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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 private foundations)

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service A For the 2015 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization EDUCATIONAL AND SCIENTIFIC FOUNDATION Address change OF THE ILLINOIS STATE MEDICAL SOCIETY]Name change 36-6078979 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 20 N. MICHIGAN AVE 700 3127821654 G Gross receipts \$ 24,800. City or town, state or province, country, and ZIP or foreign postal code Amende CHICAGO, IL 60602 H(a) Is this a group return F Name and address of principal officer DAVID A. WICHMANN Applica-tion pending Yes 🛣 No for subordinates? SAME AS C ABOVE ∐Yes 📖 No H(b) Are all subordinates included? Tax-exempt status. X 501(c)(3) __ 501(c) ((insert no.) If "No," attach a list. (see instructions) J Website: WWW.ISMS.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other L Year of formation: 1967 M State of legal domicile; IL Trust Association Summary Part I Briefly describe the organization's mission or most significant activities THE PURPOSE OF THE EDUCATIONAL Governance AND SCIENTIFIC FOUNDATION OF THE ILLINOIS STATE MEDICAL SOCIETY IS Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 7,905. 8 Contributions and grants (Part VIII, line 1h) Revenue 2,130 1,908. Program service revenue (Part VIII, line 2g) 14,987. 14,272 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,252. 24,800. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 60,503. 34,299. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 48,742. 14,622 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 83,041. 75,125. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <56,873. <58,241.> 19 Revenue less expenses Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year** End of Year 1,363,637. 1,281,588. Total assets (Part X, line 16) 41,072. 64,187 21 Total liabilities (Part X, line 26) 299.450 240,516 Net assets or fund balances Subtract line 21 from line 20 | Signature Block 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) han officer) is based on all information of which preparer has any knowledge. Signature of office Sign DAVID A. WICHMANN, Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature 10/21/16 P00362066 Paid Ben Pitchkites ERNST YOUNG Firm's EIN Preparer Firm's name & 34-6565596 Use Only Firm's address Phone no. 317-681-7000 111 Monument Circle, Suite 4000 Indianapolis, IN 46204

May the IRS discuss this return with the preparer shown above? (see instructions)

」Yes No

Form **990** (2015)

Form	990 (2015) OF THE ILLINOIS STATE MEDICAL SOCIETY 36	-6078979	Page 2
Par	rt III Statement of Program Service Accomplishments		, ago a
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
•	THE PURPOSE OF THE EDUCATIONAL AND SCIENTIFIC FOUNDATION OF	F THE	
	ILLINOIS STATE MEDICAL SOCIETY IS TO PROMOTE EDUCATIONAL A		
	SCIENTIFIC INTERESTS IN ILLINOIS. THE BOARD PERIODICALLY		ES
	PROJECTS FOR ADMINISTRATIVE PURPOSES IN ACCOMPLISHING THE	FOUNDATIO	N
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to the organization of the control o	sured by expenses	3
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, th		
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 83,041 • including grants of \$ 34,299 •) (Revenue \$		908.)
	TO IMPLEMENT AND MANGAGE LOANS TO MEDICAL STUDENTS AND TO	IMPLEMENT	A
	STATE WIDE BLOOD BANKING PROGRAM.		
		 .	
4b	(Code) (Expenses \$)
			-
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶ 83,041.		000 0015
		Form :	990 (2015)

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Par	t IV Checklist of Required Schedules			
			Yes	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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	Ť		
٠	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-ٽ		
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
				х
	If "Yes," complete Schedule D, Part IV	9		 ^
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			1
	as applicable			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			٠,,
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			۱.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	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			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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	-	Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		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,"			1
	complete Schedule G, Part III	19		X
		Form	990	(2015)

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EDUCATIONAL AND SCIENTIFIC FOUNDATION OF THE ILLINOIS STATE MEDICAL SOCIETY

Form 990 (2015) OF THE ILLINOIS ST
Part IV Checklist of Required Schedules (continued)

