

Form 990-EZ

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

OMB No. 1545-1150

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For 2008 calendar year, or tax year beginning APRIL 01, 2008, and ending MARCH 31, 20 09

B Check if applicable: [X] Address change, [ ] Name change, [ ] Initial return, [ ] Termination, [ ] Amended return, [ ] Application pending. C Name of organization: IVUMed. D Employer identification number: 58-2263983. E Telephone number: (801)524-0201. F Group Exemption Number: . . . . .

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: [ ] Cash [X] Accrual Other (specify) . . . . .

I Website: www.ivumed.org H Check [ ] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) -- [X] 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$ 999,589

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

Table with 21 rows for Revenue, Expenses, and Assets. Revenue total: 999,589. Expenses total: 748,096. Net assets total: 649,458.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 403,686 / 656,571. Total liabilities: 5,721 / 7,113. Net assets: 397,965 / 649,458.

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990. Form 990-EZ (2008)



**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶</b> <b>37a</b> _____		
b	Did the organization file <b>Form 1120-POL</b> for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. <b>38b</b> _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <b>39a</b> _____		
b	Gross receipts, included on line 9, for public use of club facilities <b>39b</b> _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>▶</b> _____; section 4912 <b>▶</b> _____; section 4955 <b>▶</b> _____		
b	Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> _____		
d	Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <b>▶</b> _____		
42a	The books are in care of <b>▶</b> <u>See attachment #6</u> Telephone no. <b>▶</b> _____ Located at <b>▶</b> _____ ZIP + 4 <b>▶</b> _____		
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)?	Yes	No
	If "Yes," enter the name of the foreign country: <b>▶</b> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: <b>▶</b> _____	42c	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here <b>▶</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>▶</b> <b>43</b> _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>49b</b> If "Yes," was the related organization(s) a section 527 organization?		X

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000		

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.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_

Melinda Vierig Executive Director

Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: 08-11-2009

Check if self-employed:

Preparer's Identifying No. (See instr.): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: Ralph D Chipman, CPA/Mgt Cons. LLC 1558 South 1100 East

EIN: \_\_\_\_\_ Phone no.: 801-484-6500

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2008**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

**Open to Public Inspection**

<b>Name of the organization</b> IVUmed	<b>Employer identification number</b> 58-2263983
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 exempt 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)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III-Functionally integrated
  - d  Type III-Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	484,064	913,162	590,396	684,374	966,429	3,638,425
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5	484,064	913,162	590,396	684,374	966,429	3,638,425
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						3,638,425

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	484,064	913,162	590,396	684,374	966,429	3,638,425
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						3,638,425

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	100.0000 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3 % support tests -- 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3 % support tests -- 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

IVUmed

Employer identification number

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 **(1)** \$5,000 or **(2)** 2% of the amount on Form 990, Part VIII, line 1h, or 2% of the amount on Form 990-EZ, line 1. 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** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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. These instructions will be issued separately.**

**Schedule B (Form 990, 990-EZ, or 990-PF) (2008)**

<b>Name of organization</b> IVUmed	<b>Employer identification number</b> 58-2263983
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Allergan Foundation 2525 Dupont Drive Irvine, CA 92623-6534	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	American Medical Systems, Inc. 10700 Bren Road West Minnetonka, MN 55343	\$ 10,375	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	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.)
4	Bissell, R. Jay & Nancy PO Box 5214 Longview, TX 75608	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Bower, Lauren 3900 Rolling Oaks Drive Santa Rosa, CA 95404	\$ 6,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Build a Bear Workshop Bear Hugs Fo 1954 Innerbelt Business Center Dr. St. Louis, MO 63114	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



<b>Name of organization</b> IVUmed	<b>Employer identification number</b> 58-2263983
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Cook Medical 1100 W. Morgan Street Spencer, IN 47460	\$ 15,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Cumming, John D. P.O. Box 4646 Park City, UT 84060	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Cummings Foundation, David E. 165 Huckleberry Drive Jackson, WY 83001	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	de Vries, Catherine R. 1393 E. South Temple Salt Lake City, UT 84102	\$ 6,448	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	Eccles, George S. & Dorores Dore 79 South Main Street, 12th Floor Salt Lake City, Utah 84111	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	Laborie Medical Technologies Corp. 400 Avenue D., Suite 10 Williston, VT 05495-7828	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> IVUmed	<b>Employer identification number</b> 58-2263983
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	Marin Community Foundation 5 Hamilton Landing, Suite 200 Novato, CA 94949	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	Payne, Karen & Christopher 101 2nd Street Floor 24 San Francisco, CA 94105	\$ 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	Ronald McDonald House Charties 1135 East South Temple Salt Lake City, UT 84102	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	Smith Charitable Trust - May & Sta 2320 Marinship Way, Suite 150 Sausalito, CA 94965	\$ 80,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	Storz Endoscopy - America, Inc. 600 Corporate Pointe 5th Floor Culver City, CA 90230	\$ 54,076	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	Swanson Family Foundation 2955 Harrison Blvd., Suite 201 Ogden, UT 84403-0336	\$ 15,250	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	Employer identification number 58-2263983
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**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	Verathon Medical 21222 30th Dr. SE, Suite 120 Bothell, WA 98021	\$ 45,475	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	MAP International P.O. Box 215000 Brunswick, GA 31521	\$ 40,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	Suburban Urology 557 E. Broadway Jackson, WY 83002	\$ 12,279	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	Foothills Surgery Center 2220 W. Orange Grove Road Tucson, AZ 85741	\$ 10,550	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	Leibowitz, Mark MD 4527 N. Swan Street Silver City, NM 88061	\$ 29,934	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	Kaufman, Joel MD 1411 S. Potomac, Suite 210 Aurora, CO 80012	\$ 7,600	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> IVUmed	<b>Employer identification number</b> 58-2263983
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**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
17	Scopes, Nephroscope, Ureteroscope & Bipolar Cutting Loops	\$ 39,076	
19	3 GlideScope Sets, BladderScan	\$ 39,775	07-03-2008
20	Suture	\$ 40,000	04-14-2008
21	ACMI OM5-50001 UDS Machine	\$ 12,279	04-24-2008
22	Wires, Bags, Stents, Catheters, Graspers	\$ 10,550	05-15-2008
23	Instruments & Supplies	\$ 29,934	06-30-2008

