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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

2014

Open to Rublic inspection.

Department of the Treasur, 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 at www.irs.gov/form990pf.

For ca	endar year 2014, or tax year beginning	, 2014	, and ending		<del></del>
IIDAI	OGIC CANCER FOUNDATION		<b>'</b>	A Employer Identification nur 74-2518380	nber
	NORTH CURTISWOOD LANE		-  -	3 Telephone number (see inst	ructions)
	VILLE, TN 37204		_	615-293-9664	
				If exemption application is	pending, check here
G Ch	eck all that apply:   Initial return	Initial return of a form	mar nublic charity	,	
G CII	Final return	Amended return	ner public charity	1 Foreign organizations, chec	ck here
	Address change	Name change		2 Foreign organizations meet	
H Ch		1(c)(3) exempt private f	oundation	here and attach computation	on . ► [
	Section 4947(a)(1) nonexempt charitable to			E If private foundation status	was terminated
	market value of all assets at end of year J Acc	counting method: X C	ash Accrual	under section 507(b)(1)(A)	, check here
-	m Part II, column (c), line 16)	Other (specify)		F If the foundation is in a 60	-month termination
<b>▶</b> \$	(, a,t)	, column (d) must be or	n cash basis )	under section 507(b)(1)(B)	
Part	Analysis of Revenue and Expenses (The total of amounts in	(a) Revenue and	(b) Net investment		(d) Disbursements for charitable
	columns (b), (c), and (d) may not neces-	expenses per books	income	income	purposes
	sarily equal the amounts in column (a) (see instructions) )				(cash basis only)
	1 Contributions, gifts, grants, etc, received (attach schedule)	35,022.	200	I de la companya de l	ESTAC SELECT
<u>00</u>	2 Ck ► if the foundn is not required to attach Sch B	- A - A - A - A - A - A - A - A - A - A	1 3	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	MINE PROPERTY.
	3 Interest on savings and temporary cash investments			N/A	
	4 Dividends and interest from securities	7,358.	7,358		The state of the s
ક્રો અં	5 a Gross rents .	7,330.		<del>/ · · · · · · · · · · · · · · · · · · ·</del>	
¬ <del>&gt;</del>	b Net rental income or (loss)			The state of the s	THE STATES AND
<u>⊃</u> ₽	6 a Net gain or (loss) from sale of assets not on line 10				至近北四里高 到到
ے A ک E	b Gross sales price for all assets on line 6a 1,010.	1. · · · · · · · · · · · · · · · · · · ·	L. A. Like	A THE PARTY OF THE	TO THE PERSON OF
<b>3</b> E	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain.	- 15 h		Towns of the same	10/11/11/11
VENUE VENUE	9 Income modifications			<del>                                      </del>	TO THE RESERVE TO THE PARTY OF
ZZE	10 a Gross sales less returns and			THE PROPERTY OF THE PARTY OF TH	
Ö	allowances. b Less Cost of	<u> </u>	المساحة المساحدة المساحدة	45-4-27-4	
69	goods sold		10	一一一一一一一一	
	c Gross profit or (loss) (attach schedule)				
	11 Other meditie (attach schedule)				THE REPORT OF
	12 Total. Add lines 1 through 11	42,380.	7,358	· · · · · · · · · · · · · · · · · · ·	
	13 Compensation of officers, directors, trustees, etc.	0.			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits.				
A	b Accounting fees (attach schedule)	010	010		
M 1	c Other prof fees (attach sch) SEE ST 2	910. 2,941.	910		<del></del>
O I	17 Interest	4, 341.	2,941		
OPERAT	18 Taxes (attach scheduleXsee instrs) SEE STM 3	15.	15	5.	
A A	19 Depreciation (attach			<del></del>	TENE THE THE THE
ı i	sch) and deptetion				
N V G E	21 Travel, conferences, and meetings	<u> </u>		<del>-  </del>	
A E N X D P	22 Printing and publications			<del></del>	
D P	23 Other expenses (attach schedule)				
N S	24 Total energing and administrative				<u></u>
Ĕ	24 Total operating and administrative expenses. Add lines 13 through 23	3,866.	3,866	5.1	
-	25 Contributions, gifts, grants paid PART XV	25,000.	2 16	The same street in the same	25,000.
	26 Total expenses and disbursements.				
	Add lines 24 and 25  27 Subtract line 26 from line 12:	28,866.	3,866	Sakere .	25,000.
	a Excess of revenue over expenses	<u> </u>	, ' ' a a a a ' ' a	The state of the s	
	and disbursements	13,514.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	60,1	they bear this
	b Net investment income (if negative, enter -0-)	· •	3,492		المالية المالية
	C Adjusted net Income (if negative, enter -0-)	110 110	Le		45.

