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

OMB No 1545-0052

2015

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 at www.irs.gov/form990pf.

Open to Public Inspection

For cale	ndar year 2015, or tax year beginning	, 2015, and	l ending		
UROLO	GIC CANCER FOUNDATION		A	Employer identification num 74-2518380	
828 N NASHV	ORTH CURTISWOOD LANE VILLE, TN 37204		В	Telephone number (see instr 615-293-9664	uctions)
			С	If exemption application is	pending, check here 🕨 🗌
G Che	ck all that apply. Initial return	Initial return of a former p Amended return	oublic charity D	1 Foreign organizations, chec	k here ,
	Address change	Name change		2 Foreign organizations meet	
H Che		(c)(3) exempt private found		here and attach computation	ب
	Section 4947(a)(1) nonexempt charitable tr		te foundation E	If private foundation status under section 507(b)(1)(A)	
fair i		ounting method. X Cash Other (specify)	F	If the foundation is in a 60	ب
► \$	505,358. (Part I,	column (d) must be on cas		under section 507(b)(1)(B)	
Part) Net investment	(c) Adjusted net	(d) Disbursements
	Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	income	income	for charitable purposes (cash basis only)
	Contributions, gifts, grants, etc, received (attach schedule)	72, 669.			
	2 Ck ► if the foundation is not required to attach Sch B		Marie (A. C. T.)	The same of the sa	
	3 Interest on savings and temporary cash investments			N/A	
	4 Dividends and interest from securities	6,298.	6,298.		
	5 a Gross rents . b Net rental income	- a	* * * !	TO STATE OF THE ST	The state of the s
R	or (loss) 6 a Net gain or (loss) from sale of assets not on line 10	2			
R E V	b Gross sales price for all assets on line 6a				
<u>Ě</u> N	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain	\$ 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	 	Light for my and to or the light of	A STATE OF THE PARTY OF THE PAR
U	9 Income modifications				
E	10 a Gross sales less returns and	- 25 ep. 1		- 9 1 2 1 2 2 2 3	
	allowances b Less Cost of				
	goods sold C Gross profit or (loss) (attach schedule).		-	a make a market a	2 - 2 - 2
	11 Other income (atlach schedule) .				
	10				
	12 Total. Add tines 1 through 11. 13 Compensation of officers, directors, trustees, etc	78,967.	6,298.		Carried Control
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
A D	16 a Legal fees (attach schedule) b Accounting fees (attach-set) / SBE ST 1	942.	942.		ļ
M	b Accounting 1885 Callach son SEE ST 1 c Other prof trees (altach son) SEE ST 2	3,281.	3,281.		<u> </u>
O I P S	17 Interest .	3,201.	3,201.		
PERR	18 Taxes Study scriptur Scriptur Scriptur Scriptur 3	89.	89.		
	19 Demegation (attach schedule) and deplation				D 30
3 = N N	20 Occupancy OGDEN, UT				
1 - G E	21 Travel, conferences, and meetings 22 Printing and publications				
E E E	23 Other expenses (attach schedule)		 		
Rec in Batching/	SEE STATEMENT 4	1,600.	1,600.	<u></u>	
E	24 Total operating and administrative expenses. Add lines 13 through 23	5,912.	5,912.		
¥ °	25 Contributions, gifts, grants paid PART XV	25,000.	3,912.		25,000.
20	26 Total expenses and disbursements. Add lines 24 and 25		F 010		
<u> </u>	27 Subtract line 26 from line 12:	30,912.	<u>5,912.</u>		25,000.
2016	a Excess of revenue over expenses	40 055			
. ,	and disbursements D Net investment income (if negative, enter -0-)	48,055.	386.		
	C Adjusted net income (if negative enter -0-)	· · · · · · · · · · · · · · · · · · ·		 	

