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EXTENDED TO AUGUST 17, 2015

Short Form

OMB No 1545-1150

Form **990-EZ**

Return of Organization Exempt From Income Tax

2014

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning		and ending	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization SANGAMON COUNTY MEDICAL SOCIETY, INC.		D Employer identification number 37-6027693
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 2040 TIMBERBROOKE LANE		E Telephone number 217-525-0765
	City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, IL 62702		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: ▶ WWW.SCMSDOCS.ORG		
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 ▶ \$ 170,412.			

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

☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	9,356.
	3	Membership dues and assessments	3	123,606.
	4	Investment income	4	34,145.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	
	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	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	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	3,305.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	170,412.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	2,950.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	92,068.
	13	Professional fees and other payments to independent contractors	13	7,849.
	14	Occupancy, rent, utilities, and maintenance	14	14,257.
	15	Printing, publications, postage, and shipping	15	3,360.
	16	Other expenses (describe in Schedule O)	16	50,365.
	17	Total expenses. Add lines 10 through 16	17	170,849.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<437.>
	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	160,886.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	160,449.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

P 12

Part II Balance Sheets (see the instructions for Part II)

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

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	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	255,210.	22	179,888.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	10,131.	24	11,489.
25 Total assets	265,341.	25	191,377.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	104,455.	26	30,928.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	160,886.	27	160,449.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O

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

28 SEE SCHEDULE O

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

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
DR. DAREEN SIRI PRESIDENT	1.00	0.	0.	0.
DR. CARL GOLD VICE PRESIDENT	1.00	0.	0.	0.
DR. BRIAN MOORE TREASURER	1.00	0.	0.	0.
PATRICK HEMMER SECRETARY	1.00	0.	0.	0.
MICHAEL MURPHY DIRECTOR	1.00	0.	0.	0.
DR. LAURA SHEA PAST PRESIDENT	1.00	0.	0.	0.
DR. DON PEARSON DIRECTOR	1.00	0.	0.	0.
STEPHEN STONE DIRECTOR	1.00	0.	0.	0.
DR. RAJESH GOVINDAIAH DIRECTOR	1.00	0.	0.	0.
DR. DENNIS MCMANUS DIRECTOR	1.00	0.	0.	0.
DR. TOMMY IBRAHIM DIRECTOR	1.00	0.	0.	0.
DR. SHAILESH NANDISH DIRECTOR	1.00	0.	0.	0.

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 Sch. O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	X	
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		N/A
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ NONE		
42a The organization's books are in care of ▶ CAROL HARMS Telephone no. ▶ 217-726-5106 Located at ▶ 2040 TIMBERBROOK LANE, SPRINGFIELD, IL ZIP + 4 ▶ 62702		
b 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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X
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 N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

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

	Yes	No
46		X

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 Sch. C, Part II

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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
N/A				

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

0

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." N/A

(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

0

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

BRIAN E. MOORE

Type or print name and title

Date

06/26/2015

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DEBORAH J. RINGER		06/22/15		P00732336
Firm's name	Firm's EIN		Firm's address	
KERBER, ECK & BRAECKEL LLP	43-0352985		1000 MYERS BUILDING	
Firm's address	Phone no.		SPRINGFIELD, IL 62701	
	217-789-0960			

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

☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

SANGAMON COUNTY MEDICAL SOCIETY, INC.

Employer identification number

37-6027693

FORM 990-EZ, PART I, LINE 4, RENTAL INCOME:

KIND AND LOCATION OF PROPERTY:

AMOUNT:

REAL PROPERTY

6,000.

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

770.

ROYALTIES

27,375.

TOTAL INCLUDED ON FORM 990-EZ, LINE 4

28,145.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

MISCELLANEOUS INCOME

3,305.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

CONFERENCES

7,321.

DEPRECIATION

3,023.

DUES AND SUBSCRIPTIONS

10,028.

HOUSE OF DELEGATES

4,358.

INSURANCE

2,732.

INTEREST EXPENSE

341.

LICENSES AND FEES

10.

MEETINGS

1,463.

OTHER EXPENSES

4,236.

PAYROLL TAXES

8,185.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

SANGAMON COUNTY MEDICAL SOCIETY, INC.

Employer identification number

37-6027693

RENTAL EQUIPMENT AND MAINTENANCE 430.

SUPPLIES 1,416.

TELEPHONE 3,109.

WEBSITE 3,713.

TOTAL TO FORM 990-EZ, LINE 16 50,365.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES	668.	2,332.
OTHER DEPRECIABLE ASSETS	9,463.	9,157.
TOTAL TO FORM 990-EZ, LINE 24	10,131.	11,489.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	2,440.	2,108.
ACCRUED PAYROLL TAXES	2,111.	2,291.
DEFERRED REVENUE-DUES	91,940.	21,088.
CAPITAL LEASE OBLIGATION	7,964.	5,441.
TOTAL TO FORM 990-EZ, LINE 26	104,455.	30,928.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE LEADERSHIP IN
HEALTHCARE THROUGH SERVICE, EDUCATION, AND ADVOCACY FOR OUR MEMBERS,
PATIENTS, AND COMMUNITY.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

SANGAMON COUNTY MEDICAL SOCIETY EDUCATES ITS MEMBERS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

SANGAMON COUNTY MEDICAL SOCIETY, INC.

Employer identification number

37-6027693

THROUGH NEWSLETTERS, MEETINGS, CONFERENCES AND OTHER

COMMUNICATION. ADDITIONALLY, IT PROMOTES SEVERAL PROJECTS

RELATED TO THE MEDICAL PROFESSION.

FORM 990EZ, PART V, LINE 34, CHANGES TO GOVERNING DOCUMENTS

THE SOCIETY UPDATED SECTION 7 OF ITS BYLAWS DURING THE YEAR. THIS

SECTION DEALS WITH ATTENDANCE OF BOARD MEMBERS. BOARD MEMBERS ARE NOW

REQUIRED TO ATTEND TWO-THIRDS OF REGULARLY SCHEDULED BOARD MEETINGS

DURING EACH CALENDER YEAR. IF THIS REQUIREMENT IS NOT MET, THE BOARD

MEMBER SHALL BE DEEMED TO HAVE AUTOMATICALLY FORFEITED MEMBERSHIP.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	SANGAMON COUNTY MEDICAL SOCIETY, INC.	37-6027693
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)
	2040 TIMBERBROOKE LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	SPRINGFIELD, IL 62702	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CAROL HARMS

- The books are in the care of ► **2040 TIMBERBROOK LANE - SPRINGFIELD, IL 62702**
Telephone No ► **217-726-5106** Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
► ☒ calendar year **2014** or
► tax year beginning , and ending .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.