Data	5.00	Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	<del></del>
Ren	944	(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing.		29.	
	2	Savings and temporary cash investments	200,267.	230,032.	230,032.
	3	Accounts receivable •	-21 1.4		
	İ	Less: allowance for doubtful accounts ▶			
	4	Pledges receivable			
	_	Less: allowance for doubtful accounts			
	5	Grants receivable .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
^	7	Other notes and loans receivable (attach sch).			<b>国民国际的特征</b>
ŝ		Less: allowance for doubtful accounts			
A S S E T	8	Inventories for sale or use			
Ţ	9	Prepaid expenses and deferred charges			
S		a Investments — U.S. and state government obligations (attach schedule)			
		nivestments – corporate stock (attach schedule) STATEMENT 4	121,911.	127,043.	122,663.
	1	: Investments — corporate bonds (attach schedule) STATEMENT 5	101,000.	101,000.	97,572.
	11	Investments — land, buildings, and equipment: basis.	<b>《自己》的位置和</b>	机震力量	
		Less. accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14			<b>阿斯尼斯</b>	
		Less: accumulated depreciation (attach schedule)			
	15 16	Other assets (describe Total assets (to be completed by all filers — see the instructions Also, see page 1, item l).	423,178.	458,104.	450,296.
Ŀ	17	Accounts payable and accrued expenses .			
Å	18	Grants payable			
Ŗ	19	Deferred revenue			
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons			
ļ	21	Mortgages and other notes payable (attach schedule)			
Ë	22	Other liabilities (describe			
S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
N F E N	24				
TN	25	Temporarily restricted			
D	26	Permanently restricted			
ASSETS		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
FA	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds	423,178.	458,104.	
RS	30	Total net assets or fund balances (see instructions) .	423,178.	458,104.	
	31	Total liabilities and net assets/fund balances (see instructions)	423,178.	458,104.	
Part	/	Analysis of Changes in Net Assets or Fund Balance	S		
1	Total end-c	net assets or fund balances at beginning of year — Part II, colun of-year figure reported on prior year's return)	nn (a), line 30 (must ag	gree with	423,178.
		amount from Part I, line 27a		. 2	13,514.
		ncreases not included in line 2 (itemize) . SEE STATEMENT (	5	3	26,610.
		ines 1, 2, and 3	· · · · · ·	4	463,302.
		ses not included in line 2 (itemize)		5	5,198.
_6	Total	net assets or fund balances at end of year (line 4 minus line 5)	– Part II, column (b), lı	ne 30 . <b>6</b>	458,104.

	TRUM Capital Gains and I  (a) List and describe 2-story brick warehous	e the kınd(s) of property sold (e.g., rese; or common stock, 200 shares ML		(b) How ac P — Purch D — Dona	nase	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
_1	a 10 COVIDIEN			P		VARIOUS	12/15/14
	b						
	С						
	d						
	е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal			(h) Gain or (e) plus (f) m	
	a 1,010.		•	1,010.			0.
	b						
	С						
	d						
	e						
	Complete only for assets show	ving gain in column (h) and owned by	y 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 over column (j), if a	(1)	ga tha	nn minus column (k n -0-) or Losses (fr	), but not less
	a						0.
	b						
	c						
	d	<del> </del>					
	e						
2	Capital gain net income or (ne	et capital loss). If gain, also	enter in Part I, line 7 er -0- in Part I, line 7		2		0.
3		(loss) as defined in sections 1222(5)	and (6)	Ì			
	in Part I, line 8	e 8, column (c) (see instructions) If			3		0.
Pa	成V Qualification Under	r Section 4940(e) for Reduced oundations subject to the section 4940(a	Tax on Net Investm	ent Inco	me		
Was		this part blank ction 4942 tax on the distributable an alify under section 4940(e). Do not co		ase period	ქ?	Yes	X No
		each column for each year; see the inst		entries.			
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c)	-1			
	2012	, rejusted qualifying distributions	Net value of noncharitable-use ass	ets	(colu	<b>(d)</b> Distribution mn (b) divided t	
	2013		Net value of noncharitable-use ass		(colu	Distribution	by column (c))
	2012	30,085.	Net value of noncharitable-use ass	,134.	(colu	Distribution	0.074443
		30,085. 27,156.	Net value of noncharitable-use ass 404	,134.	(colu	Distribution	0.074443 0.081136
	2012	30,085. 27,156. 17,375.	Net value of noncharitable-use ass 404 334	,134. ,699.	(colu	Distribution	0.074443 0.081136 0.058391
	2012 2011	30,085. 27,156. 17,375. 23,501.	Net value of noncharitable-use ass 404 334 297 249	,134. ,699. ,563.	(colu	Distribution	0.074443 0.081136 0.058391 0.094262
2	2012 2011 2010	30,085. 27,156. 17,375.	Net value of noncharitable-use ass 404 334 297 249	,134. ,699. ,563. ,315. ,438.	(colu	Distribution	0.074443 0.081136 0.058391 0.094262 0.049392
2 3	2012 2011 2010 2009  Total of line 1, column (d) . Average distribution ratio for the	30,085. 27,156. 17,375. 23,501.	Net value of noncharitable-use ass  404 334 297 249 200	,134. ,699. ,563. ,315. ,438.		Distribution	0.074443 0.081136 0.058391 0.094262 0.049392 0.357624
_	2012 2011 2010 2009  Total of line 1, column (d) .  Average distribution ratio for the number of years the foundation	30,085. 27,156. 17,375. 23,501. 9,900.	Net value of noncharitable-use ass  404 334 297 249 200  Ital on line 2 by 5, or by the syears	,134. ,699. ,563. ,315. ,438.	2	Distribution	0.074443 0.081136 0.058391 0.094262 0.049392 0.357624 0.071525
3	2012 2011 2010 2009  Total of line 1, column (d) .  Average distribution ratio for the number of years the foundation	30, 085. 27, 156. 17, 375. 23, 501. 9, 900.	Net value of noncharitable-use ass  404 334 297 249 200  Ital on line 2 by 5, or by the syears	,134. ,699. ,563. ,315. ,438.	2 3	Distribution	0.074443 0.081136 0.058391 0.094262 0.049392 0.357624
3	2012 2011 2010 2009  Total of line 1, column (d) . Average distribution ratio for th number of years the foundation Enter the net value of nonchar	30, 085. 27, 156. 17, 375. 23, 501. 9, 900.  ne 5-year base period – divide the ton has been in existence if less than 5	Net value of noncharitable-use ass  404 334 297 249 200  Ital on line 2 by 5, or by the syears	,134. ,699. ,563. ,315. ,438.	2 3 4	Distribution	0.074443 0.081136 0.058391 0.094262 0.049392 0.357624 0.071525 423,248.
3 4 5	2012 2011 2010 2009  Total of line 1, column (d) . Average distribution ratio for the number of years the foundation.  Enter the net value of nonchar.  Multiply line 4 by line 3 .  Enter 1% of net investment inc.	30, 085. 27, 156. 17, 375. 23, 501. 9, 900.  ne 5-year base period – divide the ton has been in existence if less than 5	Net value of noncharitable-use ass  404 334 297 249 200  Ital on line 2 by 5, or by the syears	,134. ,699. ,563. ,315. ,438.	2 3 4 5	Distribution	0.074443 0.081136 0.058391 0.094262 0.049392 0.357624 0.071525 423,248. 30,273.
3 4 5 6	2012 2011 2010 2009  Total of line 1, column (d) . Average distribution ratio for th number of years the foundation Enter the net value of nonchar Multiply line 4 by line 3 . Enter 1% of net investment income	30, 085. 27, 156. 17, 375. 23, 501. 9, 900.  ne 5-year base period – divide the ton has been in existence if less than 5 stable-use assets for 2014 from Part 2000.	Net value of noncharitable-use ass  404 334 297 249 200  Ital on line 2 by 5, or by the syears	,134. ,699. ,563. ,315.	2 3 4 5 6	Distribution	0.074443 0.081136 0.058391 0.094262 0.049392 0.357624 0.071525 423,248. 30,273.

