

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
JAMES MICHAEL MCKIERNAN MD SECRETARY/ TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name CHAD PORTER Preparer's signature Date 2018-06-19 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: 27-3924357

Name: WINTER UROLOGIC FORUM INC

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.)	
<p>28 TO PROVIDE A FORUM FOR COLLABORATION OF UNIVERSITIES IN THE EDUCATION, TRAINING, AND SUPPORT OF UROLOGIST AND OTHER RELATED HEALTH PROVIDERS (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
WINTER UROLOGIC FORUM INC**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

2017**Open to Public Inspection**

Employer identification number

27-3924357

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES SUPPLIES 594 TELEPHONE 12 STAFF TRAVEL 6,194 MEETING EXPENSE 92,244 AMENITIES AND PRIZES 510 BANK CHARGES 2,369 CORPORATE FILING 10 STORAGE 5 TOTAL 101,938

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 46,310 10,770 PREPAID EXPENSES AND DEFERRED CHARGES 29,071 19,004 TOTAL 75,381 29,774

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 6,208 1,579 DEFERRED MEETING REVENUE 160,775 143,390

990 Schedule O, Supplemental Information

Return Reference	Explanation
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