Pari		Balance Sheets	Attached schedules and amounts in the descrip column should be for end-of year amounts only	ption	Beginning of year	<u></u>		year
inicality.	iiii		(See instructions)		(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest			29.		32.	32.
	2	Savings and tempor	ary cash investments		230,032.	290,49	5.	290,495.
1	3	Accounts receivable	►			为一个的"大		
}		Less: allowance for	doubtful accounts ►					
	4	Pledges receivable	·					
		Less: allowance for	doubtful accounts >	1				
	5	Grants receivable				_		
	6	Receivables due from offi disqualified persons (atta	cers, directors, trustees, and other ich schedule) (see instructions)					
	7	Other notes and loans red		b			512	ACCOUNT OF THE PARTY
A	-	Less: allowance for	doubtful accounts >	1		5 <u>5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 </u>		
S	8	Inventories for sale	or use					
ASSETS	9	Prepaid expenses a	ind deferred charges	Ī				
s	10 a	Investments – U.S. obligations (attach s	and state government					
	ŀ	Investments — corporate		: 5	127,043.	127,38	33	118,935.
l		Investments — corporate	· · · · · · · · · · · · · · · · · · ·		101,000.	101,00	$\overline{}$	95,896.
	11	Investments - land equipment: basis.						
		Less: accumulated depre (attach schedule)						
	12	Investments – mor				<u> </u>		
	13		er (attach schedule)			 	\neg	
	14		d equipment: basis►	, i				
		Less: accumulated depre (attach schedule)					1 - 1	
	15	Other assets (descr	ube ►					
	16	Total assets (to be	completed by all filers	'	458,104.	518,-9	10.	505 , 3 58
Ŀ	17	Accounts payable a	and accrued expenses					
A	18	Grants payable						
В	19	Deferred revenue.						
Ľ	20	Loans from officers, dire	ectors, trustees, & other disqualified persons					
Ţ	21	Mortgages and other not	es payable (attach schedule)	•				
	22	Other liabilities (de	scribe)				- 1987 - 1 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
E S	23	Total liabilities (ad	d lines 17 through 22)		0.		0.	
	=	Foundations that fo	ollow SFAS 117, check here .	<u>.</u>	<u> </u>		<u> </u>	-
	١.,		s 24 through 26 and lines 30 and 31		1			
N F E U T N	24							
	25	Temporarily restrict Permanently restrict		•				
A D	20	•		<u> </u>		 		
SB		and complete lines	to not follow SFAS 117, check here s 27 through 31.	<u> </u>	4			
A B S A L T A	27	Canital stock trust	principal, or current funds .			1		
T A S N	28	•	is, or land, bldg., and equipment fund	•		 		
С	29	• •	mulated income, endowment, or other funds		458,104.	518,9	10	
O E R S	30	- ·	fund balances (see instructions) .		458, 104.			
	31		d net assets/fund balances		458, 104			
Par	 		nges in Net Assets or Fund	Balanc		.[10.	
								T
1	end	l-of-year figure report	balances at beginning of year — Pa ed on prior year's return)		umm (a), me 30 (must	agree with	1	458,104.
2		er amount from Part					2	48,055.
3		r increases not included in	line 2 (itemize) ► <u>SEE STATI</u>	EMENT	_7		3	26,000.
4		l lines 1, 2, and 3			•		4	532,159.
5		eases not included in line			~		5	13,249.
6	Tota	al net assets or fund	balances at end of year (line 4 min	us line 5	b) - Part II, column (b)	, line 30	6	518,910.

2-story brick wareho	tibe the kind(s) of property sold (e.g., repuse, or common stock, 200 shares MLC	C Company) I P = P	acquired irchase onation	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
a N/A					
<u> </u>				ļ <u>-</u>	ļ
с				<u> </u>	
<u>d</u>				<u> </u>	
e					<u></u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain oi (e) plus (f) r	
a					
b					
<u>c</u>			_		
<u>d</u>					
е					
	nowing gain in column (h) and owned b		_	(I) Gains (Co	
(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		gain minus col. (k), han -0-) or Losses (
	43 01 120 1103			11011 -0-) 01 203553 (
a			\bot		
b					
С					
d					
e					
Capital gain net income or	If gain, also	enter in Part I, line 7			
Capital gain net income or	(net capital loss) If (loss), ent	er -0- in Part I, line 7	2	1	
Net short-term capital gain	or (loss) as defined in sections 1222(5)) and (6) [.]			
. 15 - (1) 0	, line 8, column (c) (see instructions) If	(loss), enter -0-	_	1	
		· · · · · · · · · · · · · · · · · · ·	1 3	1	
	der Costion 4040(a) for Daduce	d Tay on Not Investment I	3	<u>l</u>	
Qualification Un	der Section 4940(e) for Reduce ate foundations subject to the section 4940			<u>l</u>	
ant V : Qualification Un	der Section 4940(e) for Reduce at the foundations subject to the section 4940			<u>l</u>	
Price Qualification Un roptional use by domestic prival ection 4940(d)(2) applies, lea	der Section 4940(e) for Reduce ate foundations subject to the section 4940 are this part blank.	(a) tax on net investment income.)	ncom	e	V No.
Price Qualification Un r optional use by domestic private ection 4940(d)(2) applies, leads as the foundation liable for the	der Section 4940(e) for Reduce ate foundations subject to the section 4940 ave this part blank. e section 4942 tax on the distributable a	(a) tax on net investment income.) mount of any year in the base p	ncom	<u>l</u>	X No
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Print V: Qualification Un reptional use by domestic private ection 4940(d)(2) applies, leads the foundation liable for the Yes,' the foundation does not Enter the appropriate amount	der Section 4940(e) for Reduce ate foundations subject to the section 4940 ave this part blank. e section 4942 tax on the distributable a	(a) tax on net investment income.) mount of any year in the base promplete this part.	ncome	Yes	
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Part V: Qualification Un reptional use by domestic private to a 4940(d)(2) applies, least the foundation liable for the Yes,' the foundation does not Enter the appropriate amount (a) Base period years Calendar year (or tax year beginning in) 2014 2013 2012 2011 2010 Total of line 1, column (d). A Average distribution ratio founder of years the found	der Section 4940(e) for Reduce ate foundations subject to the section 4940 ave this part blank. E section 4942 tax on the distributable a qualify under section 4940(e) Do not count in each column for each year; see the ins (b) Adjusted qualifying distributions 25,000. 30,085. 27,156. 17,375. 23,501. for the 5-year base period — divide the lation has been in existence if less than acharitable-use assets for 2015 from Par	mount of any year in the base promplete this part. structions before making any entrie (c) Net value of noncharitable-use assets 423, 24 404, 13 334, 69 297, 56 249, 31 total on line 2 by 5, or by the	(cc 88. 44. 99. 33. 55. 2	Distribution!. (b) divided by	0.0590 0.0744 0.0811 0.0583 0.0942 0.3672 0.0734
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Property of the Paragraph of the Paragra	der Section 4940(e) for Reduce ate foundations subject to the section 4940 ave this part blank. Exection 4942 tax on the distributable at qualify under section 4940(e). Do not count in each column for each year; see the instance of the following distributions. Adjusted qualifying distributions. 25,000. 30,085. 27,156. 17,375. 23,501. for the 5-year base period — divide the lation has been in existence if less than other itable-use assets for 2015 from Paragonal at the form the form of the section 4940(e).	mount of any year in the base promplete this part. structions before making any entrie (c) Net value of noncharitable-use assets 423, 24 404, 13 334, 69 297, 56 249, 31 total on line 2 by 5, or by the	(cc 8. 4. 9. 3. 5. 2	(d) Distribution (b) divided by	0.0590 0.0744 0.0811 0.0583 0.0942 0.3672 0.0734 459,89
Proposed in the column (d). Proposed in the	der Section 4940(e) for Reduce ate foundations subject to the section 4940 ave this part blank. Exection 4942 tax on the distributable at qualify under section 4940(e). Do not count in each column for each year; see the instance of the following distributions. Adjusted qualifying distributions. 25,000. 30,085. 27,156. 17,375. 23,501. for the 5-year base period — divide the lation has been in existence if less than other itable-use assets for 2015 from Paragonal at the form the form of the section 4940(e).	mount of any year in the base promplete this part. structions before making any entrie (c) Net value of noncharitable-use assets 423, 24 404, 13 334, 69 297, 56 249, 31 total on line 2 by 5, or by the	(cc 8	(d) Distribution (b) divided by	0.0590 0.0744 0.0811 0.0583 0.0942 0.3672 0.0734
Property of the Paragraph of the Paragra	der Section 4940(e) for Reduce ate foundations subject to the section 4940 ave this part blank. E section 4942 tax on the distributable at qualify under section 4940(e). Do not contain each column for each year; see the instance of the section 4940(e). Adjusted qualifying distributions. 25,000. 30,085. 27,156. 17,375. 23,501. For the 5-year base period — divide the lation has been in existence if less than echaritable-use assets for 2015 from Parameter in the section 4940(e).	mount of any year in the base promplete this part. structions before making any entrie (c) Net value of noncharitable-use assets 423, 24 404, 13 334, 69 297, 56 249, 31 total on line 2 by 5, or by the	(cc 8. 4. 9. 3. 5. 2	Distribution (b) divided by	0.0590 0.0744 0.0811 0.0583 0.0942 0.3672 0.0734 459,89