Pai	TWIFE Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see	instru:	ctions)		
1 a	a Exempt operating foundations described in section 4940(d)(2), check here . • and enter 'N/A' on line 1.				
	Date of ruling or dètermination letter: (attach copy of letter if necessary – see instrs)				
ŀ	b Domestic foundations that meet the section 4940(e) requirements in Part V,	1			70.
	check here. ► and enter 1% of Part I, line 27b			1411	
•	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)		NO SHAPE		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2		_	0.
3	Add lines 1 and 2	3			70.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			70.
6	Credits/Payments:			制制数	
ä	a 2014 estimated tax pmts and 2013 overpayment credited to 2014				
ŀ	<b>b</b> Exempt foreign organizations — tax withheld at source				
	c Tax paid with application for extension of time to file (Form 8868)  6c 89.	1			
(	d Backup withholding erroneously withheld . 6 d				
7	Total credits and payments Add lines 6a through 6d .	7			89.
8	Enter any penalty for underpayment of estimated tax. Check here	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.
10	·	10			19.
11	Enter the amount of line 10 to be; Credited to 2015 estimated tax	: 11		_	0.
Par	KWILA Statements Regarding Activities				
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		100	Yes	No
	participate or intervene in any political campaign?		1	а	Х
t	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		.   1	ь	Х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published		3.0		
	or distributed by the foundation in connection with the activities				
	c Did the foundation file Form 1120-POL for this year?	•	1	С	X
C	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation >\$ 0. (2) On foundation managers . >\$		0.		
e	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ►\$ 0				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		
_	If 'Yes,' attach a detailed description of the activities.		1189		X
	in rest, attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes.		3		X
4 a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		. 4	a	X
b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		. 4	b N	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If 'Yes,' attach the statement required by General Instruction T.		301		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		100		
	By language in the governing instrument, or				
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li> </ul>		6	V	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	•		X	
	a Enter the states to which the foundation reports or with which it is registered (see instructions)	• •	3632		es a la
Ja	UT		-		
b	o 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				1
	·		8		X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete	4942()	)(5)		
		e Part .	XIV 9	+	_X_
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.		. 10		х
BAA		<u></u>		90-PF (20	

PartVII-A Statements Regarding Activities (continued)		
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
Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions).	12	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X
Website address	15) 293	-9664
Located at ► 828 NORTH CURTISWOOD LANE NASHVILLE TN ZIP + 4 ► 37204	N/A	; <del></del>
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year . ▶ 15	417 A	N/A
At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes No
See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If 'Yes,' enter the name of the foreign country		
Part WI-B 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).		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No S	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes	100000	
	No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? $\square$ Yes	No	
(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]	No	
(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 of government service, if terminating within 90 days )	No L	
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 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 2014?	1 c	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)):		
a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?	No No	
If 'Yes,' list the years ► 20 , 20 , 20		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer 'No' and attach statement — see instructions.)	2 b	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		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?.	No No	
b If 'Yes,' did it have excess business holdings in 2014 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 2014)		
	3 b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?.	4 a	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 2014?	4 b	
the tax year beginning in 2014?  BAA	لتنطلب	0-PF (2014)
		·/