<b>Name of organization</b> IVUmed	<b>Employer identification number</b> 58-2263983
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**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
24	2 Urodyn Uroflowmetry Devices	\$ 7,600	12-05-2008
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**SCHEDULE OF OTHER ASSETS**

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection	For calendar year 2007 or tax period beginning 04-01-2008, and ending 03-31-2009.
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Name of Organization IVUmed	Employer Identification Number 58-2263983
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Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
Inventory of Supplies & Small Equipment	201,352	129,995	
Rent Guarantee		12,733	
Totals	201,352	142,728	

**SCHEDULE OF OTHER LIABILITIES**

Attachment 3: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public  
Inspection

For calendar year 2007 or tax period beginning 04-01-2008, and ending 03-31-2009.

Name of Organization  
IVUmed

Employer Identification Number  
58-2263983

Description of Liability	Beginning of Year	End of Year
Accounts payable	2,406	7,113
Payroll Liabilities	3,315	
Totals	5,721	7,113

**SCHEDULE OF OTHER EXPENSES**

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2008 or tax period beginning	04-01-2008, and ending	03-31-2009.
Name of Organization IVUmed		Employer Identification Number 58-2263983	

Description of Other Expenses	Amount
Depreciation	44,795
Annual Event	19,784
Conventions	12,968
Insurance	4,057
Interest Expense	3,747
Local Events	3,965
Meetings	2,200
National Events	2,354
Office Expenses	9,594
Merchant Fees	2,689
Bank Charges	1,361
Copying & Reproduction	1,150
Postage & Delivery	5,471
Software	3,080
Dues & Subscriptions	3,146
Equipment Rental	4,836
Equipment Repairs	7,805
License & Permits	321
Web Development	9,575
Program Trips & Expenses	274,889
<b>Total</b>	<b>417,787</b>



# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning	04-01-2008, and ending	03-31-2009.
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Name of Organization	Employer Identification Number
IVUmed	58-2263983

Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	525,974

### 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 4,420 medical and 1,819 non-medical volunteer hours contributed during the year ending March 31, 2009. The estimated value of the medical services donated was \$702,500. The estimated value of the non-medical services donated was \$181,900.

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

Attachment 5: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning 04-01-2008, and ending 03-31-2009.
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Name of Organization IVUmed	Employer Identification Number 58-2263983
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(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	30,569	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 1.00	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 5: page 2 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning 04-01-2008, and ending 03-31-2009.
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Name of Organization IVUmed	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 6 - 990-EZ Page 3, Part V, Line 42a

For calendar year 2008 or tax period beginning 04-01 , and ending 03-31-2009.

<b>Name of Organization</b> IVUMed	<b>Employer Identification Number</b> 58-2263983
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Part V - Line 42a

Individual Name ..... IVUMed Staff  
or  
Business Name:

Street Address ..... 3269 South Main Street Suite #230

U.S. Address:

Zip code 84115 City Salt Lake City State UT

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

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

Fax Number .....

# Depreciation and Amortization (Including Information on Listed Property)

**2008**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.      ▶ Attach to your tax return.

Attachment  
Sequence No. **67**

Name(s) shown on return IVUmed	Business or activity to which this form relates FOR FORM 990	Identifying number 58-2263983
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**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	250,000
2 Total cost of section 179 property placed in service (see instructions) .....	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) .....	3	800,000
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	250,000
<b>6 (a) Description of property</b>	<b>(b) Cost (busn. use only)</b>	<b>(c) Elected cost</b>
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 <b>smaller</b> of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) .....	11	250,000
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 2009. 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 depreciation allowance for qualified property (other than listed 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 2008 .....	17	24,395
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 2008 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		142,759	07	HY	200 DB	20,400
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 2008 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 <b>Total.</b> 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	44,795
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.**

## 2008 Federal Depreciation Schedule

IVUmed, International Volunteers in Urology, Inc  
58-2263983

09-24-2009

Description	Date	Method	Year	Cost	Land/ Other	Prior §179	Current §179	Pr Spec Allow	Cur Spec Allow	Basis	Prior	Current	Accum Depr	Adj Basis
<b>Form 990</b>														
Office Equip - Furn	07-01-02	200DBHY	7	91,534	0	0	0	0	0	91,534	79,461	8,174	87,635	3,899
Computer Equipment	10-01-05	200DBHY	5	1,150	0	0	0	0	0	1,150	819	132	951	199
Medical Equipment	10-01-05	200DBHY	7*	16,050	0	0	0	0	0	16,050	9,032	1,002	10,034	6,016
Medical Equipment	07-01-06	S/LHY	3*	57,213	0	0	0	0	0	57,213	30,511	15,087	45,598	11,615
Medical Equipment	10-01-08	200DBHY	7	142,759	0	0	0	0	0	142,759	0	20,400	20,400	122,359
5 Assets			Totals:	308,706	0	0	0	0	0	308,706	119,823	44,795	164,618	144,088
5 Assets			Grand Totals:	308,706	0	0	0	0	0	308,706	119,823	44,795	164,618	144,088

\* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction