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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)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the 20	009 calendar year, or tax year beginning and endin	ng		
B C	Check If policable	Please C Name of organization use IRS EDUCATIONAL AND SCIENTIFIC FOUNDATION label of DE THE ILLINOIS STATE MEDICAL SOCIETY	D Er	mployer identific	ation number
	change Name	type Doing Business As		36-60	78979
	change Initial return	Doing Business As See Number and street (or P.O. box if mail is not delivered to street address) Room.	/suite E To	elephone number	110313
	Termin- ated	Specific 20 N. MICHIGAN AVE 700			21654
	Amended return	tions. City or town, state or country, and ZIP + 4	G Gro	oss receipts \$	239,407
	Applica- tion	CHICAGO, IL 60602	H(a)	Is this a group ret	urn
	pending	F Name and address of principal officer:DAVID A. WICHMANN		for affiliates?	Yes X No
_		20 NORTH MICHIGAN AVE., STE 700, CHICAGO,	H(b) /	Are all affiliates inclu	ided? Yes No
		ot status: X_501(c) (3			st (see instructions)
		N/A		Group exemption	
			Year of forma	ation: 1961 M	State of legal domicile: II
LFa		ummary efly describe the organization's mission or most significant activities: THE PUR	DOCE O	יורק קטיי ק	CATTONAT.
92	1 Bri	VD SCIENTIFIC FOUNDATION OF THE ILLINOIS S'	TATE M	EDICAL SC	CTETY IS
nar		eck this box if the organization discontinued its operations or disposed of			
& Governance		mber of voting members of the governing body (Part VI, line 1a)	i iliolo triari z	3	
ၓၟ		mber of independent voting members of the governing body (Part VI, line 1b)		4	
		al number of employees (Part V, line 2a)		5	(
€		al (u) ribel of volunteers (estimate if necessary)		6	(
Activities		al gross unrelated-business revenue from Part VIII, column (C), line 12		7a	0.
١١		t unrelated business taxable income from Form 990-T, line 34		7ь	0.
17		OV 1 2 2010 Y	Pri	ior Year	Current Year
្រុ	8 Co	ntributions and grants Part VIII, line 1h)		390.	4,217
E	ي کيڪ ھ	gram service revenue (Part VIII, line 2g)		25,010.	16,653
Bevenue	10 니사	estment income (Part VIII column (A), lines 3, 4, and 7d)		41,714.	18,626.
-1	11 Oth	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>		
_	12 Tot	al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	67,114.	39,496.
		ants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	53,860.	170,055.
ł		nefits paid to or for members (Part IX, column (A), line 4)	ļ		
Expenses		anes, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
<u> </u>		fessional fundraising fees (Part IX, column (A), line 11e)			
五		al fundraising expenses (Part IX, column (D), line 25) er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	 	71,215.	109,630.
		al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		125,075.	279,685
		venue less expenses Subtract line 18 from line 12		<57,961.>	
58	15 115	The state of the s		of Current Year	End of Year
sets or salances	20 Tot	al assets (Part X, line 16)		802,199.	1,581,178.
		al liabilities (Part X, line 26)		62,916.	82,318.
Fund	22 Ne	t assets or fund balances. Subtract line 21 from line 20	1,	739,283.	1,498,860.
Pa		Signature Block		· •	
	Un	der penetities of perion (i declare that i have examined this return, including accompanying schedules and staten I complete Declare long of preperer (other than officer) is based on all information of which preperer has any know	nents, and to the viedge	e best of my knowledge	and belief, it is true, correct,
	- 1.		_	18NW	
Sign	,)			0 0 -	
Here		Signature of officer		Date	
		JEFFERY M. HOLDEN, CHIEF OPERATING OFFICE Type or print name and title	ER		
		I Date	Check if	I Brangenet	s Identifying number
Paid		10/00/1			362066
Prep	'- '				
Use (Only you	m's name (or ERNST & YOUNG, LLP are if 1-employed). 223 NORTH WACKER DRIVE	}	EIN ►	
	1 504	P223 NORIO WACKER DRIVE			
	ad	CHICAGO, ILLINOIS 60602	I	Dhama as - 21	2-280-3400

932001 02-04-10

Form **990** (2009)

