

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning APRIL 01, 2007, and ending MARCH 31, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: IVUmed-International Volunteers in Urol
Number and street (or P.O. box if mail is not delivered to street address): 757 East South Temple #110
City or town, state or country, and ZIP + 4: Salt Lake City UT 84102

D Employer identification number: 58-2263983
E Telephone number: (801) 524-0201
F Acctg. method: Cash, Accrual, Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: www.ivumed.org

J Organization type (check only one): 501(c)(3), 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

H & I are not applicable to sec. 527 organizations.
H(a) Is this a group return for affiliates?
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included?
H(d) Is this a separate return filed by an organization covered by a group ruling?
I Group Exemption Number: 0000

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 754,037

M Check if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns: Line number, Description, Sub-column (a, b, c, d), and Amount. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Assets (lines 18-21).

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a	Grants paid from donor advised funds (attach sch.) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule) .....	23				
24	Benefits paid to or for members (attach schedule) ..	24				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V- A. ....	25a				
b	Compensation of former officers, directors, key employees, etc. listed in Part V- B. ....	25b				
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c .....	26	201,711	99,340	84,309	18,062
27	Pension plan contributions not included on lines 25a, b, and c .....	27				
28	Employee benefits not included on lines 25a - 27. . .	28	25,690	12,652	10,738	2,300
29	Payroll taxes .....	29	15,676	7,720	6,552	1,404
30	Professional fundraising fees .....	30				
31	Accounting fees .....	31	5,900	3,245	2,065	590
32	Legal fees .....	32	2,833			2,833
33	Supplies .....	33				
34	Telephone .....	34				
35	Postage and shipping .....	35				
36	Occupancy .....	36	19,749	10,862	6,912	1,975
37	Equipment rental and maintenance .....	37				
38	Printing and publications .....	38	26,218	660	3,282	22,276
39	Travel .....	39				
40	Conferences, conventions, and meetings .....	40	24,370	744	5,028	18,598
41	Interest .....	41	2,108	1,159	738	211
42	Depreciation, depletion, etc. (attach schedule) .....	42	30,262	28,748	757	757
43	Other expenses not covered above (itemize):					
a	See attachment #1	43a	348,497	291,912	18,379	38,206
b	_____	43b				
c	_____	43c				
d	_____	43d				
e	_____	43e				
f	_____	43f				
g	_____	43g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) .....	44	703,014	457,042	138,760	107,212

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?..  Yes  No  
 If "Yes," enter (i) aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>Medical Services to Indigents</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a See attachment #2     (Grants and allocations \$ ) If this amount includes foreign grants, check here ..... <input type="checkbox"/>	457,042
b     (Grants and allocations \$ ) If this amount includes foreign grants, check here ..... <input type="checkbox"/>	
c     (Grants and allocations \$ ) If this amount includes foreign grants, check here ..... <input type="checkbox"/>	
d     (Grants and allocations \$ ) If this amount includes foreign grants, check here ..... <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ..... <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ..... <input type="checkbox"/>	457,042

**Part IV** Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
A S S E T S	45	Cash -- non-interest-bearing .....	56,484	45	35,165
	46	Savings and temporary cash investments .....	144,772	46	121,045
	47a	Accounts receivable .....		47c	
	b	Less: allowance for doubtful accounts .....			
	48a	Pledges receivable .....		48c	
	b	Less: allowance for doubtful accounts .....			
	49	Grants receivable .....		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....		50b	
	51a	Other notes and loans receivable (attach schedule) .....		51c	
	b	Less: allowance for doubtful accounts .....			
	52	Inventories for sale or use .....	104,314	52	201,352
	53	Prepaid expenses and deferred charges .....		53	
	54a	Investments -- publicly-traded securities .....		54a	
	b	Investments -- other securities (attach schedule) ..			
	55a	Investments -- land, buildings, and equipment: basis .....		55c	
	b	Less: accumulated depreciation (attach schedule) .....			
	56	Investments -- other (attach schedule) .....		56	
	57a	Land, buildings, and equipment: basis . #3 ..	165,947	57c	46,124
b	Less: accumulated depreciation (attach schedule) .....	119,823	44,713		
58	Other assets, including program-related investments (describe ► _____ )		58		
59	<b>Total assets (must equal line 74). Add lines 45 through 58 .....</b>	<b>350,283</b>	<b>59</b>	<b>403,686</b>	
L I A B I L I T I E S	60	Accounts payable and accrued expenses .....	3,341	60	5,721
	61	Grants payable .....		61	
	62	Deferred revenue .....		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
	64a	Tax-exempt bond liabilities (attach schedule) .....		64a	
	b	Mortgages and other notes payable (attach schedule) .....		64b	
	65	Other liabilities (describe ► _____ )		65	
66	<b>Total liabilities. Add lines 60 through 65 .....</b>	<b>3,341</b>	<b>66</b>	<b>5,721</b>	
N E T A S S E T S	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted .....	288,099	67	290,688
	68	Temporarily restricted .....	58,843	68	107,277
	69	Permanently restricted .....		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds .....		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72	Retained earnings, endowment, accumulated income, or other funds .....		72	
73	<b>Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....</b>	<b>346,942</b>	<b>73</b>	<b>397,965</b>	
74	<b>Total liabilities and net assets/fund balances. Add lines 66 and 73 .....</b>	<b>350,283</b>	<b>74</b>	<b>403,686</b>	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 & deferred compensation plans	(E) Expense account and other allowances
See attachment #4				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings .....		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .....	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." .....	75c	X
	If "Yes," attach a statement that includes the information described in the instructions.		
d	Does the organization have a written conflict of interest policy? .....	75d	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change .....	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? .....	77	X
	If "Yes," attach a conformed copy of the changes.		
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? ...	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? .....	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement ..	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? .....	80a	X
b	If "Yes," enter the name of the organization .....		
	..... and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) .....	81a	N/A
b	Did the organization file Form 1120-POL for this year? .....	81b	X

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . . . . 82b N/A		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .		X
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	N/A	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? . . . . .	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
c	Dues, assessments, and similar amounts from members . . . . .	85c	N/A
d	Section 162(e) lobbying and political expenditures . . . . .	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . . .	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities . . . . .	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . . .	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	87b	N/A
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI . . . . .	88b	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ N/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ N/A		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? . . . . .	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	89g	X
90a	List the states with which a copy of this return is filed ▶ N/A		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) . . . . . 90b		N/A
91a	The books are in care of ▶ See attachment #5 Telephone no. ▶		
	Located at ▶ ZIP + 4 ▶		
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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

<b>Part VI Other Information</b> (continued)		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?.....		91c	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country ▶ _____			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here .....		N/A	<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year .....		92	N/A

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Excl. code	(D) Amount	
93 Program service revenue:					
a See attachment #6					63,390
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees & contracts from government agencies					
94 Membership dues and assessments .....					
95 Interest on savings and temporary cash investments					6,273
96 Dividends and interest from securities .....					
97 Net rental income or (loss) from real estate:					
a debt-financed property .....					
b not debt-financed property .....					
98 Net rental income or (loss) from personal property ..					
99 Other investment income .....					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events ...					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) ...		0		0	69,663
105 Total (add line 104, columns (B), (D), and (E)) .....					69,663

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

<b>Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes</b> (See the instructions.)	
Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	See attachment #7

<b>Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities</b> (See the instructions.)				
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

<b>Part X Information Regarding Transfers Associated with Personal Benefit Contracts</b> (See the instructions.)	
(a) Did organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? N/A  
 If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? N/A  
 If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? N/A

**Please Sign Here** 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, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Catherine R. deVries, MD President  
 Type or print name and title

