





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 . . . . .

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 . . . . . 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 48
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a
b If "Yes," was the related organization a section 527 organization? . . . . . 49b

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 . . . . . Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, 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 2018-05-31 Date
JULIUS LYNN TEAGUE MD MHA PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name CHAD PORTER Preparer's signature Date 2018-06-01 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 . . . . . Yes No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-2089536

**Name:** SOUTH CAROLINA UROLOGICAL  
ASSOCIATION

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<b>28</b> CONTINUING MEDICAL EDUCATION AND NEW PRODUCT KNOWLEDGE IN THE FIELD OF UROLOGY (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	

**Form 990EZ, Part IV - List of Officers, Trustees, and Key Employees**

(list each one even if not compensated — see the instructions for Part IV)

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

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
JULIUS LYNN TEAGUE MD MHA PRESIDENT	1 00	0		
DAVID COLLINS HORGER MD PRESIDENT EL	1 00	0		
T BRIAN WILLARD MD SECRETARY /T	1 00	0		
MICHAEL SCOTT HAY MD PAST PRESIDE	1 00	0		
MICHAEL D TURNER MD MEMBER AT LA	1 00	0		
LINDSAY COX MD MEMBER AT LA	1 00	0		
ROBERT JANSEN MC MEMBER AT LA	1 00	0		
W PATRICK SPRINGHART MD MEMBER AT LA	1 00	0		
ROSS ALAN RAMES MD SOUTHEASTERN	1 00	0		
ALEXANDER W RAMSAY MD SOUTHEASTERN	1 00	0		
DAVID HINKLE LAMB MD SOUTHEASTERN	1 00	0		
BRADLEY WELLS STEELE MD SOUTHEASTERN	1 00	0		
THOMAS EDWARD KEANE MD CHB FRCSI MUSC REPRES	1 00	0		
DONNA ROSTAMIAN MBA EXECUTIVE DI	1 00	0		

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
SOUTH CAROLINA UROLOGICAL  
ASSOCIATION**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017****Open to Public  
Inspection**

Employer identification number

20-2089536

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES SUPPLIES 562 TRAVEL 2,473 MEETING EXPENSE 18,343 INSURANCE 554 BANK CHARGES 796 ATTENDEE PRIZES 805 TELEPHONE 27 BOARD MEETING 46 CORPORATE FILING 10 STORAGE 65 TOTAL 23,681

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 617 0 TOTAL 617 0

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 26,962 30,908