ВАА	TEEA0306L 06	5/17/14		·_····	Form <b>990-PF</b> (2014)			
Total number of other employees paid over \$50,000	)		L <u>.                                    </u>	>	0			
			]					
NONE			3311170					
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employ plans ar	butions to ee benefit nd deferred ensation	(e) Expense account, other allowances			
2 Compensation of five highest-paid employees (o	ther than those included	on line 1 – see instructio	ns). If none,	enter 'NONE				
201 S MAIN STREET, SUITE 1100 SALT LAKE CITY, UT 84111	0.04							
RICHARD H. JOHNSON II	TRUSTEE	0.		0.	0			
NASHVILLE, TN 37204	0.13							
BARBARA B. SMITH 828 N CURTISWOOD LANE	TRUSTEE	0.		0.	0			
828 N CURTISWOOD LANE NASHVILLE, TN 37204				····				
JOSEPH A. SMITH, JR.	TRUSTEE 1.90	0.		0.	0			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employ plans ar	butions to ree benefit nd deferred ensation	(e) Expense account, other allowances			
1 List all officers, directors, trustees, foundation	T			hada - t	(2) =			
and Contractors				y i alu t				
b If 'Yes,' did the foundation receive any process					N/A 7b   Emplovees.			
7 a At any time during the tax year, was the found					No Company			
If 'Yes' to 6b, file Form 8870.	nums, unectly or maired	ary, on a personal bene	in contract	-	6 b X			
on a personal benefit contract?  b Did the foundation, during the year, pay prem					No 6b X			
If 'Yes,' attach the statement required by Reg 6 a Did the foundation, during the year, receive a			c					
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 💮			
Organizations relying on a current notice rega	_			•				
b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?								
(5) Provide for any purpose other than religion educational purposes, or for the prevention	on of cruelty to children	or animals?	[	Yes X	No			
(4) Provide a grant to an organization other to in section 4945(d)(4)(A)? (see instructions	han a charitable, etc, oi s)	rganization described	[	Yes X	No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?								
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?								
(1) Carry on propaganda, or otherwise attempt	ot to influence legislatio	n (section 4945(e))?.	[	Yes X	No			
5 a During the year did the foundation pay or incu		1-1720 may 20 1104			THE REAL			
Part VII B Statements Regarding Activit	ies for Which Form	1 4720 May Be Req	uired (co	ntinued) -				

Form 990-PF (2014) UROLOGIC CANCER FOUNDATION 74-25	518380 Page 7
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others recognize over \$50,000 for any formular	<u> </u>
Total fullified of others receiving over \$50,000 for professional services	0
Part X 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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 <u>N/A</u>	
	_
2	
3	_
	_
4	_
	_
Partix Br Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
N/A	_
	-
2	
	-
All other program-related investments. See instructions	
3	_
	_
	<u> </u>
Total. Add lines 1 through 3	<u> </u>
BAA	Form 990 PE (2014)

Rank Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 述確 1 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 210,606. 1 b b Average of monthly cash balances . 219,087. c Fair market value of all other assets (see instructions) 1 c 1 d d Total (add lines 1a, b, and c). 429,693. e Reduction claimed for blockage or other factors reported on lines 1a and 1c 20 (attach detailed explanation) 0 1 e 2 2 Acquisition indebtedness applicable to line 1 assets 0. 3 Subtract line 2 from line 1d ... 3 429,693. Cash deemed held for charitable activities Enter 1-1/2% of line 3 6,445. (for greater amount, see instructions) 4 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 423,248. Minimum investment return. Enter 5% of line 5 6 21,162 Particle Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) Minimum investment return from Part X, line 6. 21,162. 1 2a Tax on investment income for 2014 from Part VI, line 5 2 a 70 b income tax for 2014. (This does not include the tax from Part VI) 2 b c Add lines 2a and 2b ... 2 c 70 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 21,092. Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 21,092. Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 7 21,092 Rankilla 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 25,000 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 3 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 25,000. 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 Adjusted qualifying distributions. Subtract line 5 from line 4 6 25,000. 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 (2014)

### Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2014 from Part XI. Inter 7 2 Uidistributed secome, if any, as of the and of 2014; as Enter amount for 2013 only b Tatal for prof years. 20		(a) Corpus	(b) Years prior to 2013	<b>(c)</b> 2013	<b>(d)</b> 2014
2 Uddesthulded lexame, if any, as of the end of 2014:  a Enter amount for 2013 only b Total for prior years. 20 20 20 5 Excess distributions carryoner, if any, to 2014 5 From 2010 8, 4.92. 6 From 2011 2, 5.73. 7 From 2012 10, 4.67. 7 From 2013 9, 908. 7 Total of lines 3a through e 4 Cualifying distributions for 2014 from Part XII, line 4. 2 25, 0.00. 3 Applied to 2013, but not more than line 2a b Applied to 2013, but not more than line 2a b Applied to 2014 distributions out of corpus (Cleation required — see instructions) d Applied to 2014 distributions out of corpus (Cleation required — see instructions) d Applied to 2014 distributions amount of corpus of Remaining amount distributed out of corpus (Cleation required — see instructions) d Applied to 2014 distributions out of corpus (Cleation required — see instructions) d Applied to 2014 distributions out of corpus (Cleation required — see instructions) d Applied to 2014 distributions out of corpus (Cleation required — see instructions) d Applied to 2014 distributions (Cleation required — see instructions) d Applied to 2014 distributions (Cleation required — see instructions) d Applied to 2014 distributions (Cleation required — see instructions) d Applied to 2014 distributions (Cleation required — see instructions)  6 Extens contributions (Corpus Add irms 31, 43, and 46, subtract line 5 (Cleation required — see instructions) (Cleation required — see		1	1 4 Y		
a Enter amount for 2013 only b Total for pror years: 20 20 20 3 Excess distributions carriever, if any, to 2014 a From 2010 8, 492. c From 2011 2,5733. d From 2012 10, 467. e From 2012 10, 467. e From 2012 10, 467. e From 2013 3 by 908. d Total of lines 3 at through e 31, 440. d Qualifying distributions for 2014 from Part XII, line 4 \$ 25,000. a Applied to 2013, but not more than line 2a b Applied to 2013, but not more than line 2a b Applied to 2013 but not more than line 2a b Applied to 2013 but not more than line 2a b Applied to 2014 distributions out of corpus (election required — see instructions) d Applied to 2014 distributions out of corpus (election required — see instructions) d Applied to 2014 distributions out of corpus (election required — see instructions) f Remaining amount distributed out of corpus 3,908. d Seess distributions argives applied to 2014 (fine an amount appears or column (a)). f Breat many amount appears or column (a), the same amount many to eshow in column (a)).  6 Enter the ret total of each column as indicated below: a Cirpus, Add lines 31, 4s, and 4s. Subtract line 5 a 25, 348.  b Prior years' undistributed income. Subtract line 4b from line 2b. c Enter the amount of pror years' undistributed been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount — see instructions.  e Undistribute income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015. 7 Amounts treated as distributions out of the column line 5a. 8 Excess from 2010 8, 492. b Excess from 2010 8, 492. b Excess from 2010 10, 467. d Excess from 2011 2, 573. c Excess from 2014 3, 9,908.	•				21,092.
S Total for prior years 20		, <b>q</b>			
3 Excess distributions carryover, if any, to 2014 a From 2010 b From 2011 c From 2011 c From 2012 c From 2012 c From 2013 d From 2012 c From 2013 d From 2012 c From 2013 d From 2014 c From 2015 d From 2015 c From 2015 d From 2016 c From 2016 c From 2016 c From 2017 c From 2018 c Fr	•		( 5		To the second se
a From 2010 b From 2010 c From 2010 c From 2011 d From 2012 10, 457. e From 2013 9, 908. f Total of lines 3a through e 4 Qualifying distributions for 2014 from Part XII, line 4. * \$ 2,5,000. a Applied to 2013, but not more than line 2a b Applied to 2013, but not more than line 2a b Applied to 2013, but not more than line 2a c Applied to 2014, but not of corpus (Clection required – see instructions) d Applied to 2014 distributible amount e Remaining amount distributed out of corpus Excess forbubles acryoner applied to 2014 (if an amount appears in column (a), the same amount must be shown in column (a), d Corpus. Add line 31, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Eather the amount of prior years undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed of d Subtract line 6c from line 6b. Taxable amount – see instructions  f Undistributed income for 2014. Subtract lines distributed inco				- A direction of the second	
From 2012		4			
CFrom 2012	<b>b</b> From 2010 8, 492.	, e 1	) ' 'è ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
From 2013   9,908   1   7   7   9   9   9   9   9   9   9   1   1   9   9		्रे ही	· ·		
From 2013   9,908   31,440   4   Cualifying distributions for 2014 from Part XII, line 4   \$ 2,5,000   3,4 polled to 2013, but not more than line 2a   0   0   0   0   0   0   0   0   0		, , , , , ,		Jan 19 j.	
4 Qualifying distributions for 2014 from Part XII. Ine. 4 \rightary 2,000 a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior years (Election required – see instructions) c Treated as distributions out of corpus (Election required – see instructions) d Applied to 2014 distributable amount e Remaining amount distributed out of corpus 5 Exess distributions carryver applied to 2014 (if an amount must be shown in column (a)). If a column (a) is a corpus and line 3 is a column (b) is a column (c) is a corpus and line 3 is a column (a) is a corpus and line 3 is a column (b) is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a corpus and line 3 is a column (c) is a column (c) is a corpus and line 3 is a column (c)				, O	
XII, line 4. S 25,000. a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior years (Election required – see instructions) c Treated as distributions out of corpus (Election required – see instructions) d Applied to 2014 distributable amount. e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2014 (if an amount appears in column (d), the same amount must be shown in column (a), a)  6 Enter the net total of each column as indicated below: a Corpus. Add lines 31, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract line 46 from line 2b Extens the amount of prior years' undistributed income for which a notice of deficiency has been issued; on which the section 4942(a) to x flass been previously assessed d Subtract line 6 from line 6b. Taxable amount – see instructions e Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015 7 Amounts treated as distributions out of corpus to sabley requirements imposed by section 170(b)(1)(F) or 4942(a)(3) (Election may be required – see instructions).  9 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions).  9 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions).  9 Excess from 2010		31,440.	A * 0		
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indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount — see instructions. e Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015 f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015 f Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1) for 4942(a)(3) (Election may be required — see instructions)  8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions).  9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	(0),9	1,3			THE COUNTY OF THE PARTY OF
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b. c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed  d Subtract line 6c from line 6b. Taxable amount – see instructions.  e Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be distributed in 20. f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 20. f Amounts treated as distributions out of corpus to satisty required — see instructions.  D. amounts treated as distributions out of corpus to satisty required — see instructions.  Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions).  Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions).  D. Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a.  35, 348.  35, 348.  35, 348.  35, 348.  36, 349.  37, 348.  38, 349.  39, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  30, 349.  31, 349.  32, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.  34, 349.	6 Enter the net total of each column as	, , ,			
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b Excess from 2011 2,573. c Excess from 2012 10,467. d Excess from 2013 9,908. e Excess from 2014 3,908.			· · · · · · · · · · · · · · · · · · ·		5
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e Excess from 2014. 3, 908.	10,407.	} "			
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Form <b>990-PF</b> (2014)	BAA 3,300.			<u></u>	Form 990 PF (2014)

Forn	n 990-PF (2014) UROLOGIC CANCER E	OUNDATION			74-2518380	) Page <b>10</b>
	Private Operating Foundat					N/A
	a If the foundation has received a ruling or determined is effective for 2014, enter the date of the	ruling .			•	
	b Check box to indicate whether the foundati		erating foundation of		4942(j)(3) or	4942(j)(5)
2 8	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		4.5 <b></b>
	investment return from Part X for each year listed	(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	(e) Total
	b 85% of line 2a			<del> </del>		
	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					
	Complete 3a, b, or c for the alternative test relied upon:				,	
i	a 'Assets' alternative test – enter:					
	(1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
١	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 .		<u> </u>			
Pai	Supplementary Information ( assets at any time during the	(Complete this e year – see in	part only if the structions.)	foundation had	\$5,000 or more	in
	Information Regarding Foundation Manag List any managers of the foundation who have close of any tax year (but only if they have	contributed more th	nan 2% of the total co	ontributions received t	by the foundation before	ore the
	NONE	contributed more	man \$3,000) (See	Section 507(d)(2).)		
ŀ	List any managers of the foundation who own a partnership or other entity) of which the the NONE	10% or more of the oundation has a 1	stock of a corporatio 0% or greater inter	on (or an equally large est	portion of the owners	ship of
2	Information Regarding Contribution, Gran Check here ► X if the foundation only makes requests for funds. If the foundation makes complete items 2a, b, c, and d	es contributions to	preselected charitabl	le organizations and d	oes not accept unsol nizations under othe	icited er conditions,
a	The name, address, and telephone number or	e-mail address of th	ne person to whom a	pplications should be	addressed <sup>.</sup>	
b	The form in which applications should be s	ubmitted and infor	mation and materia	ls they should includ	le	
C	: Any submission deadlines.					
d	Any restrictions or limitations on awards, so	uch as by geograph	hical areas, charita	ble fields, kinds of in	stitutions, or other	factors:
BAA		TEE	A0310L 06/17/14		Fo	orm <b>990-PF</b> (2014)

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, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or contribution status of recipient **Amount** Name and address (home or business) a Paid during the year N/A 1990 SUPPORT OF UROLOGIC 25,000. DEPT. OF UROLOGIC CANCER RESEARCH SURGERY/RESEARCH VANDERBILT UNIVERSITY NASHVILLE, TN 37240 Total ... ► 3a 25,000. b Approved for future payment Total 3 b

### Analysis of Income-Producing Activities

Enter gros	s amounts unless otherwise indicated.	Unrelate	ed business income	Excluded by	section 512, 513, or 514	(e)
	•	(a)	(b)	(c)	<b>(d)</b> Amount	Related or exempt function income
		Business	Amount	Exclu- sion	Amount	(See instructions)
1 Prog	ram service revenue:	0000		code		
a		1				
b						
c						
d						
e						
f						
_	and contracts from government agencies					
2 Mem	bership dues and assessments					
3 Intere	st on savings and temporary cash investments					
	dends and interest from securities			14	7,358.	and all the same and say and an arrive
	rental income or (loss) from real estate:					<b>斯特尔斯德·加斯</b>
<b>a</b> Debt	-financed property		·			
<b>b</b> Not (	debt-financed property					
6 Net re	ental income or (loss) from personal property					
<b>7</b> Othe	r investment income					
8 Gain d	or (loss) from sales of assets other than inventory					
<b>9</b> Net i	ncome or (loss) from special events					
10 Gros	s profit or (loss) from sales of inventory					
<b>11</b> Othe	r revenue.					のできまず、関連
a						
b						
c		<u> </u>				
d						
е						
12 Subt	otal. Add columns (b), (d), and (e) .	<b>MANAGE</b>			7,358.	
	I. Add line 12, columns (b), (d), and (e)				13	7,358.
(See work	sheet in line 13 instructions to verify calculate	ons )				
Part XV	Relationship of Activities to the	Accompl	ishment of Exemp	t Purnose	96	
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · ·			
Line No.	Explain below how each activity for which in accomplishment of the foundation's exempt	ncome is rep	orted in column (e) of F	Part XVI-A c	ontributed important	ly to the
	accomplishment of the loundation's exempt	purposes (o	mer than by providing i	unus for su	in purposes). (See ii	——————————————————————————————————————
N/A_						
		<del></del>				<del></del>
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# Form 990-PF (2014) UROLOGIC CANCER FOUNDATION 74-2518380 Rank VIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