20a Dt the organization perate one or more hospital facilities of 1º Yes, *complete Schedule H				Yes	No
b II "Yes" to line 20a, dot the organization attach a copy of its audied financial statements to this return" 20 Did the organization report more than \$5.000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1 // If "Yes," complete Schedule I, Parts I and II 21 If Yes," complete Schedule I, Parts I and II 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 3 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I I and III 22 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 24th through 24d and complete Schedule II" "If "No", or to the 25s Did He organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization anivest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d Did the organization anivest any proceeds of tax-exempt bonds beyond a temporary period exception? 26d Did the organization misses and an original process of the second of the complete Schedule II" and the second of the second o	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
domestic government on Part IX, column (A), line 17 if 17 ext, "complete Schedule I, Part I and II 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if 17 ext, "complete Schedule I, Part I and III 22 X 2 X 2 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or \$ about compensation of the organization's current and former offices, directors, trustees, leve pembyoes, and triplest compensated employees? If "Yes," complete Schedule I Part VII, section A, line 3, 4, or \$ about compensation of the organization's current and former offices, directors, trustees, leve pembyoes, and triplest compensated employees? If "Yes," complete Schedule II Part III and IIII and III and II			20b		
22					
Part IX, calumn (A), line 27 if "Yes," complete Schedule I, Parts I and III 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 Schedule I, Part III and In Image 25a 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 assued after December 31,2002? If "Yes," answer lines 24b through 24d and complete Schedule I, I' I' No.", or or line 25a 25b Did the organization inwest arry proceeds of tax-exempt bonds beyond a temporary peniod exception? 26b Did the organization meet arry proceeds of tax-exempt bonds beyond a temporary peniod exception? 27c Did the organization meet arry proceeds of tax-exempt bonds outstanding at any time during the year 1 of the organization and act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 29d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 29d Did the organization are as an access benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person out on the 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 Schedule I, Part II 2. 29d Did the organization are provided a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule I, Part IV 2. 21 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV 2. 22 Did the organization or evorter or transaction with one of the following parties (see Sched		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
Did the organization answer "Yes" to Part VII, Section A, Ine 3. 4, or 5 about compensation of the organization current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is If I'No, go to line 25a and year and yea	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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 Schedule I, "No." op or line 25s b Did the organization invest any proceeds of tax exempt bonds beyond a temporary pend exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization and as a "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization and assignatified person during the year? If "Yes," complete Schedule L, Part I I Is the organization aware that a fengaged in an excess benefit transaction with a disqualified person of uning the year? If "Yes," complete Schedule L, Part I I Is the organization aware that a fengaged 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 Schedule L, Part I I I Is a special to the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II I I I I I I I I I I I I I I I I I		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 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 Schedule K. If "No", go to line 25a	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Dd 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 "Pes," araswer lines 24 through 24d and complete Schedule K. If "No", or to line 25a Dd the organization maintain an escreen account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? 25		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
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Schedule K If 1/No. 2 on time 25a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? c Did the organization minest any an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization and a single of the single of the properties of the organization and the single of the organization and the single of the organization and the single of the organization organization and the single of the organization organization and the single of the organization organization and the single of the organization and the single of the organ	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
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any tax exempt bonds?	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year." If "Yes, "complete Schedule L, Part I 25b I she 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 sport Forms 990 or 990-E27 // "Yes," complete Schedule L, Part I 25b I she organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes," complete Schedule L, Part I/I 27	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part II 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II 266 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete 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 instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X 31 Did the organization inquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part II 31 X 32 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part II 31 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization related to any tax-exempt or taxable en	25a				7.5
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b			25a		<u> </u>
Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // *Yes,* complete Schedule L, Part II	b				
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes," complete Schedule L, Part II		· · · · · · · · · · · · · · · · · · ·			v
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete 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 instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X 28		·	256		
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Part V	Statements	Regar	dina C	ther IRS Filin	as and Ta	x Complian	ce

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Enter the number of Forms W26 included in line 1a. Enter-0 if not applicable Differ the number of Forms w126 included in line 1a. Enter-0 if not applicable Differ the number of Forms w126 included in line 1a. Enter-0 if not applicable Differ the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Ited for the calendar year ending wth or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 50, you may be required to 6-file (see instructions) All of the organization have unrelated business gross income of \$1,000 or more during the year? All A ary time during the calendar year, did the organization have an interest it, or a signature or other authority over, a financial account? for this year? W1, **O Inter 8b, provide an explanation in Schedule O All A ary time during the calendar year, did the organization have an interest it. Or a signature or other authority over, a financial account in a foreign country (such as a binak account, securities account, or other financial account)? By If "Yes," and the organization in FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization in party to a prohiberd tax shelter transaction at any time during the tax year? By If "Yes," did the organization that it was or as party to a prohiberd tax shelter transaction or gifts were not tax deductibles or designation and party for goods and services provided? By If "Yes," did the organization in chorus organization in fem 866-7? Organizations that may receive deductible contributions under section 170(c). By If "Yes," did the organization in excess of \$57 made partyl as a contribution and partyly organization and partyl organization selected and the foreign accounts of the pagnization and partyl				Yes	No				
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Organizations that may receive deductible contributions under section 170(c). a 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? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e	b	, , , , , , , , , , , , , , , , , , , ,	.						
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Form 990 (2015				 -	† <u> </u>				
		11 100, that it lied a Form 120 to report those payments in 110, provide an explanation in devicable of		990	(2015				

OF THE ILLINOIS STATE MEDICAL SOCIETY

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Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response

	to line oa, ob, or tob below, describe the circumstances, processes, or changes in schedule of see instructions			T-			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management		Yes	No.			
۸.	5.4. W		res	No			
та	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
ь							
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		х			
_	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-					
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х			
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
4		5		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		$\frac{x}{x}$			
6	Did the organization have members or stockholders?	-					
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		х			
_		<u> /a</u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		Х			
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76					
8		8a	х				
a	The governing body? Feel committee with outbourty to get an helpelf of the governing body?	8b	X				
ь	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	100					
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
	tion by the medical brightness about periods not require by the medical resource of		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	,,,,,	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	. <u></u>					
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
ь							
	Did the organization have a written conflict of interest policy? If *No,* go to line 13						
ь		12a 12b	Х				
C	The state of the s						
	in Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	Х				
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		Х			
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)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	:					
	taxable entity during the year?	16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶IL						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	icial				
	statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's books and records:						
	DAVID A. WICHMANN - 3127821654						
	20 NORTH MICHIGAN AVENUE, SUITE 700, CHICAGO, IL 60602						
		F	. 000	/2016\			

EDUCATIONAL AND SCIENTIFIC FOUNDATION OF THE ILLINOIS STATE MEDICAL SOCIETY

Form 990 (2015) OF THE ILLINOIS STATE MEDICAL SOCIETY

36-6078979

Page 7

Part VII	Compensation of Officers, Direct	tors, Trustees,	Key Employees,	Highest Compensated	ĺ
	Employees, and Independent Co	ontractors			

Check if Schedule O contains a response or note to any line in this Part VII

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

- 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.
- 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, if any 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) Name and Title	(B) Average	(C) Position (do not check more than one) than	one	(D) Reportable	(E) Reportable compensation from related	(F) Estimated
	hours per week	box, unless person is both an officer and a director/trustee)			ıs bot	h an	compensation from	amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Individual trustee or directo Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) WILLIAM A. MCDADE, MD CHAIR	2.50	x		x				0.	19,143.	0
(2) SCOTT A. COOPER, MD	0.30							0.	0.	0
(3) THOMAS M. ANDERSON, MD	0.30									
FRUSTEE (4) ADRIENNE L. FREGIA, MD	2.50 0.30	X	_	\vdash		\vdash		0.	18,750.	0
FRUSTEE (5) PAUL H. DEHAAN, MD	2.50	X	_			_		0.	0.	0
TRUSTEE	2.50	х						0.	82,175.	0
		-								
								<u></u>		
		-								
		-								
		-								
		-	-	+	-	+-	₩		 	

Form **990** (2015)

Form	990	201	5
Daw	· \///	_	

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	Average Position (do not check more than one box, unless person is both an			one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat amount other	of		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	(c)	ompensa from the organiza and rela organizat	ation e tion ted
						L						
					<u></u>					_		
					_	-	_			+		. <u>-</u>
		-										
							L	0.	120.06			0.
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A						>	0.	120,06	0.		0.
Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed a	bov	e) wl	ho r		·			0
3 Did the organization list any former officer			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on		Yes	
Inne 1a? If "Yes," complete Schedule J for 3 For any individual listed on line 1a, is the s	um of reportab	le c							the organization		3	X
 and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con 	accrue compe	nsat	tion 1	from	an	y un			idual for services		5	X
Section B. Independent Contractors 1 Complete this table for your five highest or							ors	that received more than	\$100,000 of com			
the organization Report compensation for											(C)	<u>-</u>
Name and business	address	N	ON	E			-	Description of s	services	Con	npensati	on
	<u>-</u> .											
		•										
2 Total number of independent contractors \$100,000 of compensation from the organ		not I	ımite	ed to		ose I	ste	d above) who received r	nore than		orm 990	(2015)
520000											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(2013)

Form	990 (2015) OF THI	E ILLINO		MEDICAL S		36-607	8979 Page 9
Pa	rt VII	Statement of Revent	ue					
_		Check if Schedule O conta	ins a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or	(C) Unrelated	Revenue excluded from tax under
40.0						exempt function revenue	business revenue	sections 512 - 514
nts	1 a	Federated campaigns	1a					
e a	b	Membership dues	1b					
S, (С	Fundraising events	1c	_				
ar	d	Related organizations	1d					
S, (е	Government grants (contribution	ons) 1e					
ioi	f	All other contributions, gifts, grants	s, and					
the		similar amounts not included above		7,905.				
ĎĞ.	g	Noncash contributions included in lines 1						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		<u> </u>	7,905.			
_				Business Code		· · · · · · · · · · · · · · · · · · ·		
9	2 a	STUDENT LOAN INT	TEREST	900099	1,908.	1,908.		
VIC.	b				_,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Ser	C			<u> </u>				
E A	d							
Program Service Revenue								
Pro	e	All other program service reven		 	- 			}
			ide		1,908.			
	3	Investment income (including d	ividende interi		2,5000			1
	,	•	ividends, intere	551, and	14,987.			14,987.
	4	other similar amounts)	avamet band m		14,507.		-	14,507
		Income from investment of tax-	exempt bond p	proceeds >			·	
	5	Royalties [() Deal	(v) Danasasi				
	٠.		(ı) Real	(II) Personal				
		Gross rents						
		Less rental expenses		 				
		Rental income or (loss)		L				
		Net rental income or (loss)		(7.00	·		<u> </u>	-
	7 a	Gross amount from sales of	(ı) Securities	(ii) Other				
		assets other than inventory	 					
	b	Less cost or other basis						
		and sales expenses						ļ
		Gain or (loss)						
	i	Net gain or (loss)						1
e	8 a	Gross income from fundraising						
Ven		including \$						
Other Revenue		contributions reported on line 1	•					
Ē	١.	Part IV, line 18	a					1
5	1	Less direct expenses	b	$\overline{}$				
		Net income or (loss) from fundi	-	>				
	9 a	Gross income from gaming act						
	١.	Part IV, line 19	a					
	i .	Less direct expenses	b					
	1	Net income or (loss) from gami	-	<u> </u>				
	10 a	Gross sales of inventory, less r		[[
		and allowances	a					
	I	Less cost of goods sold	b	الــــا		}		1
	 -	Net income or (loss) from sales					<u>-</u> .	+
	<u> </u>	Miscellaneous Revenue		Business Code				1
	11 a							-
	b					ļ		-
	С					ļ		
	d	All other revenue		i		1		1

e Total. Add lines 11a-11d

Total revenue. See instructions.

1,908.

24,800.

Part IX | Statement of Functional Expenses

	tix otatement of functional Expens	 									
Section	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
	Check if Schedule O contains a respon			(C)	<u></u>						
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	34,299.	34,299.								
2	Grants and other assistance to domestic										
	individuals See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals 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 accruals and contributions (include			· · — —							
Ū	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits			-							
10	Payroll taxes										
11	Fees for services (non-employees)			-							
''	Management										
b	Legal										
	Accounting										
4	Lobbying										
<u> </u>	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
	Other (If line 11g amount exceeds 10% of line 25,										
9	column (A) amount, list line 11g expenses on Sch O.)										
12	Advertising and promotion				.						
13	Office expenses										
14	Information technology				. .						
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses										
10	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance										
24	Other expenses. Itemize expenses not covered										
7	above. (List miscellaneous expenses in line 24e. If line			1							
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
а	SHARED SERVICE	42,296.	42,296.								
h	ALLOWANCE FOR LOSSES	3,409.	3,409.								
c	MISCELLANEOUS	3,037.	3,037.								
d	<u> </u>	= 4.= = 1.5									
e	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	83,041.	83,041.	0.	0.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here If following SOP 98-2 (ASC 958-720)										
	1 tollowing GO: 30-2 (NGO 330-720)	·	1								

Form 990 (2015)
Part X | Balance Sheet

art	<u>^ </u>	Chapter School to Construe a response or note to any line in this Bott Y			
		Check if Schedule O contains a response or note to any line in this Part X	(4)		
			(A) Beginning of year		End of year
	1	Cash - non-interest-bearing	220 701	1 2 235 3 3 3 3 4 30 5 4 30 5 6 7 8 9 9 10c 11 1,012 12 13 14 15 3 16 1,281 17 18 19 20 21 22 23 24 22 23 24 25 41 22 23 24 25 41 22 23 24 20 29 30 31 32 32	225 450
	2	Savings and temporary cash investments	320,781.	$\overline{}$	235,458
	3	Pledges and grants receivable, net	50.005	_	20.505
	4	Accounts receivable, net	50,225.	4	30,685
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined unde	r		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	g		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	_
	9	Prepaid expenses and deferred charges		9	
1	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
1	11	Investments - publicly traded securities	989,569.	11	1,012,119
1	12	Investments - other securities See Part IV, line 11		12	
2 3 4 5 6 7 8 9	13	Investments - program-related See Part IV, line 11		13	
1	14	Intangible assets		14	
1	15	Other assets See Part IV, line 11	3,062.	15	3,320
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,363,637.	16	1,281,588
1	17	Accounts payable and accrued expenses		17	
1	18	Grants payable		18	
1	19	Deferred revenue		19	
2	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
2	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
		Complete Part II of Schedule L		22	
ⁱ 2	23	Secured mortgages and notes payable to unrelated third parties		23	_
2	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	Other liabilities (including federal income tax, payables to related third	"		
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	64,187.	25	41,07
2	26	Total liabilities. Add lines 17 through 25	64,187.	26	41,07
		Organizations that follow SFAS 117 (ASC 958), check here			
:		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	1,289,169.	27	1,230,23
2	28	Temporarily restricted net assets	10,281.	28	10,28
2	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			,
] [3	30	Capital stock or trust principal, or current funds		30	
		Paid-in or capital surplus, or land, building, or equipment fund	""		-
. ا		Retained earnings, endowment, accumulated income, or other funds	,	_	
(3		-	1,299,450.		1,240,51
	33	Total net assets or fund balances	1 1,400,400.		1,240,310

Form **990** (2015)

EDUCATIONAL AND SCIENTIFIC FOUNDATION OF THE ILLINOIS STATE MEDICAL SOCIETY

36-6078979 Page 12 Form 990 (2015) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 24,800. Total revenue (must equal Part VIII, column (A), line 12) 83,041. 2 Total expenses (must equal Part IX, column (A), line 25) <58,241.> 3 Revenue less expenses Subtract line 2 from line 1 1,299,450. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 <693·> 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 Investment expenses 7 7 8 Prior period adjustments 0. 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 1,240,516. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Consolidated basis Both consolidated and separate basis ___ Separate basis Х b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis ☐ Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X 3a Act and OMB Circular A-133? 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

53201

Form 990 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public Inspection

Name of t	-	DUCATIONAL AND				· I		dentification number 5 – 6 0 7 8 9 7 9
Part I		blic Charity Status (A						
	Ization is not a private A church, convention A school described in A hospital or a coope A medical research o city, and state: An organization opera	foundation because it is (in of churches, or association section 170(b)(1)(A)(ii). (A prative hospital service organization operated in contacted for the benefit of a colli(iv). (Complete Part II) coal government or government	For lines 1 through 11, on of churches described Attach Schedule E (Formanization described in senjunction with a hospital lilege or university ownersity	check only or d in section in 990 or 990- ection 170(b) I described in d or operated	ne box.) 170(b)(1)(EZ)))(1)(A)(iii), n section	A)(i). .170(b)(1)(A) /ernmental u	(iii). Enter t	
7	section 170(b)(1)(A)(A community trust de An organization that a activities related to its	normally receives a substail (vi). (Complete Part II) escribed in section 170(b)(normally receives (1) more sexempt functions - subject business taxable income (2). (Complete Part III)	1)(A)(vi). (Complete Par than 33 1/3% of its sup of to certain exceptions,	t II.) pport from co and (2) no m	ntributior nore than	ns, members 33 1/3% of i	hip fees, ar ts support	nd gross receipts from from gross investment
10	An organization organ An organization organ more publicly suppor lines 11a through 11c Type I. A supporting the supported organization Your Type II. A supporting control or manager organization(s). You Type III functional	nized and operated exclusionized and operated exclusionized and operated exclusionized organizations described that describes the type on a granization operated, so anization(s) the power to remust complete Part IV, Seng organization supervised ment of the supporting organization organization organization organization organization supervised ment of the supporting organization organization organization organization organization organization organization organization organization.	ively for the benefit of, to d in section 509(a)(1) of f supporting organization upervised, or controlled gularly appoint or elect ections A and B. I or controlled in connec- anization vested in the si Sections A and C. g organization operated	o perform the r section 500 n and comple by its support a majority of the tion with its same persons in connection	e function 9(a)(2) Se ete lines in inted orga the direct supported s that con	s of, or to ca ee section 5 11e, 11f, and nization(s), to ors or truste d organizatio trol or mana	09(a)(3). Ci 111g. ypically by es of the su n(s), by hav ge the supp	neck the box in giving upporting ving ported
g Prov	Type III non-funct that is not function requirement (see in Check this box if the functionally integrater the number of supported the following infor	rmation about the supporte	orting organization oper eation generally must sa inplete Part IV, Sections written determination fro nally integrated support and organization(s)	rated in conn tisfy a distrib is A and D, a i om the IRS th ing organizat	ection wifution required Part Viat it is a Tition	th its suppor uirement and Type I, Type	I an attentiv	veness 1
	organization OIS STATE	(ii) EIN	(iii) Type of organization (described on lines 1 9 above (see instructions))	(iv) Is the orga listed in y governing doc Yes	our	(v) Amount of support instruction	(see	(vi) Amount of other support (see instructions)
	AL SOCIETY	36-2436054	9	х		34	,299.	
Total						3.4	. 299.	0.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