Part	Excise Tax Based on Investment Income (Section 4940(a), 49	940(b), 49	40(e), or 4948 –	- see i	nstructio	ons)	
		'N/A' on lin		C			12 Y
	Date of ruling or determination letter: (attach copy of letter if necessa	ary – see	instrs)	ſ			
b	Domestic foundations that meet the section 4940(e) requirements in Part V,		<u> </u> -	[_	1		8.
	check here ► and enter 1% of Part I, line 27b			3			
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I,	, line 12, col	(b)				
	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		8.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundati	ions only.	Others enter -0)-)	4		0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, en	nter -0-		L	5		8.
6	Credits/Payments ⁻						
а	2015 estimated tax pmts and 2014 overpayment credited to 2015	6 a	·	19.			
b	Exempt foreign organizations — tax withheld at source	6 Ь					ست
С	Tax paid with application for extension of time to file (Form 8868)	6 c				·	-
d	Backup withholding erroneously withheld	6 d					7 24 7
7	Total credits and payments Add lines 6a through 6d .		•	L	7		19.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2	2220 is at	tached	L	8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .			•	9		0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			▶	10	·····	11.
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax .	11	Refunded	▶	11	·	0.
Par	Statements Regarding Activities					le service de la constant de la cons	
1 a	During the tax year, did the foundation attempt to influence any national, state, participate or intervene in any political campaign? $ $, or local l	egislation or did	d it		Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for pol (see Instructions for the definition)?	olitical pur	poses			1 b	X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copie or distributed by the foundation in connection with the activities	es of any n	naterials published	d			
c	Did the foundation file Form 1120-POL for this year?						X
d	Enter the amount (if any) of tax on political expenditures (section 4955) impose		the year				
	(1) On the foundation \$ 0. (2) On foundation ma		► \$			D. 188	5
е	Enter the reimbursement (if any) paid by the foundation during the year for political exponential foundation managers	expenditure	tax imposed on			==	
2	Has the foundation engaged in any activities that have not previously been repo	orted to th	ne IRS?			2	V
~	If 'Yes,' attach a detailed description of the activities.	orted to ti		•			
							-
3	Has the foundation made any changes, not previously reported to the IRS, in its gover of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a confe			es.		3	Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more du	uring the y	ear? .			4 a	$\overline{\mathbf{x}}$
t	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	٠	•			. 4b 1	N/A
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.					: "	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945)) satisfied	either:				
	 By language in the governing instrument, or 						
	 By state legislation that effectively amends the governing instrument so that no mai with the state law remain in the governing instrument? 	andatory di		flict		. 6 X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part I	II, col. (c), a	nd Part XV			7 X	
8 8	Enter the states to which the foundation reports or with which it is registered (s	see instru	ctions)	•			
	UT			_			
ı	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney G (or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i>	General	SEE STATE	MENT	9.	. 8b	X
9	Is the foundation claiming status as a private operating foundation within the most for calendar year 2015 or the taxable year beginning in 2015 (see instructions to	meaning o	f section 4942())(3) _. or	4942(j)((5)	
		for Part X	(IV) / If 'Yes,' co	omplete	e Part X	7V [9]	_ X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach				e Pan X	/V 9	 x
10 BAA	Did any persons become substantial contributors during the tax year? If 'Yes,' attach and addresses					10 Form 990-PF	х

