

STATEMENT 11 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
VANDERBILT UNIVERSITY 2201 WEST END AVENUE NASHVILLE, TN 37235	N/A	EXEMPT	SUPPORT OF RESEARCH AND AFRICAN SURGICAL MISSIONS	\$ 25,000.
THE UROLOGIC FOUNDATION 40 PENTONVILLE ROAD LONDON, N1 9HF BRITAIN	N/A	EXEMPT	SUPPORT OF UROLOGIC CANCER RESEARCH IN AFRICA AND AROUND THE WORLD	5,000.
MISSIONS DEVELOPMENT 204 BURNT LEAF LANE NASHVILLE, TN 37027	N/A	EXEMPT	NON-DENOMINATION AL ORGANIZATION WHOSE PRIMARY FOCUS IS TO MENTOR, CONSULT AND EQUIP INDIVIDUALS IN PURSUIT OF MINISTERING THE GOSPEL OF JESUS CHRIST ALL ACCROSS THE WORLD	100.
			TOTAL	\$ 30,100.

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Information about Form 8868 and its instructions is alwww.irs.gov/form8868.

OMB No 1545-1709

-	e ming for an Automatic 3-month Extension, com				- <u>X</u>	
•	e filing for an Additional (Not Automatic) 3-Month			•	_	
Do not comp	plete Part II unless you have already been granted	l an automa	tic 3-month extention on a previously fil	ed Form &	368.	
request an e Associated V	ling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ming of this form, visitwww irs gov/efile and click of	automatic) Part I or Pa ust be sent	3-month extension of time. You can eleart II with the exception of Form 8870, Into the IRS in paper format (see instruct	ectronically iformation l	file Form 8868 to Return for Transfers	
Partil	Automatic 3-Month Extension of Time.	nly subm	it original (no copies needed).			
A corporatio	n required to file Form 990-T and requesting an a	automatic 6	month extension- check this box and co	omplete Pa	rt I only	
All other cor income tax i	porations (including 1120-C filers), partnerships, eturns	REMICs, ar	·			
	Name of exempt organization or other filer, see instructions			Employer identification number (EIN) or		
Type or print						
File by the	UROLOGIC CANCER FOUNDATION Number, street, and room or suite number If a P O box, see in	nstructions		74-2518380 Social security number (SSN)		
due date for filing your	828 NORTH CURTISWOOD LANE					
return See	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ctions	'		
instructions	NASHVILLE, TN 37204					
Enter the Re	eturn code for the return that this application is fo	or (file a sep	parate application for each return)		04	
Application Is For		Return Code	Application Is For		Return Code	
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07	
Form 990-B	L	02	Form 1041-A		08	
Form 4720 (<u> </u>	03	Form 4720 (other than individual)		09	
Form 990-P		04	Form 5227		10	
	(section 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-1	(trust other than above)	06	Form 8870		12	
Telepho If the or If this is check the external line requirements the external line require	ension is for. est an automatic 3-month (6 months for a corporate stan stan automatic 3-months for stan automatic 3-months for stan automatic 3-months for stan automatic 3-months for stan stan stan stan stan stan stan stan	Fax No isiness in the digit Group check this be ation require anization re, and ending this, check researches.	e United States, check this box Exemption Number (GEN) ox and attach a list with the nated to file Form 990-T) extension of time turn for the organization named above. og og og og og og og og og o		the whole group,	
nonre b If this	application is for Forms 990-BL, 990-PF, 990-T, fundable credits. See instructions. application is for Forms 990-PF, 990-T, 4720, or	6069, enter	any refundable credits and estimated	3 a \$	0.	
c Balan	ayments made. Include any prior year overpayme ice due.Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	ır payment v	with this form, if required, by using	3 b \$	0.	