36-6078979 OF THE ILLINOIS STATE MEDICAL SOCIETY Form 990 (2009) Page 2 Part III | Statement of Program Service Accomplishments Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE PURPOSE OF THE EDUCATIONAL AND SCIENTIFIC FOUNDATION OF THE ILLINOIS STATE MEDICAL SOCIETY IS TO PROMOTRE EDUCATIONAL AND SCIENTIFIC INTERESTS IN ILLINOIS. THE BOARD PERIODICALLY ESTABLISHES PROJECTS FOR ADMINISTRATIVE PURPOSES IN ACCOMPLISHING THE FOUNDATIONS Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 279,685. including grants of \$ 170,055.)(Revenue\$ 16,653.)) (Expenses \$ TO IMPLEMENT AND MANAGE LOANS TO MEDICAL STUDENTS AND TO IMPLEMENT A STATE WIDE BLOOD BANKING PROGRAM.) (Expenses \$ (Code: including grants of \$) (Revenue \$ (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services. (Describe in Schedule O.) including grants of \$) (Revenue \$ 279,685. Total program service expenses ▶ \$

932002 02-04-10 Form 990 (2009) OF THE ILLINOIS STATE MEDICAL SOCIETY

Part IV | Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	i	1 1	
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide	İ		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		_v	
_	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI		,	į
	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total			, !
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			*
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		*	
	assets reported in Part X, line 167 /f "Yes," complete Schedule D, Part VIII			1
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			Ì
	Part X, line 16? If "Yes," complete Schedule D, Part IX			į
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			į
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			1
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			j
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			;
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		\longrightarrow	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	445		X
46		14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-13		 -
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	i	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>
		Form	990 (2	2009)

Form 990 (2009) OF THE ILLINOIS STATE MEDICAL SOCIETY

Part IV Checklist of Required Schedules (continued)

		ı	res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II		x	
	·	21	<u> </u>	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ŀ	ĺ	
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		l	
	Schedule K If "No", go to line 25	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			\vdash
·	any tax-exempt bonds?	24c		
۰		24d		\vdash
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		├─
2 58		05-		х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			х
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			v
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	,	\$2 * 1	
	instructions for applicable filing thresholds, conditions, and exceptions).			X
a		28a		X
b		28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			x
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
	If "Yes," complete Schedule N, Part I	31		
32				х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33_		
34	Was the organization related to any tax-exempt or taxable entity?	ا ۔ ا	х	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34_		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			v
	If "Yes," complete Schedule R, Part V, line 2	35	\Box	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	_		v
	Note. All Form 990 filers are required to complete Schedule O.	38_		<u>X</u>
		Form '	J JU (;	20091

Form 990 (2009) OF THE ILLINOIS STATE MEDICAL SOCIETY Part V Statements Regarding Other IRS Filings and Tax Compliance

		-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		103	1.10
	U.S. Information Returns. Enter -0- if not applicable		ζ,	· '
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		· ·	l
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1	1	,
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2	ì	ļ	٨.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	7.		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	~~ ~~~	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a	1	X
b	If "Yes," enter the name of the foreign country. ▶			,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	•		
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		ž	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			₩.
	provided to the payor?	7a	├	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
G	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			,
•	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	۲.		
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		000	2000
		LOIM	990 (ZUU9)

Form 990 (2009)

OF THE ILLINOIS STATE MEDICAL SOCIETY

36-6078979 Page 6 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent		ŀ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other]		
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	Щ	<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	1		1
	by the following:			,
а	The governing body?	8a	X	
Ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
44	and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	10b	X	
11	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	 		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120		
	to conflicts?	12b	x	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	- 		
-	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			•
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization .	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		-	الصي
	taxable entity during the year?	16a		<u> </u>
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			1
	ın joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		-	
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed IL	4		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	tor		
	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request			
10	Own website Another's website Another's website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fin-	noist	
19	statements available to the public.	nu IIII	ı (CIM	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books are person who possesses the books and records of the organization of the person who possesses the books are person of the person of the person who person of the person	tion: 🖿	•	
	DAVID A. WICHMANN, CFO - 312-782-1654			
	20 NORTH MICHIGAN AVE., SUITE 700, CHICAGO, IL 60602			
		Form	990 (2009)

932006 02-04-10

OF THE ILLINOIS STATE MEDICAL SOCIETY

36-6078979 Form 990 (2009) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

(A)	(B)				C)			r, or trustee.	(E)	(F)
Name and Title	Average	İ	Position					Reportable	Reportable	Estimated
	hours	(с	heck	all '	that	арр	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Inslitational trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SHASTRI SWAMINATHAN, M.D				ŀ						
PRESIDENT	0.30	Х	<u> </u>	L_	_	 	<u> </u>	0.	0.	0.
WILLIAM J. HOLT, M.D. SECRETARY/TREASURER	0.30	х						0.	0.	0.
WAYNE V. POLEK, M.D. DIRECTOR	0.30	х						0.	0.	0.
JAMES L. MILAM, M.D. DIRECTOR	0.30	х						0.	0.	0.
PETER E. EUPIERRE, M.D. DIRECTOR	0.30	x						0.	0.	0.
	_									
									_	
					_					
							П			<u>-</u>
		Ь.		ш	⊢	\vdash				

Form **990** (2009)

OF THE ILLINOIS STATE MEDICAL SOCIETY 36-6078979 Page 8 Form 990 (2009) Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (A) (B) (C) (D) (E) Name and title Average Position Reportable Reportable Estimated (check all that apply) compensation compensation amount of hours per from from related other Individual trustee or director week the organizations compensation (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization and related Officer organizations Ō. 0. 1b Total Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable 0 compensation from the organization Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on X line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from NONE the organization. (A) (B) (C) Description of services Name and business address Compensation

Form **990** (2009)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

	n 990 i			TO STATE	WEDICAL 2	OCIEII	30-00/0	Page 8
Pa	rt VI	Statement of Reve	enue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grassimilar amounts not included about the contributions included in line	nts, and ove 1f	4,217.		, 、		4
\Box	2 a	Total. Add lines 1a-1f STUDENT LOAN II	NTEREST	Business Code 900099	4,217.	16,653.	water over 19	mane us es a us a
Program Service Revenue	b c d							
er P	f 9 3	All other program service rev Total. Add lines 2a-2f Investment income (including		pet and	16,653.			
ļ	4 5	other similar amounts) Income from investment of ta Royalties	ax-exempt bond p	proceeds	18,537.			18,537.
	6 a b c	Gross Rents Less. rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal	* ***	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	() Securities 200,000.	(ii) Other	*	,	>	
iue	d	Gain or (loss) Net gain or (loss) Gross income from fundraisin	89.	>	89.			89.
Other Revenue	ь	contributions reported on line Part IV, line 18 Less: direct expenses	of e 1c). See a b					,
	9 a	Net income or (loss) from fun Gross income from gaming a Part IV, line 19 Less: direct expenses		•				
	c 10 a	Net income or (loss) from gar Gross sales of inventory, less and allowances	ning activities returns a	>				
		Less' cost of goods sold Net income or (loss) from sale Miscellaneous Revent		Business Code				
	c d	All other revenue						
93200 02-04	12 9	Total. Add lines 11a-11d Total revenue. See instructions.	· 	▶	39,496.	16,653.	0.	18,626. Form 990 (2009)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				ſ
	organizations in the U.S. See Part IV, line 21	170,055.	170,055.		
2	Grants and other assistance to individuals in			·	
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			\$	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		. =		
11	Fees for services (non-employees):				
а	Management				
þ	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion			 	
13	Office expenses				
14	Information technology				
15	Royalties		 		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses, Itemize expenses not covered				
	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	SHARED SERVICES EXPENSE	54,501.	54,501.		
Ь	BAD LOAN EXPENSE	52,622.	52,622.		
С	MISCELLANEOUS FEES	2,507.	2,507.	-	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	279,685.	279,685.	0.	0.
26	Joint costs. Check here If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		ļ		
	educational campaign and fundraising solicitation				
					E 000 (0000)

Form	aan	/2nna
LOUGH	990	(2005

	1		Beginning of year	i .	End of year
		Cash - non-interest-bearing		1	1
	2	Savings and temporary cash investments	615,849.	2_	500,577
	3	Pledges and grants receivable, net		3	,
J	4	Accounts receivable, net	529,843.	4	371,271
1	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II		s	- 4
		of Schedule L		5	" " " <u> </u>
	6	Receivables from other disqualified persons (as defined under section			, ,
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	<u> </u>		Macromonia delimentera da terrado se se vista presso dide
- 1	_	Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
<u> </u>	8	Inventories for sale or use		8	
`	9	Prepaid expenses and deferred charges	*	9	
- 1	10a	Land, buildings, and equipment: cost or other		٠ ،	
- 1		basis Complete Part VI of Schedule D	man various age that is in make	·	
- 1		Less accumulated depreciation [10b]		10c	
- 1	11	Investments - publicly traded securities	653,672.	11	704 016
1	12	Investments - other securities. See Part IV, line 11	053,074.	12	704,016
I	13	Investments - program-related. See Part IV, line 11		13	
-	14	Intangible assets	2,835.	14	5,314
	15	Other assets. See Part IV, line 11	1,802,199.	15	1,581,178
\dashv	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,002,133.	16	1,301,170
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ē	22	Payables to current and former officers, directors, trustees, key employees,	\	٠,	
ا ڌ		highest compensated employees, and disqualified persons. Complete Part II	نیاد در از الاستوالات الاستوالات الاستوالات		
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	62,916.	25	82,318
	25	Other liabilities. Complete Part X of Schedule D	62,916.	26	82,318
\dashv	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete	02,510.	20	02,310
			, ° ,		
<u> </u>	07	lines 27 through 29, and lines 33 and 34.	1,729,034.	27	1,488,580
<u>.</u>	27	Unrestricted net assets	10,249.	28	10,280
ا مُ	28	Temporarily restricted net assets Permanently restricted net assets	20,2130	29	10,200
<u> </u>	29	Organizations that do not follow SFAS 117, check here	<u></u>	23	
<u>:</u>		complete lines 30 through 34.		1	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
200	31	Paid in or capital surplus, or land, building, or equipment fund		31	
3	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances	1,739,283.	33	1,498,860
- [34	Total liabilities and net assets/fund balances	1,802,199.	34	1,581,178

Form 990 (2009)

OF THE ILLINOIS STATE MEDICAL SOCIETY

36-6078979 Page 12

<u>. u</u>	Thancial Statements and neporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	<u>L</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		l	
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			- /
	consolidated basis, separate basis, or both.			,
	X Separate basis Consolidated basis Both consolidated and separate basis			l
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. EDUCATIONAL AND SCIENTIFIC FOUNDATION

OMB No 1545-0047

Open to Public Inspection

Employer identification number

36-6078979

OF THE ILLINOIS STATE MEDICAL SOCIETY Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

- 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).
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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)
- A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8
- 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).
- Х 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 X Typel Type II b C Type III · Functionally integrated Type III - Other
 - 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)
 - 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
 - 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?
- Provide the following information about the supported organization(s).

	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	n col. (i) li	organization sted in your document?	organizat	u notify the tion in col. r support?	(vi) ls organizatio (i) organiz U.S	the on in col. ed in the .?	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
ILLINOIS									
STATE MEDICA	36-2436054	9	X		X	l	X		170,055.
							<u> </u>		
	-		1						
			1						
			├	 	<u> </u>		 		
		=				<u> </u>			150 055
Total					L		<u> </u>	اا	170,055.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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Schedule	A (Form 990 or 990-EZ) 2009						Page 2
Part II	Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(v	
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I	1			
Section	A. Public Support						
Calendar	year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts,	grants, contributions, and			}			
mem	bership fees received (Do not					1	
ınclu	de any "unusual grants.")						
2 Taxr	evenues levied for the organ-]	Ī		
ızatio	n's benefit and either paid to			İ		1	
or ex	pended on its behalf					<u> </u>	
3 The v	alue of services or facilities						
	shed by a governmental unit to				Ī		
	rganization without charge						
	. Add lines 1 through 3						
•	portion of total contributions						
	ch person (other than a		*, ,	· ·	9 5		
_	mmental unit or publicly	* * * *	2 3				
	orted organization) included	, , , ,	, ,				
	e 1 that exceeds 2% of the			1		*	
colun	int shown on line 11,			ş	×	, , , , , , , , , , , , , , , , , , ,	
	``		<u> </u>	· , *	3 *	* ' ' ' ' '	
	c support. Subtract line 5 from line 4 B. Total Support	ν ν	>	\ \ \ \ .	, , , ,	1' ^	
	year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	unts from line 4	(a) 2003	(b) 2000	(6) 2007	(0) 2008	(6) 2005	
	s income from interest,					 	
	ends, payments received on						
	ities loans, rents, royalties					1	
	ncome from similar sources					1	
	ncome from unrelated business						
activi	ties, whether or not the					1	
busin	ess is regularly carned on				1		
10 Other	ncome. Do not include gain						
or los	s from the sale of capital						
asset	s (Explain in Part IV)						
11 Total	support. Add lines 7 through 10		*	٠,	, ' *		
12 Gross	receipts from related activities,	etc. (see instruction	ons)			12	
13 First	five years. If the Form 990 is for	the organization's	first, second, thi	d, fourth, or fifth ta	ax year as a section	on 501 (c)(3)	
	ization, check this box and stop						<u> </u>
	C. Computation of Publ					T T	
	c support percentage for 2009 (I		•	column (f))		14	9
	support percentage from 2008	•	•			15	9
	3% support test - 2009.if the or				14 is 33 1/3% or n	nore, check this box	and
-	here. The organization qualifies		-			·	▶
	3% support test - 2008.If the or	_			line 15 is 33 1/3%	or more, check this	; DOX
	top here. The organization qual						
1/a 10%	-facts-and-circumstances test	t - Zuus.if the orga	inization did not c	neck a dox on line	13, 16a, 07 16b, a	and II ne 14 IS 10% o	r more,

Schedule A (Form 990 or 990-EZ) 2009

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

 $meets\ the\ "facts-and-circumstances"\ test.\ The\ organization\ qualifies\ as\ a\ publicly\ supported\ organization$

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

	ction A. Public Support	Organizations	s Described in	Section 509(a	(Complete on	ly if you checked the b	ox on line 9 of Part I
$\overline{}$			T #1 0000	1-1-0007	I (n.0000	(-) 0000	40 T-4-1
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	ŀ			ł		
	membership fees received (Do not		1				
_	include any "unusual grants.")		1		+		
2	Gross receipts from admissions,				1	}	
	merchandise sold or services per- formed, or facilities furnished in					Ì	
	any activity that is related to the	i	1				
	organization's tax-exempt purpose			ļ			
3	Gross receipts from activities that					ŀ	
	are not an unrelated trade or bus-						
	iness under section 513					L	
4	Tax revenues levied for the organ-						
	ızation's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to			j	ļ		
	the organization without charge						
6	Total. Add lines 1 through 5		 		†		
	Amounts included on lines 1, 2, and		1		1	 	
	3 received from disqualified persons	l	l				ł
h	Amounts included on lines 2 and 3 received		 		 	1	
-	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year		 	 	<u> </u>	 	
	Add lines 7a and 7b		 		 		ļ
8	Public support (Subtract line 7c from line 6.)	<u> </u>	<u> </u>	1.	1 ^		L
_		4) 0005	1 41 0000	1 / 1	1 , , , , , , ,	1 4 3 2 2 2 2	40.77
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6				<u> </u>	-	
10a	Gross income from interest, dividends, payments received on					İ	
	secunties loans, rents, royalties						
	and income from similar sources				<u> </u>		
b	Unrelated business-taxable income						
	(less section 511 taxes) from businesses	ĺ					
	acquired after June 30, 1975		ļ		<u> </u>		
	Add lines 10a and 10b						
11	Net income from unrelated business			1			
	activities not included in line 10b, whether or not the business is						
	regularly carned on			ĺ			
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax vear as a sect	on 501(c)(3) organiz	zation.
	check this box and stop here					(,,,,,	. ▶
Sec	tion C. Computation of Publ	ic Support Pε	ercentage				
15	Public support percentage for 2009 (I	ine 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2008	Schedule A, Pari	t III, line 15	•••		16	%
Sec	tion D. Computation of Inve	stment Incom	ne Percentage			·····	
17	Investment income percentage for 20	09 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2008 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2009. If the	-	•	on line 14, and line	e 15 is more than	33 1/3%, and line 1	
	more than 33 1/3%, check this box as	•		· ·		•	•
ь	33 1/3% support tests - 2008. If the		=				and
_	line 18 is not more than 33 1/3%, che	_					
20	Private foundation. If the organization		-	•		-	•
						hedule A (Form 99	0 or 990-EZ) 2009
						·	,

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

EDUCATIONAL AND SCIENTIFIC FOUNDATION
OF THE ILLINOIS STATE MEDICAL SOCIETY Name of the organization

Employer identification number 36-6078979

Part I Conservation Seaments held by the organization answered "Yes" to Form 990, Part IV, line 5 (a) Donor advised funds (b) Funds and other accounts	Do		d Funda or Other Similar Funda		30-00/03/	
Total number at end of year 2 Aggregate contributions to (duning year) 3 Aggregate contributions to (duning year) 3 Aggregate yearist from (duning year) 4 Aggregate value at end of year 5 Diet the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferning impermisable private benefit? Yes No	Pa			or Accou	Ints. Complete if the)
Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate value at end of year 5 Did the organization in form all denors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal contro? Ves No Did the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization for property, subject to the organization's exclusive legal contro? Ves No Did the organization informal grantees, and conor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring memassible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Proposely of conservation easements held by the organization of pleasure) Preservation of an historic structure Preservation of an historic structure Preservation of an historic structure Preservation of a certified historic structure Preservation of a certified historic structure included in (a) 1 Number of conservation easements on a certified historic structure included in (a) 2 Number of conservation easements included in (a) 2 Number of conservation easements included in (a) 2 Number of conservation easements included in (a) 2 Number of conservation easements moudding (b) accurred after 8/17/06 Number of states where property subject to conservation easements during the year 3 Number of states where property subject to conservation easements and property organization have a written piloly regarding the pendic monotrong, inspection, handling of violations, and enforcement of the conservation easements funding of violations, and enforcement of the conservation easements and property expenses incurred in monotrong, inspecting, and enforcement organization easements and balance sheet, and include, if applicable, the text o		organization answered "Yes" to Form 990, Part IV, line	·			
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b Assets included in Form 990, Part X		·		▶ \$	\$	
	b	Assets included in Form 990, Part X		▶ :	\$	

EDUCATIONAL AND SCIENTIFIC FOUNDATION OF THE ILLINOIS STATE MEDICAL SOCIETY 36~6078979 Page 2 Schedule D (Form 990) 2009 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV | Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIV and complete the following table: **Amount** c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? Yes Nο b If "Yes," explain the arrangement in Part XIV. Part V • Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment **b** Permanent endowment c Term endowment 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization No by: (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Par	t VI Investments - Land, Buildings,	and Equipment. Se	e Form 990, Part X, line	10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
C	Leasehold improvements				
d	Equipment				
е	Other				
Total	. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colur	nn (B), line 10(c))	<u></u>	0.

Schedule D (Form 990) 2009

1

EDUCATIONAL AND SCIENTIFIC FOUNDATION OF THE ILLINOIS STATE MEDICAL SOCIETY

Schedule D (Form 990) 2009 OF THE ILLI Part VII Investments - Other Securities. Se			SOCIETY	36	-6078979	Page 3
	e Form 990, Part X, I	ine 12.	4-3.44	-411 -61		
(a) Description of security or category (including name of security)	(b) Book value			ethod of valua nd-of-year mai		
			Cost or er	iu-or-year mai	Ket Value	
Financial derivatives	ļ				. 	
Closely-held equity interests						
Other						
U.S. GOVERNMENT OBLIGATIONS	704,0	16. END	-OF-YEAR	MARKET	VALUE	
			 	· ·		

					· · · · · · ·	
2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	704 0	10				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	704,0	T 0 • 1			•	;
Part VIII Investments - Program Related. Se	ee Form 990, Part X,	line 13.			 	
(a) Description of investment type	(b) Book value			ethod of valua		
(a) bescription of investment type	(b) book value		Cost or er	nd-of-year mar	ket value	
					<u> </u>	
						
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)						
Part IX Other Assets. See Form 990, Part X, line	15.					
	Description				(b) Book va	lue
	<u></u>				- ' '	
		·				
·						
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)					
Part X Other Liabilities. See Form 990, Part X,						
(a) Danadata a afficial da		(b) Amou	nt I			
		(10) / 11.102.	"			
DUE TO ILLINOIS STATE MEDICAL	COCTEMV		310			í
DUE TO ILLINOIS STATE MEDICAL	POCIETI	02	,318.			
	<u></u>					
						and the state of t
						į
						6 6 8
			——			
Total (Column (b) must sound form coo Dat V - 1/2)	25)	0.7	,318.			
Total. (Column (b) must equal Form 990, Part X, col (B) line						
2. FIN 48 Footnote. In Part XIV, provide the text of the foot	tnote to the organiza	tion's financial s	atements that re	eports the org	anızatıon's liabıld	ty for
uncertain tax positions under FIN 48.						
932053 02-01-10				Sch	edule D (Form 9	90) 2009

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 OF THE ILLINOIS STATE MEDI				0/89/9 Page
Part XI Reconciliation of Change in Net Assets from Form 990 t	o Audited Fi	nancial Sta	tements	
1 Total revenue (Form 990, Part VIII, column (A), line 12)		1		39,496
2 Total expenses (Form 990, Part IX, column (A), line 25)		2		279,685
3 Excess or (deficit) for the year. Subtract line 2 from line 1		3		<240,189
4 Net unrealized gains (losses) on investments		4		<233
5 Donated services and use of facilities		5		
6 Investment expenses		6		
7 Prior penod adjustments		7		-
8 Other (Describe in Part XIV)		8		
9 Total adjustments (net). Add lines 4 through 8		9		<233
Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	nd 9	10	~	<240,422
Part XII Reconciliation of Revenue per Audited Financial Statem			Return	
Total revenue, gains, and other support per audited financial statements			11	39,496
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a Net unrealized gains on investments	2a			
b Donated services and use of facilities	2b		-	
c Recoveries of prior year grants	2c		-	
· · · ·	 		⊣ ∣	
d Other (Describe in Part XIV.)	2d		ا ـَتِ ا	n
e Add lines 2a through 2d			2e	39,496
Subtract line 2e from line 1			3	35,430
Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1.1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b Other (Describe in Part XIV.)	4b			•
c Add lines 4a and 4b			4c	0
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	39,496
Part XIII Reconciliation of Expenses per Audited Financial Staten	nents With E	xpenses pe	r Return	
Total expenses and losses per audited financial statements			1	279,685
Amounts included on line 1 but not on Form 990, Part IX, line 25				
a Donated services and use of facilities	2a			
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIV.)	2d		7	
e Add lines 2a through 2d			7 _{2e}	0
Subtract line 2e from line 1			3	279,685
Amounts included on Form 990, Part IX, line 25, but not on line 1:			 	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
, , ,	4b		-	
b Other (Describe in Part XIV.)	40			0
c Add lines 4a and 4b			4c	279,685
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Part XIV Supplemental Information				
omplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part				
line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete this part to	provide any a	dditional in	formation.
				•
				-
				
	<u>.</u>			

SCHEDULE I (Form 990)			Grants and	Other Assistance	Grants and Other Assistance to Organizations,	ا ع		OMB No 1545-0047	
Department of the Treasury Internal Revenue Service		Comple	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	, and individuals in the I answered "Yes" on Fo ▼ Attach to Form 990.	on Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public Inspection	6
Name of the organization	EDUCATI OF THE	ONAL AND SCIENTIFICATION STATEMENT OF STATEM	NTIFIC E MEDIC	15			E	Employer identification number 36-6078979	pg 6
Part General Ir	General Information on Grants and Assistance	nd Assistance							
1 Does the organi	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selectio		_
criteria used to a	critena used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	stance? scedures for monite	onna the use of arant f	funds in the United	States			Yes X No	ŝ
=	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	Organizations in the	United States. C	omplete if the orga	Inization answered "Y	es" to Form 990, Part IV	, line 21, for any	l
recipient t	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	55,000. Check this	box if no one recipient	t received more th	an \$5,000. Use Pa	irt IV and Schedule I-1	(Form 990) if additional	A	×
1 (a) Nагле and ac or go	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
									1
					,				!
									1
	Enter total number of section 501(c)(3) and government organizations	nd government org	janizations						
_	Enter total number of other organizations							•	1
LHA For Privacy Ac	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice, t	see the instructions to	or Form 990.				Schedule I (Form 990) 2009	5002

36-6078979 Schedule | (Form 990) 2009

Schedule | (Form 990) 2009

OF THE ILLINOIS STATE MEDICAL SOCIETY

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	:	•			
		- 10 10 10			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	required in Part I,	line 2, and any other	additional information	
832102 02-02-10		21			Schedule I (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

EDUCATIONAL AND SCIENTIFIC FOUNDATION OF THE ILLINOIS STATE MEDICAL SOCIETY

Employer identification number 36-6078979

707V 000 7177 1 7777 1 77777777777777777	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
TO PROMOTRE EDCATIONAL AND SCIENTIFIC INTERESTS IN ILLINOIS. THE BOARD	
PERIODICALLY ESTABLISHES PROJECTS FOR ADMINISTRATIVE PURPOSES IN	
ACCOMPLISHING THE FOUNDATIONS OBJECTIVES.	-
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
OBJECTIVES.	

FORM 990, PART VI, SECTION B, LINE 11: THE 2009 IRS FORM 990 WAS PRESENTED BY THE ISMS GENERAL COUNSEL AND CHIEF FINANCIAL OFFICER TO THE ISMS BOARD OF TRUSTEES AT IT'S OCTOBER 23, 2010 MEETING. COPIES OF THE FORM 990 AND HANDOUTS WERE MADE AVAILABLE FOR THE BOARD MEMBERS DURING THE MEETING AND PRESENTATION.

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR AT THE JUNE MEETING OF
THE ISMS BOARD OF TRUSTEE'S THE ISMS GENERAL COUNCSEL PRESENTS A REVIEW OF
THE PRINCIPLES OF LAW AND ISMS POLICIES REGARDING CONFLICTS OF INTEREST.