ESF___1

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support			_			
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-		1			T	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						-
-	by each person (other than a						
	governmental unit or publicly				,		
	supported organization) included						
	on line 1 that exceeds 2% of the		İ				
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support				1	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4		1	` '	, ,		.,,
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the		1				
	business is regularly carried on						
10	Other income Do not include gain						
-	or loss from the sale of capital	İ					
	assets (Explain in Part VI)		ļ				
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc (see instruct	ions)	•		12	
13	First five years. If the Form 990 is fo	r the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and sto	p here					▶□_
Se	ction C. Computation of Pub	ic Support Pe	ercentage				
14	Public support percentage for 2015 (line 6, column (f) c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2014	4 Schedule A, Part	t II, line 14			15	%
16a	33 1/3% support test - 2015. If the	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	ported organizatıo	n			
t	33 1/3% support test - 2014. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check the	nis box
	and stop here. The organization qua	lifies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances tes	it - 2015. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	art VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		▶□
ŀ	10% -facts-and-circumstances tes	at - 2014. If the or	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circi	umstances" test, o	check this box and	i stop here. Expla	n in Part VI how the	
	organization meets the "facts-and-cir	cumstances* test	The organization	qualifies as a pub	licly supported org	janization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 10	5a, 16b, 17a, or 17	b, check this box	and see instruction	s Þ
					Sch	edule A (Form 990	or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complet	te on	ıly r	f you	ı cl	nec	ked	the	box	on line	9 0	of F	art	l or i	f th	ne o	rgan	ızatıc	n fa	ailed	to q	ualify	und	er P	art II	If th	ne c	orgai	nızatıd	on fa	alls t	o
												_																			

	qualify under the tests listed be	elow, please com	olete Part II)				
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and				ĺ		
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				l		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	•					
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6					<u> </u>	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>		<u> </u>	<u>l.</u>	
14	First five years. If the Form 990 is for	the organization	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here						<u>▶</u> ∟_
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage			, , ,	
15	Public support percentage for 2015 (I	ine 8, column (f) o	divided by line 13,	column (f))		15	<u>%</u>
	Public support percentage from 2014					16	<u>%</u>
<u>Se</u>	ction D. Computation of Inves	stment Incom	e Percentage)			
17	Investment income percentage for 20	15 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2015. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
1	more than 33 1/3%, check this box a 33 1/3% support tests - 2014. If the	=	-		- · · ·		▶ □
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	nstructions	<u></u> ▶□
					-		57) 45

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 OF THE ILLINOIS STATE MEDICAL SOCIETY

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)		_	
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	Х	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		Х
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	x	
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- Oa	 	
•	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b	х	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
Ī	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	х	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		Х
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		Х
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	1		
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		-
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class]	
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	"		
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		Ì	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	ļ	X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			۱
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	ļ	X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		ļ	,,
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	ļ	X
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	_	1	_v
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	 	X
ıva	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	100		x
h	supporting organizations)? If "Yes," answer 10b below Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a	\vdash	 ^
U	Did the organization have any excess business nothings in the tax year? (Ose schedule C, Fulth 4720, to	1	1	1

ESF_

determine whether the organization had excess business holdings)

EDUCATIONAL AND SCIENTIFIC FOUNDATION OF THE ILLINOIS STATE MEDICAL SOCIETY

	dule A (Form 990 or 990-EZ) 2015 OF THE ILLINOIS STATE MEDICAL SOCIETY 36-00	1031	J Pa	age 5
Pai	t IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
•	below, the governing body of a supported organization?	 11a		Х
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
	tion B. Type I Supporting Organizations		L	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	· · · · · · ·		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	İ		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	}		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	x	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		X
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		!	
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			:
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ļ		
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
<u> </u>	supported organizations played in this regard	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions):			
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	ta intina	-1	
c		uucuon	Yes	l Na
2	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Γ	res	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined]		
	that these activities constituted substantially all of its activities	2a	1	
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
•	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		\vdash	
a				
a	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	1	
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		t	
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
53202	5 09-23-15 Schedule A (Form		90-EZ) 2015
		•		

36-6078979 Page 6 Schedule A (Form 990 or 990-EZ) 2015 OF THE ILLINOIS STATE MEDICAL SOCIETY Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 3 Add lines 1 through 3 4 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

Sche Par	dule A (Form 990 or 990-EZ) 2015 OF THE ILLINO Type III Non-Functionally Integrated 509	IS STATE MEDIC		6-6078979 Page 7
ш.	on D - Distributions	(-/(o)	Continuen	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity	or parposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6	***		
8	Distributions to attentive supported organizations to which ti	<u> </u>		
Ū	(provide details in Part VI) See instructions.	no organization to responsive		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			-
	Elifo o difficulty divided by Elifo o difficulty	(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1_	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i_	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	line 7 \$,
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2015 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c			
8	Breakdown of line 7		1	
а				
b				
c	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 OF THE ILLINOIS STATE MEDICAL SOCIETY 36-6078979 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C,
line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information
(See instructions)
SCHEDULE A, PART IV, LINE3B
THE ILLINOIS STATE MEDICAL SOCIETY FURNISHED ITS LETTER OF
DETERMINATION TO THE EDUCATIONAL AND SCIENTIFIC FOUNDATION.
DETERMINATION TO THE EDUCATIONAL AND SCIENTIFIC FOUNDATION:
SCHEDULE A, PART IV, LINE 3C
ESF PROJECT INCOME IS OVERSEEN BY ISMS LEGAL COUNSEL AND THE ISMS CHIEF
ADMINICAD ANTON OFFICED
ADMINISTRATION OFFICER.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