<b>Paid</b>	Preparer's signature <input checked="" type="checkbox"/>	Date 06-05-2008	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
<b>Preparer's Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP + 4 <input checked="" type="checkbox"/>	Ralph D Chipman, CPA/Mgt Cons. LLC 1558 South 1100 East Salt Lake City UT 84105		EIN <input checked="" type="checkbox"/> Phone no. <input checked="" type="checkbox"/> 801-484-6500

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury  
Internal Revenue Service

Supplementary Information -- (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization <b>IVUmed-International Volunteers in Urology Inc</b>	Employer identification number <b>58-2263983</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See the instructions. List each one. If there are 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 empl. benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #8				
Total number of other employees paid over \$50,000 ▶		0		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶		0

<b>Part III</b> Statements About Activities (See the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ... ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d	Enter the total number of donor advised funds owned at the end of the tax year		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions -- subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III -- Functionally Integrated       Type III -- Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total .....					<input type="checkbox"/>

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	590,396	913,162	484,064	568,774	2,556,396
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	590,396	913,162	484,064	568,774	2,556,396
24 Line 23 minus line 17	590,396	913,162	484,064	568,774	2,556,396
25 Enter 1% of line 23	5,904	9,132	4,841	5,688	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶ 26a N/A				
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶ 26b N/A				
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶ 26c N/A				
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	▶ 26d N/A				
e Public support (line 26c minus line 26d total)	▶ 26e N/A				
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶ 26f N/A %				
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 2,556,396 16 _____ 17 _____ 20 _____ 21 _____	▶ 27c 2,556,396				
d Add: Line 27a total _____ and line 27b total _____	▶ 27d _____				
e Public support (line 27c total minus line 27d total)	▶ 27e 2,556,396				
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	▶ 27f 2,556,396				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶ 27g 100.00 %				
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶ 27h %				
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See the instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
	_____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
	_____		
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

**Part VI-A** Lobbying Expenditures by Electing Public Charities (See the instructions.)  
 (To be completed ONLY by an eligible organization that filed Form 5768) N/A

Check  a if the organization belongs to an affiliated group. Check  b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	37	
38 Total lobbying expenditures (add lines 36 and 37) . . . . .	38	
39 Other exempt purpose expenditures . . . . .	39	
40 Total exempt purpose expenditures (add lines 38 and 39) . . . . .	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -- If the amount on line 40 is -- The lobbying nontaxable amount is -- Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . . Over \$500,000 but not over \$1,000,000 . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000	41	
42 Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	
43 Subtract line 42 from line 36. Enter - 0- if line 42 is more than line 36 . . . . .	43	
44 Subtract line 41 from line 38. Enter - 0- if line 41 is more than line 38 . . . . .	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4- Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4- Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e)) . . . . .					
47 Total lobbying expenditures . . . . .					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e)) . . . . .					
50 Grassroots lobbying expenditures . . . . .					

**Part VI-B** Lobbying Activity by Nonelecting Public Charities  
 (For reporting only by organizations that did not complete Part VI- A) (See the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers . . . . .			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
c Media advertisements . . . . .			
d Mailings to members, legislators, or the public . . . . .			
e Publications, or published or broadcast statements . . . . .			
f Grants to other organizations for lobbying purposes . . . . .			
g Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
i Total lobbying expenditures (Add lines c through h.) . . . . .			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash .....		<input checked="" type="checkbox"/>
(ii) Other assets .....		<input checked="" type="checkbox"/>
b Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization .....		<input checked="" type="checkbox"/>
(ii) Purchases of assets from a noncharitable exempt organization .....		<input checked="" type="checkbox"/>
(iii) Rental of facilities, equipment, or other assets .....		<input checked="" type="checkbox"/>
(iv) Reimbursement arrangements .....		<input checked="" type="checkbox"/>
(v) Loans or loan guarantees .....		<input checked="" type="checkbox"/>
(vi) Performance of services or membership or fundraising solicitations .....		<input checked="" type="checkbox"/>
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....		<input checked="" type="checkbox"/>

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		



Name of organization	Employer identification number
IVUmed-International Volunteers in Urology Inc	58-2263983

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule -- see instructions.)