relating	to political organizati	ions?	ngage in any of the fo ther than section 501(			on 527,		Yes No
a Transfe	rs from the reporting	foundation to	a noncharitable exem	pt organizat	ion of,			
(1) Cas	sh .				•		1 a (1)	X
(2) Oth	er assets						1 a (2)	X
<b>b</b> Other tr	ansactions:							
(1) Sale	es of assets to a none	charitable exe	mpt organization				1 b (1)	X
			ible exempt organizati				1 b (2)	X
	ital of facilities, equip		·		,	•	1 b (3)	- X
• •	mbursement arranger	.,	1 433613		,	•	- · ·	
• •	•					•	1 b (4)	X_
, ,	ns or loan guarantees				•	•	1 b (5)	X
			ip or fundraising solici		•	•	1 b (6)	X
<b>c</b> Sharing	of facilities, equipme	ent, mailing lis	its, other assets, or pa	ud employee	es		1 c	X
<b>d</b> If the ar the good any tran	nswer to any of the at ds, other assets, or sen assaction or sharing ar	pove is 'Yes,' vices given by rangement, sl	complete the following the reporting foundation now in column (d) the	schedule ( . If the found value of the	Column (b) should always at longer received less that goods, other assets,	ways show the fair in fair market value in or services receive	market value ed.	e of
(a) Line no.	(b) Amount involved		of noncharitable exempt orga			nsfers, transactions, and		ements
N/A		, - , · · · · · · · · ·			(-/	,	319	
		<del></del>		<del> </del>				
		<del>- · · · · · · · · · · · · · · · · · · ·</del>			· · · · · · · · · · · · · · · · · · ·	<del> </del>		
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		_ <del></del>	<del></del>					
describe	ed in section 501(c) of	f the Code (ot	with, or related to, one her than section 501(c	or more tax- (3)) or in s	exempt organizations ection 527?		Yes	XNo
	complete the following							
	Name of organizatio	'n	(b) Type of org	ganization	(0	) Description of rela	ationship	
N/A								
							· -	
Under p	enalties of perjury, declare	that I have exami	ned this return, including acco	mpanying sched	dules and statements, and to	the best of my knowledge	and belief, it is	s true.
Sign correct,	and complete Declaration o	f preparer (other t	han taxpayer) is based on all	information of w	thich preparer has any know	ledge		
lere			<b>X</b> \ \		<b>-</b> K		May the IRS this return v	discuss
		$\overline{}$	$\sim$ $\sim$ $\sim$ $\sim$	フィバ	TRUSTEE		preparer sh	lown below
Signal	ture of officer or trustee		Date	<del></del>	Title	·- ·- ·- ·-	(see instruc	es No
	Print/Type preparer's name		Preparer's signature		Date / /	Chack 16	PTIN	23 110
aid	STEVEN L. ROS	de	Keve	トノ	CAA 1/2/14	Checkif		0.0
				Ton (	11-10/0/1-	self-employed	P000671	.92
reparer	·		KMAN, LLC	<del></del>	<del></del>	Firm's EIN - 87-0!	5 <u>45746</u>	
lse Only			AVEZ DR.					
	l 50	UTH JORD	AN, UT 84095			Phone no (801)	254-97	781
AA		<del></del> -					Form <b>990-</b> l	
								\·/

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

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

► 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 at www.irs.gov/form990.

OMB No 1545-0047

2014

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of the organization		Employer identification number
UROLOGIC CANCER FOUNDATION	74-2518380	
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	on
	4947(a)(1) nonexempt charitable trust no	t treated as a private foundation
	527 political organization	
	_	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust tre	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	
	0) organization can check boxes for both the Genera	l Rule and a Special Rule. See instructions
General Rule		
X For an organization filing Form 990, property) from any one contributor.	990-EZ, or 990-PF that received, during the year, cor Complete Parts I and II See instructions for determin	ntributions totaling \$5,000 or more (in money or ning a contributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1) received from any one contributor.	tion 501(c)(3) filing Form 990 or 990-EZ that met the (A)(vi), that checked Schedule A (Form 990 or 990-EZ), Furing the year, total contributions of the greater of (1) orm 990-EZ, line 1. Complete Parts I and II.	Part II. line 13, 16a, or 16b, and that
during the year, total contributions of	tion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ f f more than \$1,000 <i>exclusively</i> for religious, charitable uelty to children or animals. Complete Parts I, II, and	e, scientific, literary, or educational
during the year, contributions exclus \$1,000. If this box is checked, enter charitable, etc., purpose Do not cor	tion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ invely for religious, charitable, etc., purposes, but no shere the total contributions that were received during aplete any of the parts unless the <b>General Rule</b> applies than table, etc., contributions totaling \$5,000 or more	such contributions totaled more than the year for an <i>exclusively</i> religious, es to this organization because
Caution: An organization that is not cov 990-PF), but it must answer 'No' on Par Part I, line 2, to certify that it does not r	ered by the General Rule and/or the Special Rules do t IV, line 2, of its Form 990; or check the box on line neet the filing requirements of Schedule B (Form 990,	bes not file Schedule B (Form 990, 990-EZ, or H of its Form 990-EZ or on its Form 990-PF, 990-EZ, or 990-PF)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2014)	Pag	
Name of org	anization GIC CANCER FOUNDATION		ployer identification number 4–2518380
	Contributors (see instructions) Use duplicate copies of Part I if additional space	ıs needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROGER NEWMAN	-	Person X Payroll
	1536 OCEAN DR #505A	\$10,0	00. 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
2	DIANE KLIROS		Person X
	1266 PACES FERRY RD	\$5,0	Payroll
	ATLANTA, GA 30327	<u> </u> -	(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WILLIAM HAGERTY		Person
	4362 CHICKERING LANE	\$9,4	Payroll $X$
	NASHVILLE, TN 37215		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll

Noncash

(Complete Part II for noncash contributions)

Page

1 to 1 of Part II

Name of organization

UROLOGIC CANCER FOUNDATION

Employer identification number

74-2518380

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	85 SHS APPLE INC		
-		\$9 <u>,412.</u>	12/14/14
(a) No. from Part I	(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	(c) FMV (or estimate) (see instructions)	(d) Date received
		>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

		(see mandedons)	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- <del></del> -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

1 to

of Part III

Name of organizat	ion		
IIDOLOCIC	CANCED	EULINDALLOM	

Employer identification number 74-2518380

OLOTOG	IC CHICER FOUNDATION		174 2310300		
Part III	or (10) that total more than \$1,000 for the following line entry. For organizations of	<b>he year from any one contribut</b> o ompleting Part III, enter the total o	f <i>exclusively</i> religious, charitable, etc.,		
	contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once See is needed.	nstructions.) • \$ N/A		
(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, address, and ZIP + 4 Relationship of transferor to transfere				
(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 s, and ZIP + 4	Relationship of transferor to transferee		
	<del></del>				
(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 s, and ZIP + 4	Relationship 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, address, and ZIP + 4  Relationship of transferor to transfere				
ł					

2014	FEDE	ERAL STA	TEMEN	ITS		PAGE 1
	UROLO	GIC CANCER	FOUNDA	TION		74-2518380
STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES						
ACCOUNTING FEES	TOTAL	(A) EXPENSES PER BOOK \$ 91 \$ 91	INVE	NET STMENT COME 910.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES  \$ 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES						
INVESTMENT & MANAGEMENT SER	RVICES TOTAL	(A) EXPENSES PER BOOK \$ 2,94 \$ 2,94	INVE S IN 1. \$	NET STMENT COME 2,941. 2,941.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES  \$ 0.
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES						
EXCISE TAX ON INVESTMENT IN	ICOME TOTAL	(A) EXPENSES PER BOOKS \$ 1 \$ 1	INVE	NET STMENT COME 15.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES  \$ 0.
STATEMENT 4 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE ST	ocks		•			
CORPORATE STOCKS			VALUAT: METHO		BOOK VALUE	FAIR MARKET VALUE
CAPITAL INCOME BUILDER FUND NUANCE COMMUNICATIONS INC INTERCONTINENTAL EXCHANGE G APPLE INC		F2	COST COST COST COST	\$ DTAL <u>\$</u>	110,000. \$ 2,024. 9,887. 5,132. 127,043. \$	102,319. 1,313. 9,649. 9,382.

. . .

014	FEDERAL	STATEMENTS		PAGE 2
	UROLOGIC CA	ANCER FOUNDATION		74-2518380
STATEMENT 5 FORM 990-PF, PART II, I INVESTMENTS - CORPC	LINE 10C DRATE BONDS			
CORPORATE BONDS		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
BOND FUND OF AMERIC	A CLASS F2	COST S	\$ 101,000.	\$ 97,572.
STATEMENT 6 FORM 990-PF, PART III, OTHER INCREASES  DEPOSITS IN TRANSIT OUTSTANDING CHECKS	' AT 12/31/13		TOTAL	\$ 1,610. 25,000. \$ 26,610.
STATEMENT 7 FORM 990-PF, PART III, OTHER DECREASES	LINE 5			
	AT 12/31/14	ED STOCK RECEIVED	TOTAL	\$ 800. 4,398. \$ 5,198.

# COPIES OF FORM 990-PF TO STATE OFFICIALS

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

(Rev January 2014)

### Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service Information about Form 8868 and its instructions is at www.irs.gov/form8868. • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . . X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers. Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Parti Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or print UROLOGIC CANCER FOUNDATION 74-2518380 Number, street, and room or suite number. If a P.O. box, see instructions Social security number (SSN) File by the due date for 828 NORTH CURTISWOOD LANE filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions NASHVILLE, TN 37204 Enter the Return code for the return that this application is for (file a separate application for each return). 04 Application Is For Application Return Return Is For Code Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 The books are in the care of ► <u>DR</u>. <u>JOSEPH A. SMITH</u>, JR. Telephone No ► <u>(615)</u> <u>293</u>-<u>9664</u> \_ \_ Fax No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, ▶ . If it is for part of the group, check this box check this box ▶ and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15 , 20 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 14 or tax year beginning \_\_\_\_ , 20 \_\_\_ , and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Change in accounting period

nonrefundable credits. See instructions. 3 a S 89. b if this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3 b S 89. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.