Extended to February 15, 2017

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Contributions and grants (or Poundation Demployer identification number Demployer	Α	For th	e 2015 calendar year, or tax year beginning $$	JUN 30, 20	16				
Tillinois Bank Examiners' Education 37-122866	В	Check if	C Name of organization	D Employer ider	ntification number				
Point plasmess as P.O.box if mail is not delivered to street address) Room/suite Street plant Room/suite Room/suite Room/suite Room/suite Street plant Room/suite R		applicab	Illinois Bank Examiners' Education						
Design business as 37-1220866		Addre							
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Styr or town, state or province, country, and 2P or foreign postal code Agencies Springfield, IL 6.2786 Hole String aroup return for subcordinates? Yes X No		Final	320 W Waghington						
Springfield, IL 62786		termir		10 Page 1007 110 110 110 110 110 110 110 110 11					
State Stat				H(a) Is this a grou					
Same as C above H(b) Are all subordinates inclusions Ves No Tax-exempt status X 501(c)(3) 501(c) Ves (insert no.) 4947(a)(1) or 527 H(b) Area Assembly No H(c) Area H(c) Ar									
Taxexement status		pendi							
J. Website: ▶ N / A Kerm of crossination Trust Association Other	1	Tax-ex		a south see to decomposite and a south seed of the see					
Part Summary				AND DESCRIPTION					
Briefly describe the organization's mission or most significant activities: Education and professional									
Training activity for the examination employees of the Tllinois									
Training activity for the examination employees of the Tllinois	a)	1	Briefly describe the organization's mission or most significant activities: Educatio	n and profe	ssional				
Solution	nc								
Total number of individuals employed in calendar year 2015 (Part V, line 2a)	rna	2							
Solution	ove	3							
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 6 Total unrelated business revenue (stimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (O), line 12 7 a Total unrelated business revenue (Part VIII, line 1h) 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 . 0. 0. 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue. add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 13) 14 Benefits paid to or for members (Part IX, column (A), line 14) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 25) 16 Total fundralising seppense (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 National particles of partiny. I declare that I have examined this return including accompanyion schedules and statements, and to the best of my knowledge and belief, it is true, correct, and Primitry per preparer's name Primit and Primitry per perparer's name Primitry per perpar	ى «×	4							
8 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 revenue from Part VIII, column (A). 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, line 2g) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 1-13) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part VIII, column (A), lines 5-10) 19 Total diapenses. Add lines 13-17 (must equal Part VIII, column (A), lines 5-10) 10 Total assets (Part IX, column (A), line 11e) 10 Total fundraising expenses (Part IX, column (A), line 11e) 10 Total assets (Part IX, column (A), line 11e) 10 Total assets (Part IX, line 16) 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 26) 12 Total liabilities (Part X, line 26) 13 Grants and similar amounts paid (Part IX, line 16) 15 Signature Block 16 Primit y perparer's name 17	es 8				5 0				
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	viţi								
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a 0.				
Prior Year O. O. O.	_				7b 0.				
9	enne			Prior Year	Current Year				
9 Program service revenue (Part VIII, line 2g)		8	Contributions and grants (Part VIII, line 1h)		0.				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				24	0.				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	eve			23,25	3. 25,929.				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 .	ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.				
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 . 0 . 0 . 0 . 0 . 0 . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 . 0 . 0 . 0 . 0 . 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 0 . 0 . 0 . 0 . 17 Other expenses (Part IX, column (D), line 25) 0 . 17 Other expenses (Part IX, column (A), line 11e) 757 . 7, 274 . 18 Total expenses (Part IX, column (A), line 12e) 757 . 7, 274 . 19 Revenue less expenses. Subtract line 18 from line 12 22 , 496 . 18 , 655 . 19 Revenue less expenses. Subtract line 18 from line 12 22 , 496 . 18 , 655 . 19 Revenue less expenses. Subtract line 18 from line 19 Reginning of Current Year 3 , 319 , 542 . 3 , 338 , 197 . 19 Revenue less expenses. Subtract line 21 from line 20 3 , 319 , 542 . 3 , 338 , 197 . 19 Reginning of Current Year 3 , 319 , 542 . 3 , 338 , 197 . 19 Reginning of Current Year 3 , 319 , 542 . 3 , 338 , 197 . 19 Reginning of Current Year 3 , 319 , 542 . 3 , 338 , 197 . 19 Reginning of Current Year 3 , 319 , 542 . 3 , 338 , 197 . 19 Reginning of Current Year 3 , 319 , 542 . 3 , 338 , 197 . 19 Reginning of Current Year 3 , 319 , 542 . 3 , 338 , 197 . 19 Reginning of Current Year 3 , 319 , 542 . 3 , 338 , 197 . 19 Reginning of Current Year 3 , 319 , 542 . 3 , 338 , 197 . 19 Reginning of Current Year 3 , 319 , 542 . 3 , 338 , 197 . 19 Reginning of Current Year 3 , 319 , 542 . 3 , 338 , 197 . 19 Reginning of Current Year 3 , 319 , 542 . 3 , 338 , 197 . 19 Reginning of Current Year 3 , 319 , 542 . 3 , 338 , 197 . 19 Reginning of Current Year 3 , 319 , 542 . 3 , 338 , 197 . 19 Reginning of Current Year 3 , 319 , 542 . 3 , 338 , 197 . 19 Reginning of Current Year 3 , 319 , 542 . 3 , 338 , 197 . 19 Reginning of Current Year 3 , 319 , 542 . 3 , 338 , 197 . 19 Reginning of Current Year 3 , 319 , 542 . 3 , 338 , 197 . 19 Reginning of Current Year 3 , 319 , 542 . 3 , 338 , 197 . 19 Regi		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,25	3. 25,929.				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3 20	0.				