THE ISMS CONFLICT OF INTEREST POLICY IS DISTRIBUTED AND EACH TRUSTEE AND
OFFICER SIGNS AND ACKNOWLEDGES THE POLICY. THE ISMS STAFF, AT THE VICE
PRESIDENT LEVEL AND ABOVE ANNUALLY SIGN AN ACKNOWLEDGEMENT OF THE CONFLICT
OF INTEREST POLICY AND DISCLOSURE OF CONFLICTS TO THE CHIEF ADMINISTRATIVE
OFFICER OF ISMS. THE OFFICE OF GENERAL COUNSEL IS CHARGED WITH MONITORING
THE CONFLICTS OF INTEREST ISSUES AS THEY ARISE THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION C, LINE 19: THE ISMS ORGANIZATIONS GOVERNING

DOCUMENTS AND CONFLICT OF INTEREST STATEMENT ARE MADE AVAILABLE TO ISMS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

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SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

EDUCATIONAL AND SCIENTIFIC FOUNDATION OF THE ILLINOIS STATE MEDICAL SOCIETY

Employer identification number 36-6078979

		OF THE	ILL:	INOIS	STATE 1	MEDICAL	SOCIETY	36-607	8979
MEMBERS	UPON	REQUEST.	THE	ISMS	FINANC	IAL STAT	EMENTS ARE	PROVIDE	то
MEMBERS	UPON	DETERMINA	rion	OF A	PROPER	PURPOSE	AS DEFINED	BY THE	ILLINOIS
NOT FOR	PROF	IT STATUTE:	s.						
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Schedule R (Form 990) 2009 2009 Open to Public Inspection Employer identification number 36-6078979OMB No 1545-0047 Direct controlling Direct controlling entity entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets Public chanty status (if section 501(c)(3)) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code section Ð 501(C)(6) ► See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) Trinois EDUCATIONAL AND SCIENTIFIC FOUNDATION OF THE ILLINOIS STATE MEDICAL SOCIETY LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. ▶ Attach to Form 990. Primary activity Primary activity MEMBERSHIP - 36-2436054 Name, address, and EIN Name, address, and EIN of related organization 20 NORTH MICHIGAN AVE., STE 700 of disregarded entity STATE MEDICAL SOCIETY Name of the organization IL 60602 Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Parti CHICAGO, ILLINOIS Part

Schedule R (Form 990) 2009 OF THE ILLINOIS STATE MEDICAL SOCIETY

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

36-6078979

Percentage ownership General or managing partner? Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets Ξ **(**6) Disproportionate allocations? Yes No Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp., S corp. or trust) ፱ Share of total income (d) (Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign county) 3 Direct controlling entity Primary activity ਉ Legal domicile (state or foreign country) <u>0</u> Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 332162 02-04-10 Part IV

EDUCATIONAL AND SCIENTIFIC FOUNDATION OF THE ILLINOIS STATE MEDICAL SOCIETY

36-6078979

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36,)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes No	
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			×
a Receipt of (i) interest (ii) annurbes (iii) royalties or (iv) rent from a controlled entity		Ta X	
b Gift, grant, or capital contribution to other organization(s)		1b X	
c Gift, grant, or capital contribution from other organization(s)		t X	
d Loans or loan quarantees to or for other organization(s)		74	ı
e Loans or loan cuarantees by other organization(s)			ı
			1"
			1
f Sale of assets to other organization(s)		×	
g Purchase of assets from other organization(s)		1g X	
h Exchange of assets		# X	
i Lease of facilities, equipment, or other assets to other organization(s)		-F	1
j Lease of facilities, equipment, or other assets from other organization(s)		- X	1
k Performance of services or membership or fundraising solicitations for other organization(s)		×	ı
l Performance of services or membership or fundraising solicitations by other organization(s)			
m Sharing of facilities, equipment, mailing lists, or other assets			
n Sharing of pard employees		Ĺ	
			1 ~
o Reimbursement paid to other organization for expenses		×	~.
p Reimbursement paid by other organization for expenses			
			1
a Other transfer of cash or property to other organization(s)		10 X	
			1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	nsaction thresholds.		
(а) Nатне of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	
(1)			
(3)			
			1
(A)			
(5)			
(9)			
832183 02-04-10	Sche	Schedule R (Form 990) 2009	1 -

EDUCATIONAL AND SCIENTIFIC FOUNDATION OF THE ILLINOIS STATE MEDICAL SOCIETY

36-6078979

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b)	(a)	(0)	9	(e)	£	(0)	3	1
INTELLEGISTRA CONCIN			Aro all portour		11	6		
ivante, address, and Ein of entity	Frimary activity	Legal domicile (state or foreign	section 501(c)(3) organizations?	snare of end-of- year assets	tionate tionate allocations?	amount in box 20	General or managing partner?	<u>, 5</u> 5
		country)	Yes No		Yes No	(Form 1065)	Yes	£
		•						
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				:				
								1
•								

Schedule R (Form 990) 2009