EDUCATIONAL AND SCIENTIFIC FOUNDATION OF THE ILLINOIS STATE MEDICAL SOCIETY

Employer identification number 36-6078979

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or A	ccou	nts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6			
		(a) Donor advised funds	(b) Fund	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised fun	ds	
	are the organization's property, subject to the organization's	exclusive legal control?			└─ Yes └─ No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used o	only	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e confer	rıng	
	impermissible private benefit?				Yes No
Par			Part IV,	line 7	
1	Purpose(s) of conservation easements held by the organizat				
	Preservation of land for public use (e.g., recreation or	· 🗖	-	-	
	Protection of natural habitat	Preservation of a ce	rtified hi	storic s	structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the forn	n of a co		
	day of the tax year			-	Held at the End of the Tax Year
a	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
C	Number of conservation easements on a certified historic st			2c	
d	Number of conservation easements included in (c) acquired	after 6/17/06, and not on a historic struc	ture	2d	
3	listed in the National Register Number of conservation easements modified, transferred, re	pleased extinguished or terminated by th	ae organ		during the tay
3	year	eleased, extinguished, or terminated by the	ie orgai	iization	during the tax
4	Number of states where property subject to conservation ea	esement is located			
5	Does the organization have a written policy regarding the pe		f		
_	violations, and enforcement of the conservation easements				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		nservati	on ease	ements during the year
_	>	, , ,			• ,
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserv	ation ea	semen	its during the year
	▶\$				
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 17	O(h)(4)(E	3)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conserva-	-			
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	s the or	ganızat	ion's accounting for
	conservation easements	AAA 11:	04b	C::I.	
Ра	rt III Organizations Maintaining Collections		Otner	Simila	ar Assets.
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under SFAS 116 (A				
	historical treasures, or other similar assets held for public ex		rance of	public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc				about works of out bustomed
D	If the organization elected, as permitted under SFAS 116 (A	• •			
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic se	rvice, p	provide the following amounts
	relating to these items			_	ıt.
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X				*
2	If the organization received or held works of art, historical tr	easures, or other similar assets for finance	ial nain	provid	* A
_	the following amounts required to be reported under SFAS		a yanı,	Provid	•
a	Revenue included on Form 990, Part VIII, line 1	v ooo, rouning to mose nome.		> 9	\$
	Assets included in Form 990, Part X				\$
	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.			Schedule D (Form 990) 2015
53205 11-02	1				

Schee		Collections of A					er Simil	ar Asse				
3	Using the organization's acquisition, accessi	on, and other record	is, check	any or the	iollowing tria	it are a s	ignincarii	use or its	Collection	items		
	(check all that apply):		. —.		•							
а	Public exhibition	d			hange progra	ams						
b	Scholarly research	е	· Шо	ther								
С	Preservation for future generations											
4	Provide a description of the organization's co							ose in Par	t XIII.			
5	During the year, did the organization solicit of	r receive donations	of art, his	torical trea	sures, or oth	er sımıla	r assets		٦	$\overline{}$		
	to be sold to raise funds rather than to be ma								」Yes	<u>No</u>		
Par	t IV Escrow and Custodial Arran	-	ete if the o	organizatio	n answered '	"Yes" on	Form 99	0, Part IV,	line 9, or			
	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for c	ontribution	is or other as	sets not	included	_	٦			
	on Form 990, Part X?							L	」Yes	∟ No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	pple.					_			
								-	Amount			
	Beginning balance						1c					
d	Additions during the year						1d	ļ				
е	Distributions during the year 1e											
f	Ending balance						1f	<u> </u>	-			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or c	ustodial acco	ount liabi	lity?		Yes	⊢ No		
	If "Yes," explain the arrangement in Part XIII									<u> Ш</u>		
Par	t V Endowment Funds. Complete	f the organization ar	swered "	Yes" on Fo								
		(a) Current year	(b) Pr	or year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back		
1a	Beginning of year balance											
b	Contributions				ļ							
С	Net investment earnings, gains, and losses											
d	Grants or scholarships									_		
е	Other expenditures for facilities					1			l			
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	j, column (a	a)) held as		**					
а	Board designated or quasi-endowment		%									
b	Permanent endowment	%										
С	Temporarily restricted endowment ▶											
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.										
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	ind administe	ered for t	he organ	ization				
	by	_								Yes No		
	(i) unrelated organizations								3a(i)			
	(ii) related organizations								3a(ii)			
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	red on So	chedule R?	1				3b			
4	Describe in Part XIII the intended uses of the	•										
Pai	t VI Land, Buildings, and Equipm											
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990	0, Part X	, line 10.					
	Description of property	(a) Cost or o	other	(b) Cos	t or other	(c) A	ccumula	ted	(d) Bool	value		
	,	basis (invest			(other)		preciatio					
1a	Land											
b	Buildings											
	Leasehold improvements											
	Equipment											
	Other								-			
	I. Add lines 1a through 1e (Column (d) must	equal Form 990. Par	t X. colum	n (B), line	10c)	•		▶		0		
.014			. ,					Cabadul		. 000\ 201		

	EDUCATIONAL	AND SCIE	NTIFI	C FOUNDAT			
Schedule D (Fo	rm 990) 2015 OF THE ILLI	NOIS STAT	E MED	ICAL SOCIE	ETY 3	6-6078979	Page 3
Part VII In	vestments - Other Securities.						
	emplete if the organization answered "Yes"	on Form 990, Part	: IV, line 11	b. See Form 990, F	Part X, line 12		
(a) Description	Of Security or category (including name of security)	(b) Book valu	ue	(c) Method of va	luation Cost or e	nd-of-year market v	alue
(1) Financial de	envatives						
(2) Closely-held	d equity interests						
(3) Other	, ,						
(A)							
(B)							
(C)							
(D)							
(E)							
(F)	-						
(G)	<u> </u>						
(H)					-		
	ust equal Form 990, Part X, col. (B) line 12.)						-
	vestments - Program Related.						
	omplete if the organization answered "Yes"	on Form 990, Par	t IV, line 11	1c See Form 990, F	Part X, line 13		
	a) Description of investment	(b) Book val	ue			end-of-year market v	alue
(1)							
(2)		i i					
(3)							-
(4)						-	
(5)			1		•		
(6)							
(7)							
(8)							
(9)							
	ust equal Form 990, Part X, col. (B) line 13.)					-	
Part IX 0	ther Assets.						
c	omplete if the organization answered "Yes	on Form 990, Par	t IV, line 1	1d See Form 990, I	Part X, line 15		
	(a)	Description	•			(b) Book va	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column	(b) must equal Form 990, Part X, col (B) III	ne 15)				>	
Part X O	ther Liabilities.						
C	omplete if the organization answered "Yes	" on Form 990, Par			990, Part X, line	25.	
1.	(a) Description of liability		(b) Book value			
(1) Federa	I income taxes						
	TO ILLINOIS STATE ME	DICAL					
(3) SOCI	TITY			41,072.			
(4)							

<u>1. </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO ILLINOIS STATE MEDICAL	
(3)	SOCEITY	41,072.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25)	41,072.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

ESF_

36-6078979 Page 4 OF THE ILLINOIS STATE MEDICAL SOCIETY Schedule D (Form 990) 2015 Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 24,107. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. 2 <693.b Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b 2¢ c Recovenes of prior year grants 2d Other (Describe in Part XIII.) <693.> 2е e Add lines 2a through 2d 24,800. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b Other (Describe in Part XIII) 0. c Add lines 4a and 4b 24,800. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 83,041. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities 2a 2b Prior year adjustments 2c c Other losses 2d d Other (Describe in Part XIII) 2e Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 83,041. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

09-21-1

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations,

PROGRAMS OF THE ILLINOIS STATE

PAIR MARKET

VALUE 0

34,299.

36-2436054 501(C)(6)

20 NORTH MICHIGAN AVE., STE 700 ILLINOIS STATE MEDICAL SOCIETY

CHICAGO, IL 60602

EDUCATIONAL SUPPORT FOR

OMB No 1545-0047

(Form 990)		g S	Governments, and Individuals in the United States	d Individual	s in the Unit	ed States		כב	
		Сотр	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	answered "Yes"	on Form 990, Par	t IV, line 21 or 22.		01	
Department of the Treasury				► Attach to Form 990.	n 990.			Open to Public	
Internal Revenue Service		▶ Informatic	► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Form 990) and its	instructions is at	www.irs.gov/form990	,	Inspection	ı
Name of the organization EDUCATIONAL AND SCIENTIFIC FOUNDATION	EDUCATION	AL AND SC.	IENTIFIC FO	UNDATION				Employer identification number	<u></u>
•	OF THE ILLINOIS STATE	LINOIS ST	ATE MEDICAL	MEDICAL SOCIETY				36-6078979	J
Part I General Information on Grants and Assistance	mation on Grants ar	nd Assistance							١
1 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	on maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the select	[
critena used to awa	critena used to award the grants or assistance?	stance?						Yes X No	0
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	the organization's pro	cedures for monitor	oring the use of grant f	funds in the United	States				١
Part II Grants and O	ther Assistance to I	Domestic Organiz	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Governments. Co	omplete if the orga	nization answered "Yo	es" on Form 990, Part	V, line 21, for any	
recipient that	received more than \$	\$5,000 Part II can I	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	onal space is need	pel				-
1 (a) Name and address of organization	ess of organization	NIE (a)	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of valuation (book.	(a) Description of	(h) Purpose of grant	
or government	nment		ıf applıcable	cash grant	non-cash assistance	FMV, appraisal, other)	non-cash assistance	or assistance	
	-	_	-				-		

						1
						ļ
					:	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(3) and government organizat	ganizations listed in th	ne line 1 table			_;

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

SEE PART IV FOR COLUMN (G) DESCRIPTIONS 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2015)

532 101 10-28-15

EDUCATIONAL AND SCIENTIFIC FOUNDATION OF THE ILLINOIS STATE MEDICAL SOCIETY

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

Schedule I (Form 990) (2015)

Part III

Page 2

36-6078979

(f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (G) DESCRIPTION OF NON-CASH ASSISTANCE: SUPPORT FOR EDUCATIONAL PROGRAMS NAME OF ORGANIZATION OR GOVERNMENT: ILLINOIS STATE MEDICAL SOCIETY (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients OF THE ILLINOIS STATE MEDICAL SOCIETY. COLUMN (G): (a) Type of grant or assistance PART II, LINE 1,

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.