<u>Par</u>	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	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	_	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address			
14	The books are in care of ► DR. JOSEPH A. SMITH, JR. Telephone no ► (615)	<u> 293</u>	<u>-966</u>	4
	Located at > 828 NORTH CURTISWOOD LANE NASHVILLE TN ZIP + 4 > 37204	_NT/7		
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	. N/P		
			Yes	N/A No
16	At any time during calendar year 2015, 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	162	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country		- (-5.5)	
Pa	Statements Regarding Activities for Which Form 4720 May Be Required	18.75.		
_	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 8	a During the year did the foundation (either directly or indirectly):	F. 7	دي کند	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			- =
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?.		====	
	(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			15.0
	(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)?		-2/27	
	(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) Yes X No		-	
	b-If-any answer-is-'Yes'-to-la(-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)?	11:	N	/A
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐		- jij	
	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 2015?.	10		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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? Yes X No	-: -:	-	-
	and 6e, Part XIII) for tax year(s) beginning before 2015? If 'Yes,' list the years ▶ 20, 20, 20	ŀ		7.2
	100, 100, 100, 110, 100, 100, 100, 100,			===
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions)	21	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		The same of	
	► 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? Yes X No			1
	b If 'Yes,' did it have excess business holdings in 2015 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 2015.)	31	o N	I/A
4	a 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			
	peopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4	b	X
RΔ		orm 0	90 DE	(2015)

artWIEB Statements Regarding Activition	es for Which Form	4720 May Be Requ	iired (continued)	
5 a During the year did the foundation pay or incur	any amount to	- 		国际 国 国 及石
(1) Carry on propaganda, or otherwise attempt	· ·	, , , , , ,	Yes X	No Service Ser
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registral	tion drive?		. Yes X	
(3) Provide a grant to an individual for travel,	study, or other similar p	ourposes?	. Yes X	No la
(4) Provide a grant to an organization other th in section 4945(d)(4)(A)? (see instructions)	an a charitable, etc, orç)	ganization described 	. Yes X	No Service Ser
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	us, charitable, scientific, n of cruelty to children o	literary, or or animals?	. Yes X	No.
b If any answer is 'Yes' to 5a(1)-(5), did any of t described in Regulations section 53.4945 or in (see instructions)?	he transactions fail to q a current notice regard	ualify under the excepting disaster assistance		
Organizations relying on a current notice regains	ding disaster assistance	e check here	. ▶ □	5b N/A
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	sibility for the grant? .	•	N/A Yes	No
If 'Yes,' attach the statement required by Regu	ılatıons section 53 4945	i-5(d)		
6a Did the foundation, during the year, receive an on a personal benefit contract?	• • • •	•	∐Yes [X]	No Establishment
b Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870.	ums, directly or indirect	lly, on a personal benef	fit contract?	6b X
7 a At any time during the tax year, was the found	lation a narty to a probi	hitad tay shaltar transa	ction? Dvac [v]	No No
b If 'Yes,' did the foundation receive any procee			ب ب	I/A 7b
Partivilla Information About Officers, Di				17.44
and Contractors			, ,	, , ,
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.	TRUSTEE	Ō.	0.	0.
828 N CURTISWOOD LANE NASHVILLE, TN 37204	1.38			
BARBARA B. SMITH	TRUSTEE	0.	0.	0.
828 N CURTISWOOD LANE NASHVILLE, TN 37204	0.08			
RICHARD H. JOHNSON II	TRUSTEE	0.	0.	0.
201 S MAIN STREET, SUITE 1100 SALT LAKE CITY, UT 84111	0.04		.	
2 Compensation of five highest-paid employees (or	ther than those included	on line 1 – see instructio	ns). If none, enter '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				
				<u></u>
				<u> </u>
Total number of other employees paid over \$50,00	ó			0

V,

Par	Information About Officers, Directors, Trustees, Four and Contractors (continued)	ndation Managers, Highly Paid E	nployees,
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
NON	E		
			
			
			=
Tota	number of others receiving over \$50,000 for professional services.	. •	0
Pai	Summary of Direct Charitable Activities		
List to	ne foundation's four largest direct charitable activities during the tax year. Include relevant statist zations and other beneficiaries served, conferences convened, research papers produced, etc.	ical information such as the number of	Expenses
1	N/A		
2			
•		-··	
3			
4			
·			
Pa	祖义B. Summary of Program-Related Investments (see instr	ructions)	
	cribe the two largest program-related investments made by the foundation during		Amount
1	cibe the two largest program-related investments made by the foundation during	the tax year off files 1 and 2	Amount
•	N/A		
2			
	other program-related investments. See instructions		
3			
Tot	al. Add lines 1 through 3.		0.

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Form 990-PF (2015)

Form 990-PF (2015) UROLOGIC CANCER FOUNDATION

BAA

Form 990-PF (2015)

see instructions.)		
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	220,530.
b Average of monthly cash balances	1 b	246,368.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	466,898.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	<u> </u>
3 Subtract line 2 from line 1d	. 3	466,898.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	7,003.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	459,895.
6 Minimum investment return. Enter 5% of line 5	6	22,995.
Part XIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper	ating four	ndations
and certain foreign organizations check here ▶ □ and do not complete this part.)		
1 Minimum investment return from Part X, line 6	1	22,995.
2 a Tax on investment income for 2015 from Part VI, line 5 2 a 8	. 333	
b Income tax for 2015. (This does not include the tax from Part VI.)	E	
c Add lines 2a and 2b	2 c	8.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	22,987.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	22,987.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	22,987.
Part XIII Qualifying Distributions (see Instructions)		
1Amounts_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	. 1b	
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	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 .	4	25,000.
5 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	
6 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 forqualifies for the section 4940(e) reduction of tax in those years	oundation	
BAA		orm 990-PF (2015)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	ns .	3		22,987.
2 Undistributed income, if any, as of the end of 2015:	 		~~÷şş~~÷°~i~i~ ~d	22,981.
E 1 1 0014 1		ر دو هـ ۲۰۰۰	0.	ا المستحدة
b Total for prior years: 20 , 20 , 20		0.	₩ E	
3 Excess distributions carryover, if any, to 2015.	}	U.		4 4 4
a From 2010 8,492.	or =€0e ^ ⇔1æ '	- 30 - 30 - 30 - 30 - 30 - 30 - 30 - 30	الم المحادث الم	e e -
b From 2011 . 2,573.	<u> </u>	- ce ==	. e .	
c From 2012 2,373.	. ≈=		المراجع	
d From 2013 . 9, 908.			1000	
e From 2014. 3, 908.		,	7 - 4 	3 5000
	35,348.		<u>~</u> ====	·
f Total of lines 3a through e	35,346.	7-7-		
_ · · · · · · · · · · · · · · · · · · ·		- c=		
XII, line 4. \$ 25,000. a Applied to 2014, but not more than line 2a		ر حصد د م		
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior years			, , ,	ing common
(Election required – see instructions)	- ESS ' _	<u> </u>	- 3-3-5	
c Treated as distributions out of corpus			4	
(Election required – see instructions)	0.		= to .	
d Applied to 2015 distributable amount .	Course to			22,987.
e Remaining amount distributed out of corpus	2,013.	gar .	·	
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the	0.			0.
same amount must be shown in column (a);		ت توهي ت		
		-	- ·	#57# Æ\$6.
6Enter the-net total-of-each-column as		- 2	(C.)	
indicated below:	, Jan	ا محصت	* -	
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5.	37,361.	ļ <u>.</u>	,	
b Prior years' undistributed income. Subtract]	~ .	
line 4b from line 2b	,	0.		
c Enter the amount of prior years' undistribute income for which a notice of deficiency has	2		7 2==-	
been issued, or on which the section 4942(a)	= ²			
tax has been previously assessed		0.) — z
d Subtract line 6c from line 6b. Taxable	.= <u>(</u> 2 =		,	ا الشراوي:
amount – see instructions .	<u></u>	0.	* * * * * * * * * * * * * * * * * * * *	
e Undistributed income for 2014. Subtract line 4a from	æ _o ⊋		_	-
line 2a. Taxable amount — see instructions		* · + ·	<u>. </u>	
f Undistributed income for 2015. Subtract lines	.]	*= _	, -	
4d and 5 from line 1. This amount must be	, a	2 mg.	,	
distributed in 2016		<u> </u>	=	0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				= . =
section 170(b)(1)(F) or 4942(g)(3) (Election		-ي ي	, ₂₀ 6	
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010 not				[
applied on line 5 or line 7 (see instructions)	8,492		4	
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	28,869			
10 Analysis of line 9:				
a Excess from 2011 2,573				
b Excess from 2012 10, 467				
c Excess from 2013 9, 908		-		ے۔
d Excess from 2014 3, 908				}
e Excess from 2015 2, 013			1	
DAA				5 000 DE (0015)

