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A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization	SANGAMON COUNTY MEDICAL SOCIETY INC
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Number and street (or P O box, if mail is not delivered to street address)	Room/suite
1337 WABASH AVE	

City or town, state or province, country, and ZIP or foreign postal code
SPRINGFIELD, IL 62704

D Employer identification number

37-6027693

E Telephone number

(217) 525-0765

F Group Exemption
Number ▶

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶

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

I Website: ► WWW.SCMSDOCS.ORG

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

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 149,470

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	9,200
	3	Membership dues and assessments	3	112,539
	4	Investment income	4	24,540
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
Expenses	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	3,191
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	149,470
	10	Grants and similar amounts paid (list in Schedule O)	10	13,568
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	92,909
	13	Professional fees and other payments to independent contractors	13	4,720
	14	Occupancy, rent, utilities, and maintenance	14	12,832
	15	Printing, publications, postage, and shipping	15	315
	16	Other expenses (describe in Schedule O)	16	31,507
	17	Total expenses. Add lines 10 through 16 ▶	17	155,851
	Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18
19		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	158,631
20		Other changes in net assets or fund balances (explain in Schedule O)	20	3,330
21		Net assets or fund balances at end of year Combine lines 18 through 20	21	155,580

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2017)

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	180,726	22 223,043
23 Land and buildings		23
24 Other assets (describe in Schedule O)	5,902	24 17,239
25 Total assets	186,628	25 240,282
26 Total liabilities (describe in Schedule O).	27,997	26 84,702
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	158,631	27 155,580

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?
 TO PROVIDE LEADERSHIP IN HEALTHCARE THROUGH SERVICE, EDUCATION, AND ADVOCACY FOR OUR MEMBERS, PATIENTS, AND COMMUNITY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 See Additional Data Table	
(Grants \$) If this amount includes foreign grants, check here ☐	28a
29	29a
(Grants \$) If this amount includes foreign grants, check here ☐	
30	30a
(Grants \$) If this amount includes foreign grants, check here ☐	
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here ☐	31a
32 Total program service expenses (add lines 28a through 31a) 32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DR DONALD GRAHAM	1 00	0	0	0
PRESIDENT				
DR ANDREW BLAND	1 00	0	0	0
VICE PRESIDENT				
DR ELI GOODMAN	1 00	0	0	0
TREASURER/SECRETARY				
DR LAURA SHEA	1 00	0	0	0
PAST PRESIDENT				
DR STEPHEN STONE	1 00	0	0	0
DIRECTOR				
DR RAJESH GOVINDAIAH	1 00	0	0	0
DIRECTOR				
DR RODERICK MATTICKS	1 00	0	0	0
DIRECTOR				
DR SOHAIL SIDDIQUE	1 00	0	0	0
DIRECTOR				
DR SHAILESH NANDISH	1 00	0	0	0
DIRECTOR				
DR SAMEER VOHRA	1 00	0	0	0
DIRECTOR				
CAROL HARMS	40 00	60,077	0	0
EXECUTIVE DIRECTOR				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>OZMA RAHMAN</u> Telephone no ▶ <u>(217) 726-5106</u> Located at ▶ <u>1337 WABASH AVE SPRINGFIELD, IL</u> ZIP + 4 ▶ <u>62704</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
If "Yes," enter the name of the foreign country ▶ _____		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
If "Yes," enter the name of the foreign country ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	►	
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	►	
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52	Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A	►	☐ Yes ☐ No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2018-11-08 Date		
	DR ELI GOODMAN TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOSH SHUGART	Preparer's signature	Date 2018-11-06	Check ☐ if self-employed	PTIN P01420935
	Firm's name ► KERBER ECK & BRAECKEL LLP			Firm's EIN ► 43-0352985	
	Firm's address ► 3200 ROBBINS RD STE 200A SPRINGFIELD, IL 62704			Phone no (217) 789-0960	

	May the IRS discuss this return with the preparer shown above? See instructions	►	☒ Yes ☐ No
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Additional Data

Software ID:
Software Version:
EIN: 37-6027693
Name: SANGAMON COUNTY MEDICAL SOCIETY INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 SANGAMON COUNTY MEDICAL SOCIETY EDUCATES ITS MEMBERS THROUGH NEWSLETTERS, MEETINGS, CONFERENCES AND OTHER COMMUNICATION ADDITIONALLY, IT PROMOTES SEVERAL PROJECTS RELATED TO THE MEDICAL PROFESSION (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐		28a	0

TY 2017 Transfers Personal Benefits Contracts Declaration

Name: SANGAMON COUNTY MEDICAL SOCIETY INC

EIN: 37-6027693

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
SANGAMON COUNTY MEDICAL SOCIETY INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

37-6027693

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 490 DESCRIPTION ROYALTIES AMOUNT 24,050 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 24,540

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MISCELLANEOUS INCOME AMOUNT 3,191

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ADVERTISING AMOUNT 130 DESCRIPTION CONFERENCES AND MEETINGS AMOUNT 3,694 DESCRIPTION DEPRECIATION AMOUNT 2,828 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 992 DESCRIPTION HOUSE OF DELEGATES AMOUNT 3,936 DESCRIPTION INSURANCE AMOUNT 2,354 DESCRIPTION INTEREST EXPENSE AMOUNT 746 DESCRIPTION OTHER EXPENSES AMOUNT 1,648 DESCRIPTION PAYROLL TAXES AMOUNT 7,334 DESCRIPTION RENTAL EQUIPMENT AND MAINTENANCE AMOUNT 619 DESCRIPTION SUPPLIES AMOUNT 511 DESCRIPTION TELEPHONE AMOUNT 2,448 DESCRIPTION WEBSITE AMOUNT 2,817 DESCRIPTION SEMINARS AND CONTINUED EDUCATION AMOUNT 1,450 TOTAL TO FORM 990-EZ, LINE 16 31,507

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION UNREALIZED GAIN ON INVESTMENTS AMOUNT 3,330

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 550 END OF YEAR AMOUNT 3,133 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 2,172 END OF YEAR AMOUNT 2,172 DESCRIPTION CAPITAL LEASE OBLIGATION BEG OF YEAR AMOUNT 76 END OF YEAR AMOUNT 0 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 3,104 END OF YEAR AMOUNT 11,934

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 1,858 END OF YEAR AMOUNT 0 DESCRIPTION ACCRUED PAYROLL TAXES BEG OF YEAR AMOUNT 2,279 END OF YEAR AMOUNT 2,806 DESCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 23,860 END OF YEAR AMOUNT 72,260 DESCRIPTION CAPITAL LEASE OBLIGATION BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 9,636