EDUCATIONAL AND SCIENTIFIC FOUNDATION Employee

Open to Public Inspection

OMB No 1545-0047

Name of the organization

OF THE ILLINOIS STATE MEDICAL SOCIETY

Employer identification number 36-6078979

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO PROMOTE EDUCATIONAL AND SCIENTIFIC INTERESTS IN ILLINOIS. THE BOARD
PERIODICALLY ESTABLISHES PROJECTS FOR ADMINISTRATIVE PURPOSES IN
ACCOMPLISHING THE FOUNDATION OBJECTIVES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OBJECTIVES
FORM 990, PART VI, SECTION B, LINE 11:
THE 2015 IRS FORM 990 WAS PRESENTED BY THE ISMS GENERAL COUNSEL AND CHIEF
FINANCIAL OFFICER TO THE ISMS BOARD OF TRUSTEES AT THE OCTOBER 29,2016
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 COUNSEL PRESENTS A REVIEW OF THE PRINCIPLES OF LAW AND ISMS
POLICIES REGARDING CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION C, LINE 19:
THE ISMS ORGANIZATIONS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST
STATEMENT ARE MADE AVAILABLE TO ISMS MEMBERS UPON REQUEST. THE FOUNDATIONS
FINANCIAL STATEMENTS ARE PROVIDED TO MEMBERS UPON DETERMINATION OF A PROPER
PURPOSE AS DEFINED BY THE ILLINOIS NOT FOR PROFIT STATUTES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2015

OMB No 1545-0047

Open to Public Inspection

Employer identification number 36-6078979 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Information about Schedule R (Form 990) and its instructions is at www./rs.gov/form990. EDUCATIONAL AND SCIENTIFIC FOUNDATION ▶ Attach to Form 990. OF THE ILLINOIS STATE MEDICAL SOCIETY

End-of-year assets e Total income চ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Part II

(a)	(q)	(၁)	©	<u>•</u>	€	6)) (2/12)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	ΕŪ	controlled	lled
of related organization		foreign country)	section	status (if section	entity	entst	у?
				501(c)(3))		Yes	No
ILLINOIS STATE MEDICAL SOCIETY - 36-2436054							
20 NORTH MICHIGAN AVE., STE 700							
CHICAGO, IL 60602	MEMBERSHIP	ILLINOIS	501(C)(6)				×
			•				

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

532161 09-08-15 LHA

28

Schedule R (Form 990) 2015

EDUCATIONAL AND SCIENTIFIC FOUNDATION OF THE ILLINOIS STATE MEDICAL SOCIETY

Page 2

36-6078979

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

Schedule R (Form 990) 2015

	(a)	(q)	<u> </u>	(P)	(e)	E	(6)	3	-	Ξ	3	3
Name, ac of relate	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate altocations?		Code V-UBI amount in box 1	General or managing partner?	General or Percentage managing ownership partner?
			country)		sections 512-514)		53555	Yes	S X	.1 (Form 1065)	Yes No	
											_	
Part IV Identi	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ganizations Taxable a poration or trust during	s a Corpo	nration or Trust Con ear.	nplete if the organization	on answered "Yes"	on Form 990, Pa	art IV, lin	e 34 b	ecause it had on	e or mo	ore related

Yes No Section 512(b)(13) controlled entity? Percentage ownership Ξ Share of end-of-year assets 6 Share of total income Type of entity (C corp, S corp, or trust) <u>e</u> Direct controlling entity 9 Legal domicile (state or foreign country) 29 Primary activity Name, address, and EIN of related organization <u>a</u>

Schedule R (Form 990) 2015

532162 09-08-15

Schedule R (Form 990) 2015 OF THE ILLINOIS STATE MEDICAL SOCIETY

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				<u>~</u>	Yes No	<u>•</u>
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	in Parts II-IV?		H	ll
a Receipt of (i) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity	X			1a	_	×
b Gift, grant, or capital contribution to related organization(s)				₽	×	اب
c Gift, grant, or capital contribution from related organization(s)				10	×	اب
d Loans or loan guarantees to or for related organization(s)				1 d	_	×
e Loans or loan guarantees by related organization(s)				10	7	ایا
f Dividends from related organization(s)				=	_	4
g Sale of assets to related organization(s)			,	19	_	×
h Purchase of assets from related organization(s)				÷	_	اید
i Exchange of assets with related organization(s)				ij.	_	×
j Lease of facilities, equipment, or other assets to related organization(s)				<u>;</u>	7	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	^	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anızatıon(s)			된	^	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			Ę	~	×
 Sharing of paid employees with related organization(s) 				9	7	×
 Permbursement paid to related organization(s) for expenses 				9		M
				₽	_	×
					-	
				+	+	,
ا				18	\dashv	اہ
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	who must complete t	his line, including covered	relationships and transaction thresholds.			1
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) ILLINOIS STATE MEDICAL SOCIETY	ጸ	34,299.ACTUAL	ACTUAL			
(2)						
(3)						Ì
(4)						
(5)						
(9)						
32163 09-08-15	30		Schedule	Schedule R (Form 990) 2015	90) 20	1 원

36-6078979

EDUCATIONAL AND SCIENTIFIC FOUNDATION

OF THE ILLINOIS STATE MEDICAL SOCIETY

Schedule R (Form 990) 2015

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

(h) (g) (h) (h)	Share of Arealing Arealing Share of Share of Share of Strick (related, unrelated, 501cl3) total er	Sections 512-514) Yes No income assets Yes No																	
								_											
(e)	Are all partners ser 501(c)(3) orgs ?	Yes No	_			_								_					
	Predominant income (related, unrelated, excluded from tax under	sections 512-514)																	
(c)	Legal domicile (state or foreign	country)																	
(a)	Primary activity			,														1	
(a) (b) (c) (d)	Name, address, and EIN of entity																		

Schedule R (Form 990) 2015

•				ONAL AND					26 6000000	
Schedule R	(Form 990) 2015 Supplemental Inform	OF	THE	ILLINOIS	STATE	MEDIC	AL	SOCIETY	36-6078979	Page 5
Part VII	Supplemental Infor	matio	n							
	Provide additional informa	tion for	respon	ses to questions	on Schedule	R (see inst	tructio	ons)		
										
									 	
									· · · · · · · · · · · · · · · · · · ·	
										
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