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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Main form area containing questions 33 through 45b with Yes/No columns and input fields.

Yes No

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

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

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

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

Yes No

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

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

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

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

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

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

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

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

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

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

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 (2015-07-13), Type or print name and title (MITCHELL C BENSON MD SECRETARY/TREASURER)

Paid Preparer Use Only: Print/Type preparer's name (CHAD PORTER), Preparer's signature, Date (2015-07-14), Check if self-employed, PTIN (P01058119), Firm's name (KUTCHINS ROBBINS & DIAMOND LTD), Firm's EIN (36-3856676), Firm's address (1101 PERIMETER DR STE 760, SCHAUMBURG, IL 60173), Phone no (847) 240-1040

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
WINTER UROLOGIC FORUM INC

Employer identification number

27-3924357

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES SUPPLIES 269 TELEPHONE 27 STAFF TRAVEL 3,525 MEETING EXPENSE 62,255 BANK CHARGES 445 CORPORATE FILING 36 TOTAL 66,557
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 0 21,915 PREPAID EXPENSES AND DEFERRED CHARGES 20,160 16,601 TOTAL 20,160 38,516
FORM 990-EZ, PART II, LINE 26	DEFERRED MEETING REVENUE 81,985 118,600
FORM 990-EZ, PART III	THE PURPOSES OF THE ORGANIZATION ARE TO PROVIDE A FORUM FOR COLLABORATION OF UNIVERSITIES IN THE EDUCATION, TRAINING AND SUPPORT OF UROLOGISTS AND OTHER RELATED HEALTH PROVIDERS, TO PROVIDE A FORUM FOR THE EXCHANGE OF IDEAS AMONG SCHOLARS, RESEARCHERS AND PRACTITIONERS ABOUT UROLOGY, TO PROVIDE A PRACTICAL, PROBLEM-SOLVING AND EDUCATION ORIENTED FORUM, INTENDED TO ADDRESS CURRENT TECHNIQUES IN UROLOGIC PRACTICES, SURGERY AND MANAGEMENT OF UROLOGIC DISEASES, TO ADVANCE, FOSTER, ENCOURAGE AND PROMOTE THE CLINICAL PRACTICE AND SCIENTIFIC STUDY OF UROLOGIC DISEASES, PERFORM ANY AND ALL ACTS AS ARE NECESSARY, CONVENIENT AND PROPER FOR THE ATTAINMENT OF THESE PURPOSES