General Rule --

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules --

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ► \$ \_\_\_\_\_

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization IVUmed-International Volunteers in Urology Inc	Employer identification number 58-2263983
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**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	American Medical Systems 10700 Bren Road West Minnetonka, MN 55343	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	American Urological Association 1000 Corporate Blvd. Linthicum Heights, MD 21090	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Astellas Foundation 3 Parkway North Deerfield, IL 60015	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Boston Scientific 1339 West 2615 South Syracuse, UT 84075	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Cook Medical 1100 W. Morgan Street Spencer, IN 47460	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Catherine DeVries 1393 E. South Temple Salt Lake City, UT 84102	\$ 14,038	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization: IVUmed-International Volunteers in Urology Inc Employer identification number: 58-2263983

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>	<u>Patricia Christensen</u> <u>183 Third Avenue</u> <u>Salt Lake City, UT 84103</u>	\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>8</u>	<u>Bard Foundation, Inc</u> <u>730 Central Avenue</u> <u>Murray Hill, NJ 07974</u>	\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>9</u>	<u>Sakti &amp; Maya Das</u> <u>1890 Via Ferrari</u> <u>Lafayette, CA 94549</u>	\$ <u>5,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>10</u>	<u>Jay Bissell</u> <u>P.O. Box 5214</u> <u>Longview, TX 75608</u>	\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>11</u>	<u>Donley</u> <u>5430 Warner Road</u> <u>Cleveland, OH 44125</u>	\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>12</u>	<u>Cumming Foundation</u> <u>165 Huckleberry Drive</u> <u>Jackson, WY 83001</u>	\$ <u>15,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IVUmed-International Volunteers in Urology Inc	Employer identification number 58-2263983
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**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	Allison R. Cumming P.O. Box 570 Oakley, UT 84055	\$ 8,280	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	John & Kristi Cumming P.O. Box 4646 Park City, UT 84060	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	Karl Storz Endoscopy-America, Inc. 600 Corporate Pointe 5th Floor Culver City, CA 90230	\$ 52,788	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	James E. Flynn Salt Lake City, UT	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	Institute of Medical Research, LLC 11900 N. 102nd Street Scottsdale, AZ 85260	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	Ethicon/MAP International P.O. Box 215000 Brunswick, GA 31521	\$ 60,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization: IVUmed-International Volunteers in Urology Inc Employer identification number: 58-2263983

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>19</u>	<u>Globus Relief</u> <u>1775 West 1500 South</u> <u>Salt Lake City, UT 84104</u>	\$ <u>11,327</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>20</u>	<u>MegaDyne Medical Products</u> <u>11506 S. State Street</u> <u>Draper, UT 84020</u>	\$ <u>10,300</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>21</u>	<u>Ashton Family Foundation</u> <u>251 River Park Drive, Suite 350</u> <u>Provo, UT 84604</u>	\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>22</u>	<u>Laborie Manufacturing</u> <u>400 Avenue D., Suite 10</u> <u>Williston, VT 05495</u>	\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>23</u>	<u>Deborah Lightner</u> <u>508 9th Ave SW</u> <u>Rochester, MN 55902</u>	\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>24</u>	<u>North Central Section of AUA</u> <u>1000 Corporate Blvd.</u> <u>Linthicum, MD 21090</u>	\$ <u>8,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IVUmed-International Volunteers in Urology Inc Employer identification number 58-2263983

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>25</u>	<u>Karen &amp; Christopher Payne</u> <u>101 2nd Street Floor 24</u> <u>San Francisco, CA 94105</u>	\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>26</u>	<u>Saltfly, LLC</u> <u>13 North 400 West</u> <u>Salt Lake City, UT 84101</u>	\$ <u>5,400</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>27</u>	<u>May &amp; Stanley Smith Trust</u> <u>2320 Marinship Way, Suite 150</u> <u>Sausalito, CA 94965</u>	\$ <u>25,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>28</u>	<u>Soc. for Urodynamics and Female Ur</u> <u>1111 North Plaza Drive #550</u> <u>Schaumburg, IL 60173</u>	\$ <u>9,173</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>29</u>	<u>Peter Steelman</u> <u>Salt Lake City, UT</u>	\$ <u>6,543</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>30</u>	<u>Associated Urologists</u> <u>Lakewood, NJ 08701</u>	\$ <u>30,611</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization: IVUmed-International Volunteers in Urology Inc Employer identification number: 58-2263983

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>31</u>	<u>Mississippi Urology</u> <u>Jackson, MS 39202</u>	\$ <u>10,000</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>32</u>	<u>Olympus Surgical America</u> <u>One Corporate Drive</u> <u>Orangeburg, NY 10962</u>	\$ <u>13,220</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>33</u>	<u>Verathon Medical</u> <u>21222 30th Dr. SE, Suite 120</u> <u>Bothell, WA 98021</u>	\$ <u>43,000</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>34</u>	<u>Western Section of the AUA</u> <u>c/o Frank J. De Santis, CAE</u> <u>1950 Old Tustin Avenue</u> <u>Santa Ana, CA 92705</u>	\$ <u>8,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>35</u>	<u>Wolf</u> <u>591 Sawgrass Corporate Parkway</u> <u>Sunrise, FL 33325</u>	\$ <u>7,380</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

IVUmed-International Volunteers in Urology Inc

Employer identification number

58-2263983

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>15</u>	<u>Resectoscopes, cystoscope set, etc</u> _____ _____	\$ <u>37,788</u>	_____
<u>18</u>	<u>Suture</u> _____ _____	\$ <u>60,000</u>	_____
<u>19</u>	<u>Medical Supplies</u> _____ _____	\$ <u>11,327</u>	_____
<u>20</u>	<u>Electosurgical supplies</u> _____ _____	\$ <u>10,300</u>	_____
<u>30</u>	<u>Urodynamics system</u> _____ _____	\$ <u>30,611</u>	_____
<u>31</u>	<u>Urodynamics system w/laptop</u> _____ _____	\$ <u>10,000</u>	_____



Name of organization IVUmed-International Volunteers in Urology Inc Employer identification number 58-2263983

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>32</u>	<u>Flexible Ureteroscope</u> _____ _____	\$ <u>13,220</u>	_____
<u>33</u>	<u>Bladerscans</u> _____ _____	\$ <u>33,000</u>	_____
<u>35</u>	<u>Resectoscope</u> _____ _____	\$ <u>7,380</u>	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

**SCHEDULE OF OTHER EXPENSES**

Attachment 1: page 1 - 990 Page 2, Part II, Line 43

Open to Public Inspection	For calendar year 2007 or tax period beginning 04-01-2007, and ending 03-31-2008.
Name of Organization IVUmed-International Volunteers in Urology Inc	Employer Identification Number 58-2263983

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Annual Event Expenses	28,051	114	73	27,864
Insurance	3,629	1,996	1,270	363
Local Events	1,048	186	728	134
Office Expenses	26,387	13,016	9,110	4,261
Outside Services	21,479	8,697	7,198	5,584
Overseas Programs	267,903	267,903		
<b>Total</b>	<b>348,497</b>	<b>291,912</b>	<b>18,379</b>	<b>38,206</b>

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007, or tax period beginning	04-01-2007, and ending	03-31-2008.
Name of Organization IVUmed-International Volunteers in Urology Inc			Employer Identification Number 58-2263983
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	457,042
Exempt Purpose Achievements			

Provided surgical education and equipment to physicians and nurses, and medical services and supplies to indigent patients around the world. Furthermore, there were 5,780 medical and 1,544 non-medical volunteer hours contributed during the period ending March 31, 2008. The estimated value of the medical services dotated was \$954,700. The estimated value of the non-medical services dotated was \$23,160.

**SCHEDULE OF LAND, BUILDINGS & EQUIPMENT**

Attachment 3: page 1 - 990 Page 4, Part IV, Line 57

Open to Public Inspection	For Calendar year 2007, or tax year period beginning 04-01-2007	and ending 03-31-2008.
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Name of Organization IVUmed-International Volunteers in Urology Inc	Employer Identification Number 58-2263983
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Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990- PF Only)
Computer Equipment	1,150	819	331	
Medical Equipment	57,213	30,511	26,702	
Medical Equipment	16,050	9,032	7,018	
Office Equip - Furn	91,534	79,461	12,073	
<b>Total</b>	<b>165,947</b>	<b>119,823</b>	<b>46,124</b>	

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 4: page 1 - 990 Page 5, Part V-A

Open to Public Inspection	For calendar year 2007, or tax period beginning 04-01-2007, and ending 03-31-2008.
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Name of Organization IVUmed-International Volunteers in Urology Inc	Employer Identification Number 58-2263983
--	--

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
Catherine deVries, MD 1393 E. South Temple Salt Lake City, UT 84102	President 20.00	0	0	0
Mario Gutierrez 3500 Cutter Way Sacramento, CA 95818	Vice-Pres. Programs 3.00	0	0	0
Robert V. Sanders 1419 Federal Way Salt Lake City, UT 84102	Vice-Pres. Operation 25.00	31,250	0	0
Jeffrey D. Shaver 3131 Morningside Circle Salt Lake City, UT 84124	Treasurer 3.00	0	0	0
Scott Cunningham 2407 E. Bengal Bend Cove Salt Lake City, UT 84121	Secretary 3.00	0	0	0
Kathryn Hoffman-Abby 1361 South 1700 East Salt Lake City, UT 84108	Board Member 1.00	0	0	0
Peter Bergreen, MD 3529 Spring Blvd. Eugene, OR 97405	Board Member 1.00	0	0	0
Patricia Christensen, JD Parr Waddoups Brown Gee & Loveless 185 State St., #1300 Salt Lake City, UT 84111	Board Member 3.00	0	0	0
Kristin Chrouser, MD John Hopkins, Bloomberg School 506 East 39th Street Baltimore, MD 21218	Board Member 2.00	0	0	0
Gerald J. French Cook Urological, Inc. 1100 W. Morgan Spencer, IN 47460	Board Member 0.00	0	0	0
Gerald Jordan, MD Department of Urology 400 W. Brambleton Ave. Norfolk, VA 23510	Board Member 1.00	0	0	0
Steven Kahan, JD, MD Atlantic Urology 200 Griffin Road #14 Portsmouth, NH 03801	Board Member 0.50	0	0	0
Barbara Montagnino, MS 9530 Meadowbriar Ln. Houston, TX 77063	Board Member 2.00	0	0	0
Hiep Nguyen, MD Department of Urology 300 Longwood Ave. HU 353 Boston, MA 02115	Board Member 0.50	0	0	0

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 4: page 2 - 990 Page 5, Part V-A

Open to Public Inspection	For calendar year 2007, or tax period beginning 04-01-2007, and ending 03-31-2008.
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Name of Organization IVUmed-International Volunteers in Urology Inc	Employer Identification Number 58-2263983
--	--

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
Jeannette Potts, MD 7020 S. Woodland Rd Apt B Chagrin Falls, OH 44022	Board Member 2.00	0	0	0
Peter W. Steelman FSC Laboratories, Inc. 6100 Fairview Rd., Suite 1125 Charlotte, NC 28210	Board Member 1.00	0	0	0
Allison R. Cumming 7628 Glenwild Drive Park City, UT 84098	Board Member 2.00	0	0	0
Willie Underwood, III, MD Wayne State University / Urology Harper Bldg. Suite 1017 4160 John R Detroit, MI 48201	Board Member 1.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 5 - 990 Page 7, Part VI, Line 91a

For calendar year 2007 or tax period beginning 04-01, and ending 03-31-2008.

