

Form **990EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
SC UROLOGICAL ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1100 E WOODFIELD RD

City or town, state or province, country, and ZIP or foreign postal code
SCHAUMBURG, IL 60173

D Employer identification number
20-2089536

E Telephone number
(847) 517-7225

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 3,800

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	3,800
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
c Less direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	3,800	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	32,296
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,941
	16 Other expenses (describe in Schedule O)	16	5,292
	17 Total expenses. Add lines 10 through 16 ▶	17	39,529
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-35,729	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	67,434
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	31,705

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 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of WJ WEISER ASSOCIATES INC Telephone no (847) 517-7225 Located at 1100 EAST WOODFIELD RD 350 SCHAUMBURG , IL ZIP + 4 60173

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	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	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

	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	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	

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."

(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
NONE				

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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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	2019-11-01 Date
Julius Lynn Teague MD MHA President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ALFREDO RODRIGUEZ CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00958317
	Firm's name ▶ IL NFP AUDIT AND TAX LLP			Firm's EIN ▶ 47-4152589	
	Firm's address ▶ 564 W RANDOLPH STREET SUITE 200 CHICAGO, IL 60661			Phone no (312) 998-5500	

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

Additional Data

Software ID: 18007222

Software Version: 2018v3.1

EIN: 20-2089536

Name: SC 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.)	
28 CONTINUING MEDICAL EDUCATION AND NEW PRODUCT KNOWLEDGE IN THE FIELD OF UROLOGY (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

Form 990EZ, Part IV — List of Officers, Directors, 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.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Julius Lynn Teague MD MHA President	1 00	0		
Thomas Brian Willard MD Treasurer	1 00	0		
David Collins Horger MD Director	1 00	0		
Michael Scott Hay MD Director	1 00	0		
Lindsey Cox MD Director	1 00	0		
Robert Jansen MD Director	1 00	0		
W Patrick Springhart MD Director	1 00	0		
Michael D Turner MD Director	1 00	0		
Ross Alan Rames MD Director	1 00	0		
Alexander W Ramsay MD Director	1 00	0		
Ross Alan Rames MD Director	1 00	0		
David Hinkle Lamb MD Director	1 00	0		
Bradley Wells Steele MD Director	1 00	0		
Thomas Edward Keane MD ChB FRCSI Director	1 00	0		
Thomas Brian Willard MD Director	1 00	0		

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Donna Rostamian MBA Director	1 00	0		

SCHEDULE O
(Form 990 or 990-EZ)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
SC UROLOGICAL ASSOCIATION

Employer identification number

20-2089536

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$433

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1006	Payments of Travel or Entertainment for Public Officials \$1034

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$554

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	CME FEES \$2550

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	CREDIT CARD PROCESSING \$407

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	MEETINGS \$304

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	CORPORATE FILINGS \$10

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1005	Accounts Receivable - Beginning \$0 Accounts Receivable - Ending \$3500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$30908 Accounts Payable and Accrued Expenses - Ending \$74751