1 a If the foundation has received a ruling or de is effective for 2015, enter the date of the b Check box to indicate whether the found 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a	termination letter that e ruling	it is a private operati	ng foundation, and th	e ruling . • 4942(j)(3) or	N/A 4942(j)(5)
is effective for 2015, enter the date of the Check box to indicate whether the found 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a	e ruling ation is a private ope Tax year	erating foundation d	escribed in section Prior 3 years	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a	Tax year		Prior 3 years		4942(j)(5)
income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a		(b) 2014			
investment return from Part X for each year listed b 85% of line 2a	(a) 2015	(b) 2014	(c) 2013		
c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c. 3 Complete 3a, b, or c for the				(d) 2012	(e) Total
line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . 3 Complete 3a, b, or c for the					
for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
for active conduct of exempt activities Subtract line 2d from line 2c . 3 Complete 3a, b, or c for the					
3 Complete 3a, b, or c for the alternative test relied upon:					
•					
a 'Assets' alternative test — enter				ļ	
(1) Value of all assets		 	ļ		
(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:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties).	\ <u></u>	<u> </u>			
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3)_Largest-amount-of-support-from an exempt organization					
(4) Gross investment income					
Supplementary Information assets at any time during	the year — see ii	s part only if the nstructions.)	e foundation had	1 \$5,000 or more	in
1 Information Regarding Foundation Mar a List any managers of the foundation who had close of any tax year (but only if they had NONE	ave contributed more	than 2% of the total of than \$5,000). (See	contributions received e section 507(d)(2).)	by the foundation before	ore the
b List any managers of the foundation who o a partnership or other entity) of which the NONE	wn 10% or more of the he foundation has a	e stock of a corporati 10% or greater inte	on (or an equally larg rest.	e portion of the owner	ship of
2 Information Regarding Contribution, G Check here X if the foundation only requests for funds. If the foundation macomplete items 2a, b, c, and d.	makes contributions to	o preselected charital c (see instructions)	ole organizations and to individuals or org	anizations under oth	licited er conditions,
a The name, address, and telephone numbe	r or e-mail address of	the person to whom	applications should b	e addressed	
b The form in which applications should b	pe submitted and info	ormation and mater	ials they should incl	ude:	
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geogra	aphical areas, charil	able fields, kinds of	institutions, or other	factors
BAA		TEEA0310L 10/13/15			Form 990-PF (2015)

3 Grants and Contributions Paid During the	Year or Approved for Fu	ture Paymen	it	
Recipient	If recipient is an individual, show any relationship to an foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	Contribution	
Name and address (home or business) a Paid during the year DEPT. OF UROLOGIC SURGERY/RESEARCH VANDERBILT UNIVERSITY NASHVILLE TN 37240	N/A		SUPPORT OF UROLOGIC CANCER RESEARCH	25,000.
Total			. ▶ 3a	25,000.
b Approved for future payment				
Total				ы

E E

er gross amounts unless otherwise indicated	Unrelate	d business income	Excluded b	y section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions.)
Program service revenue		,	code		(000
1			\bot		
)					
			 		
·		· 			
·					
Fees and contracts from government agencies			+		
Membership dues and assessments			 		
Interest on savings and temporary cash investments			+		
Dividends and interest from securities	 		14	6,298.	ļ.
Net rental income or (loss) from real estate:				0,290.	
a Debt-financed property			ALC: SECTION AND PROPERTY OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COL		
b Not debt-financed property	 				
Net rental income or (loss) from personal property		 	+-+		
Other investment income				_ _	<u> </u>
Gain or (loss) from sales of assets other than inventory		 			
Net income or (loss) from special events.					
Gross profit or (loss) from sales of inventory			+-+		
Other revenue:			T DESCRIPTION		
		Market Albert Frankling	THE PERSON OF STREET		
ab		 	$\dashv +$		
		 	~}	· · · · · · · · · · · · · · · · · · ·	
		1	1 1		
<u></u>					
			1		
cde				6 298	
c d e -Subtotal- Add-columns-(b),-(d),-and-(e)	- Ar			6,298.	6 29
c d eSubtotal- Add-columns-(b),-(d),-and-(e) Total. Add line 12, columns (b), (d), and (e)				6,298. 13	6,29
c d e -Subtotal- Add-columns-(b),-(d),-and-(e) -Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Relationship of Activities to the	tions.)		pt Purpo	ses	
c d eSubtotal- Add-columns-(b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Relationship of Activities to the ne No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions.)		pt Purpo	ses	tly to the instructions)
c d e -Subtotal- Add-columns-(b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Relationship of Activities to the ne No. Explain below how each activity for which accomplishment of the foundation's exempt	tions.)		pt Purpo	ses	
c d eSubtotal- Add-columns-(b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Relationship of Activities to the ne No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions.)		pt Purpo	ses	
c d eSubtotal- Add-columns-(b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Relationship of Activities to the ne No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions.)		pt Purpo	ses	
c d eSubtotal- Add-columns-(b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Relationship of Activities to the ne No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions.)		pt Purpo	ses	
c d e -Subtotal- Add-columns-(b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Relationship of Activities to the ne No. Explain below how each activity for which accomplishment of the foundation's exempt	tions.)		pt Purpo	ses	
c d e -Subtotal- Add-columns-(b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Relationship of Activities to the ne No. Explain below how each activity for which accomplishment of the foundation's exempt	tions.)		pt Purpo	ses	
c d eSubtotal- Add-columns-(b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions.)		pt Purpo	ses	
c d eSubtotal- Add-columns-(b), (d), and (e)Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions.)		pt Purpo	ses	
c d eSubtotal- Add-columns-(b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions.)		pt Purpo	ses	
c d eSubtotal- Add-columns-(b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Relationship of Activities to the ne No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions.)		pt Purpo	ses	
c d e -Subtotal- Add-columns-(b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Relationship of Activities to the ne No. Explain below how each activity for which accomplishment of the foundation's exempt	tions.)		pt Purpo	ses	
c d e Subtotal- Add-columns-(b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calcula Relationship of Activities to the ne No. Explain below how each activity for which accomplishment of the foundation's exempt	tions.)		pt Purpo	ses	
e Subtotal- Add-columns-(b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. Relationship of Activities to the	tions.)		pt Purpo	ses	
c d e Subtotal- Add-columns-(b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calcula Relationship of Activities to the me No. Explain below how each activity for which accomplishment of the foundation's exempt	tions.)		pt Purpo	ses	
c d e Subtotal- Add-columns-(b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calcula Relationship of Activities to the ne No. Explain below how each activity for which accomplishment of the foundation's exempt	tions.)		pt Purpo	ses	
c d e -Subtotal- Add-columns-(b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Relationship of Activities to the ne No. Explain below how each activity for which accomplishment of the foundation's exempt	tions.)		pt Purpo	ses	
c d e Subtotal- Add-columns-(b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calcula Relationship of Activities to the me No. Explain below how each activity for which accomplishment of the foundation's exempt	tions.)		pt Purpo	ses	

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

descrii relatin	e organization directly bed in section 501(c) o ig to political organizati	of the Code (oth ions?	ner than section	501(c)(3) organi	zations) (er organization or in section 52	27,	3	Yes	No
_	fers from the reporting	toundation to a	a noncharitable e	exempt organiza	tion of			(_>	1 0 (1)	
(1) Ca				•	•	•		_	1 a (1)	X
	ther assets		•			•	•		1 a (2)	X
	transactions	ما حاجات ما						_		
` '	ales of assets to a non					•	÷	_	1 b (1)	X
• •	urchases of assets from			nization		•		<u> </u>	1 b (2)	X
• •	ental of facilities, equip		assets)	1 b (3)	X
` '	eimbursement arrange		٠		•		•		1 b (4)	X
• •	oans or loan guarantee			•	•	•	•	-	1 b (5)	X
\-	erformance of services							• _	1 b (6)	X
c Sharır	ng of facilities, equipme	ent, mailing list	ts, other assets,	or paid employe	es.		• •		1c	X
any tr	answer to any of the a ods, other assets, or sansaction or sharing a	rrangement, sh	iow in column (d) the value of th	e goods,	other assets, o	or services re	eceived.		
(a) Line no.	(b) Amount involved	(c) Name of	f noncharitable exem	ot organization	(d) D	escription of trans	ters, transaction	is, and sha	ring arrangeme	ents
N/A	ļ	ļ								
		_								
	ļ <u></u>	 				·				
		ļ		·						
	L									
	<u></u>		<u></u>							
·	1	į i	 							
	-	†								
descr	foundation directly or in ribed in section 501(c) es,' complete the follow	of the Code (ot	with, or related the than section	o, one or more ta 501(c)(3)) or in	ix-exempt i section 5	organizations 527?			Yes [XNo
	(a) Name of organizat	ion	(b) Type	of organization		(c)	Description	of relati	onship	
N/A										
·						_				
Sign Here	der penalties of perjury, I declarect, and complete Declaration	are that I have examin of preparer (other	ined this return, including than taxogyer) is base	ding accompanying soled on all information		statements, and to larer has any knowl RUSTEE	the best of my kedge	nowledge a	May the IRS of this return with preparer show	discuss th the vn below
\ s	Signature of officer or trustee			Date	Titl				(see instruction X Yes	
	Print/Type preparer's pla	ame	Preparer's	signature		Date /	Check	ıf P	TIN A Tes	
De:-J			A.	(\mathcal{A})	COA	4/25/16		⊔" (12
Paid		OSS C NOT	- AUU	rec vo	UM	1/22/10			20006719	12
Prepare	_	ROSS & WOL					Firm's EIN	87-054	15/46	
Use Onl			HAVEZ DR.					1000:	00	
DAA		SOUTH JORI	OAN, UT 840	132			Phone no		254-97	
BAA								- 1	Form 990-P	F (2015)

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

Department of the Treasury Internal Revenue Service Name of the organization

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

2015

Employer identification number

UROLOGIC CANCER FOUNDATION		74-2518380
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) org	ganization
	4947(a)(1) nonexempt charitable t	trust not treated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	on
	4947(a)(1) nonexempt charitable	trust treated as a private foundation
	501(c)(3) taxable private foundation	•
		on .
Check if your organization is covered by the G	eneral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10)) organization can check boxes for both the	General Rule and a Special Rule See instructions
General Rule		
X For an organization filing Form 990, 9	90-EZ, or 990-PF that received, during the y	rear, contributions totaling \$5,000 or more (in money or
property) from any one contributor. Co	omplete Parts I and II. See instructions for d	determining a contributor's total contributions
Special Rules		
For an organization described in section	on 501(c)(3) filing Form 990 or 990-EZ that i A)(vi), that checked Schedule A (Form 990 or 99	met the 33-1/3% support test of the regulations
received from any one contributor, du	ring the year, total contributions of the great	ter of (1) \$5,000 or (2) 2% of the amount on (i)
Form 990, Part VIII, line 1h, or (ii) For	rm 990-EZ, line 1. Complete Parts I and II	•
Eor-an-organization-described-in-secti	ion-501(c)(7)(8)- or-(10)-filing Form-990-or-	990:57-that-received-from any one contributor
during the year, total contributions of	more than \$1,000 exclusively for religious, of	990-EZ that received from any one contributor, charitable, scientific, literary, or educational
purposes, or for the prevention of cru-	elty to children or animals. Complete Parts I	I, II, and III.
Пе	501(4)(7) (0) x (10) (1 x F = 000	000 F7 II
		990-EZ that received from any one contributor, but no such contributions totaled more than
\$1,000. If this box is checked, enter h	nere the total contributions that were received	d during the year for an exclusively religious,
	plete any of the parts unless the General Ru	
it received <i>nonexclusively</i> religious, ci	haritable, etc., contributions totaling \$5,000 (or more during the year.
Caution An organization that is not cove	red by the General Rule and/or the Special (Rules does not file Schedule B (Form 990, 990-EZ, or
990-PF), but it must answer 'No' on Part	IV, line 2, of its Form 990, or check the box	on line H of its Form 990-EZ or on its Form 990-PF.
Part I, line 2, to certify that it does not m	eet the filing requirements of Schedule B (Fi	orm 990, 990-EZ, or 990-PF).

Schedule B-(Form 990, 990-EZ	7. or 990-PF)	(2015)

1 of Part I

Name of organization
UROLOGIC CANCER FOUNDATION

Employer Identification number 74-2518380

1 of

Contributors (see instructions)	Use duplicate copies of Part Lif additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ROGER NEWMAN 1536 S OCEAN DR VERO BEACH, FL 32963	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LEW CONNER PO BOX 150039 NASHVILLE, TN 37215	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	RODES HART 4414 CHICKERING RD NASHVILLE, TN 37215	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Number	(b) Name, address, and ZIP + 4 ALAN RICKMAN 942 SUNSET BLVD LOS ANGELES, CA 90012	(c) Total contributions	(d) Type of contribution Person X Payroll
	Name, address, and ZIP + 4 ALAN RICKMAN 942 SUNSET BLVD LOS ANGELES, CA 90012	contributions	Person X Payroll Noncash (Complete Part II for
4	Name, address, and ZIP + 4 ALAN RICKMAN 942 SUNSET BLVD LOS ANGELES, CA 90012	\$ 29,980.	Type of contribution Person X Payroll
4 (a) Number	Name, address, and ZIP + 4 ALAN RICKMAN 942 SUNSET BLVD LOS ANGELES, CA 90012 Name, address, and ZIP + 4 AMERICAN UROLOGICAL ASSOCIATION 1100 WOODFIELD RD SCHAUMBERG, IL 60173	\$ 29,980. (c) Total contributions	Person X Payroll

1 to

of Part II

Name of organization

UROLOGIC CANCER FOUNDATION

74-2518380

Employer identification number

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
(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	Description of noncash property given	FMV (or estimate) (see instructions)	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

of Part III

Employer identification number 74-2518380

	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional states.	ne year from any one contribution pleting Part III, enter the total (Enter this information once. See space is needed	Itor. Complete of <i>exclusive</i> s	e columns (a) through (e) and /y religious, charitable, etc ,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relat	ionship 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	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
	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
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee

2015	FEDERAL STATEMENTS	PAGE 1
	UROLOGIC CANCER FOUNDATION	74-2518380
STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		(5)
ACCOUNTING FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 942. \$ 942. TOTAL \$ 942. \$ 942.	(D) CHARITABLE PURPOSES \$ 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES		
INVESTMENT & MANAGEMENT SE		(D) CHARITABLE PURPOSES 0.
STATEMENT 3 FORM-990-PF, PART-I, LINE-18 TAXES		
EXCISE TAX ON INVESTMENT I	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME NCOME \$ 89. \$ 89. TOTAL \$ 89. \$ 89.	(D) CHARITABLE PURPOSES 0.
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
EQUIPMENT FOR AFRICAN SURG	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME CICAL MISSION TOTAL \$ 1,600. \$ 1,600. \$ 1,600. \$ 1,600.	(D) CHARITABLE PURPOSES \$ 0.

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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	i

CORPORATE STOCKS	VALUATION METHOD	BOOK VALUE	FAIR MARKETVALUE
CAPITAL INCOME BUILDER FUND CLASS F2 NUANCE COMMUNICATIONS INC INTERCONTINENTAL EXCHANGE GROUP APPLE INC KEURIG GREEN MOUNTAIN INC	COST COST COST COST COST	\$ 110,000. 2,024. 9,887. 5,132. 340. \$ 127,383.	\$ 95,893. 1,830. 11,275. 8,947. 990. \$ 118,935.

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

CORPORATE BONDS	VALUATION <u>METHOD</u>	BOOK <u>VALUE</u>	FAIR MARKET VALUE
BOND FUND OF AMERICA CLASS F2	COST	\$ 101,000.	\$ 95,896.
	TOTAL	\$ 101,000.	\$ 95,896.

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

DEPOSITS IN TRANSIT AT 12/31/14					\$ 800.
OUTSTANDING CHECKS AT 12/31/15				 	 25,200.
				TOTAL	\$ 26,000.

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

DIFFERENCE IN COST BASIS & FMV OF DONATED	STOCK RECEIVED		\$ 649.
DONATIONS ACCOUNTED FOR IN PRIOR YEAR			12,600.
		TOTAL	\$ 13,249.

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-PF BE FILED WITH THE STATE.