Name of Organization IVUmed-International Volunteers in Urology Inc	Employer Identification Number 58-2263983
--	--

Part VI - Line 91a

Individual Name ..... International Volunteers  
or  
Business Name:

Street Address ..... 757 East South Temple #110, SLC, UT

U.S. Address:

Zip code 84102 City State

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (801) 524-0201

Fax Number .....

**PART VII - ANALYSIS OF INCOME-PRODUCING ACTIVITIES**

Attachment 6: page 1 - 990 Page 8, Part VII, Line 93

Open to Public Inspection	For calendar year 2007, or tax period beginning <b>04-01-2007</b> , and ending <b>03-31-2008</b> .
Name of Organization <b>IVUmed-International Volunteers in Urology Inc</b>	Employer Identification Number <b>58-2263983</b>

Item	Program Service Revenue	Unrelated business income		Excluded by section 512, 513 or 514		(e)
		(a) business code	(b) Amount	(c) Excl. code	(d) Amount	Related or exempt function income (see instructions)
a	Program Fees					63,390
		<b>Totals</b>				<b>63,390</b>



**SCHEDULE OF RELATIONSHIP OF ACTIVITIES  
TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

Attachment 7: page 1 990 Page 8, Part VIII

Open to Public Inspection	For calendar year 2007 or tax period beginning	04-01-2007, and ending	03-31-2008.
Name of Organization		Employer Identification Number	
IVUmed-International Volunteers in Urology Inc		58-2263983	

Line Number	Briefly describe how the activity reported in column (E) of Part VII specifically contributed to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
93a	Provided urology residents insight into the health care system of developing countries under the supervision of a mentoring urologist.
95	Interest Income on temporary cash investments.

**COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES**

Attachment 8: page 1 Schedule A Page 1, Part I

Open to Public Inspection	For calendar year 2007 or tax period beginning 04-01-2007, and ending 03-31-2008.
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Name of Organization IVUmed-International Volunteers in Urology Inc	Employer Identification Number 58-2263983
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(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 empl. benefit plans & deferred compensation	(e) Expense account and other allowances
Melinda L. Vierig 8047 S. Danish Oaks Drive Sandy, UT 84093	Executive Director 40.00	72,813	0	0

# Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return <b>IVUmed-International Volunteer</b>	Business or activity to which this form relates <b>FOR FORM 990</b>	Identifying number <b>58-2263983</b>
--	--	---

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	108,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation . . . . .	3	430,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter - 0- . . . . .	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter - 0- . If married filing separately, see instructions . . . . .	5	108,000
6 (a) Description of property (b) Cost (busn. use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 . . . . .	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 . . . . .	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	108,000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 . . . ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions) . . . . .	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2007 . . . . .	17	30,262
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶ <input type="checkbox"/>		

Section B -- Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C -- Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21 Listed property. Enter amount from line 28 . . . . .	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions . . . . .	22	30,262
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

For Paperwork Reduction Act Notice, see separate instructions.

## 2007 Federal Depreciation Schedule

International Volunteers in Urology Inc, IVUmed  
58-2263983

06-05-2008

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990										
Computer Equipment	10-01-05	200DBHY	5	1,150	0	0	0	1,150	598	221
Medical Equipment	10-01-05	200DBHY	7	16,050	0	0	0	16,050	6,225	2,807
Medical Equipment	07-01-06	S/LHY	3	57,213	0	0	0	57,213	11,442	19,069
Office Equip - Furn	07-01-02	200DBHY	7	91,534	0	0	0	91,534	71,296	8,165
4 Assets			Totals:	165,947	0	0	0	165,947	89,561	30,262
4 Assets			Grand Totals:	165,947	0	0	0	165,947	89,561	30,262

\* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction