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2014/2-8-22-16

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except private foundations)

OMB No. 1545-0047

2014Department 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-EZ and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 2014 and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☒ Application pending

C Oregon Urological Society
 914 - 164th St SE PMB 310
 Mill Creek, WA 98012

D Employer identification number
 93-6069981

E Telephone number
 (866) 800-3-18

F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____

H Check ☒ if the organization is not required to attach Schedule E (Form 990, 990-EZ, or 990-BF)

I Website: N/A

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(5) (insert "c") ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7c to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 10,344

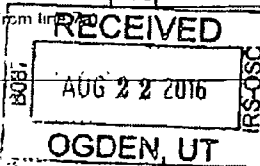
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

1	Contributions, gifts, grants, and similar amounts received	1	5,000
2	Program service revenue including government fees and contracts	2	27,394
3	Membership dues and assessments	3	7,900
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c	
6d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	40,344
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	12,000
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	438
16	Other expenses (describe in Schedule O)	16	22,689
17	Total expenses. Add lines 10 through 16	17	35,127
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,217
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end of year figure reported on prior year's return)	19	10,718
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	15,935

BAA For Paperwork Reduction Act Notice, see the separate instruction.

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SCANNED OCT 27 2016



See Schedule O

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Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	14,718	22 19,935
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	14,718	25 19,935
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,718	27 19,935

Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? Ser Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses	
(Required for section 501(c)(3) and 501(c)(29) organizations; optional for others)	

28	Socioeconomic Conference - Program for Urologists in OR which address socioeconomic issues of Urology Practices.		
	(Grants \$) if this amount includes foreign grants, check here	☐	28 a 19,982
29			
	(Grants \$) if this amount includes foreign grants, check here	☐	29 a
30			
	(Grants \$) if this amount includes foreign grants, check here	☐	30 a
31	Other program services (describe in Schedule O)		
	(Grants \$) if this amount includes foreign grants, check here	☐	31 a
32	Total program service expenses (add lines 28a through 31a)	☐	32 19,982

Check if the organization used Schedule O to respond to any question in this Part IV

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a confirmed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as sales reported on lines 2, 5a, and 7a, among others)?	35a	X
b If 'Yes,' did the organization file a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, recurring, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initial contributions and capital contributions included on line 9	39a	N/A
b Gross receipts included on line 9 for public use of club facilities	39b	N/A
40a Section 501(c)(2) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4912	N/A	section 4912
section 4955	N/A	section 4955
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	0	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8866-T	40e	X
41 List the states with which a copy of this return is filed	OR	

42a The organization's books and records are maintained by Deborah A Johnson Telephone no. (866) 860-3118
 Located at 164th St SE PMB 310 Mill Creek, WA Zip 98012

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country	42c	X

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

43 Section 513(c)(1) nonexempt charitable trusts filing Form 990-EZ must file Form 1041. Check here and enter the amount of tax exempt interest received or accrued during the tax year ☐ 43 N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment for or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)	45b	X

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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

Yes	No
☐	☒

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the table for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(c)(3) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.

Yes	No
☐	☒

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

Yes	No
☐	☒

49a Did the organization make any transfers to an exempt non-charitable related organization?

Yes	No
☐	☒

b If 'Yes,' was the related organization a section 527 organization?

Yes	No
☐	☒

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC)	(d) Health, dental, contributions to employer's benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.

Yes	No
☐	☒

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief this return is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>John Johnson</i>	Date <i>8-16-16</i>
	Type of print name and title <i>John Johnson Executive Director</i>	
Paid Preparer Use Only	Print/Type preparer's name <i>Alan R Dance, CPA</i>	Print/Type preparer's name <i>Alan R Dance, CPA</i>
	Firm's name <i>GDM Private Financial Solutions</i>	Firm's name <i>GDM Private Financial Solutions</i>
	Firm's address <i>11100 NE 8TH ST STE 380 BELLEVUE, WA 98004-4166</i>	Firm's address <i>11100 NE 8TH ST STE 380 BELLEVUE, WA 98004-4166</i>
	Firm's EIN <i>45-555597</i>	Firm's EIN <i>45-555597</i>
May the IRS discuss this return with the preparer shown above? See instructions.		☒ Yes ☐ No

Form 990-EZ (2014)

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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2014Open to Public
Inspection

Oregon Philanthropic Society

Employer identification number

93-6069981

Form 990-EZ Part V Other Information

Information regarding personal benefit contracts:

The organization did not, during the year, receive any funds, directly or indirectly
to pay premiums on a personal benefit contract.The organization did not, during the year, pay any premiums, directly or indirectly
on a personal benefit contract.**Form 990-EZ, Part I, Line 16****Other Expenses**

Meeting expenses	\$	19,982.
Office expenses		1,052.
Travel		1,655.
Total	\$	22,689.

Form 990-EZ Part III - Organization's Primary Exempt Purpose

Educate biologists and administrators on Socioeconomic Issues