16a Professional fundraising fees (Part IX, column (A), line 11e)		14	Benefits paid to or for members (Part IX, column (A), line 4)		0.				
Total expenses (Part X, column (A), lines 11a-11d, 111-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Net assets or fund balances. Subtract line 21 from line 20 Total diabilities of periuty. 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 Sign Here Print/Type or print name and title Print/Type preparer's name Allen K. Murphy, CPA Firm's name Murphy & Associates CPAs LLC Firm's name Murphy & Associates CPAs LLC Firm's saddress 2501 Chatham Rd, Ste 120 Springfield, IL 62704 Phone no. (217) 544-2120	S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.				
Total expenses (Part X, column (A), lines 11a-11d, 111-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Net assets or fund balances. Subtract line 21 from line 20 Total diabilities of periuty. 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 Sign Here Print/Type or print name and title Print/Type preparer's name Allen K. Murphy, CPA Firm's name Murphy & Associates CPAs LLC Firm's name Murphy & Associates CPAs LLC Firm's saddress 2501 Chatham Rd, Ste 120 Springfield, IL 62704 Phone no. (217) 544-2120	ins(16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.				
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 3,319,542. 3,338,197. Part II Signature Block Under penalties of periuty. 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 Sign Here Marc A. Edward S. Agent for the Board of Trustees Type or print name and title Print/Type preparer's name Allen K. Murphy, CPA Firm's name Murphy & Associates CPAs LLC Firm's name Murphy & Associates CPAs LLC Firm's Elln 27-4404526 Firm's address 2501 Chatham Rd, Ste 120 Springfield, IL 62704 Phone no. (217) 544-2120	xbe	b							
19 Revenue less expenses. Subtract line 18 from line 12 22,496. 18,655.	Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	75	7. 7,274.				
Beginning of Current Year End of Year 3,319,542. 3,338,197. 20 Total assets (Part X, line 16)		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	75	7. 7,274.				
Beginning of Current Year End of Year 3,319,542. 3,338,197. 20 Total assets (Part X, line 16)		19	Revenue less expenses. Subtract line 18 from line 12	22,49	6. 18,655.				
Under penalties of periury. 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 Sign Here Marc A. Edwards Agent for the Board of Trustees	s or			The state of the s	the state of the s				
Under penalties of periury. 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 Sign Here Marc A. Edwards Agent for the Board of Trustees	sset	20	Total assets (Part X, line 16)	3,319,54	2. 3,338,197.				
Under penalties of periury. 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 Sign Here Marc A. Edwards Agent for the Board of Trustees	Ade	21	Total liabilities (Part X, line 26)						
Under penalties of periury. 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 Sign Here Signature of officer Marc A. Edwards, Agent for the Board of Trustees Type or print name and title Print/Type preparer's name Preparer's signature Allen K. Murphy, CPA Preparer Firm's name Murphy & Associates CPAs LLC Firm's address 2501 Chatham Rd, Ste 120 Springfield, IL 62704 Phone no. (217) 544-2120	20	22		3,319,54	2. 3,338,197.				
Sign Here Signature of officer Date									
Sign Here Marc A. Edwards Agent for the Board of Trustees	Und	ler pena	alties o <mark>f periury. I declare that I have examined this return, including accompanying schedules and sta</mark>	atements, and to the best	of my knowledge and belief, it is				
Here Marc A. Edwards Agent for the Board of Trustees Print/Type or print name and title	true	, corre	et, and		***				
Here Marc A. Edwards Agent for the Board of Trustees Print/Type or print name and title									
Print/Type preparer's name Allen K. Murphy, CPA Preparer Firm's name Murphy & Associates CPAs LLC Firm's address 2501 Chatham Rd, Ste 120 Springfield, IL 62704 Preparer Preparer Signature Date Check PTIN PTIN	Sig	n	The state of the s						
Print/Type preparer's name Print/Type preparer's name Allen K. Murphy, CPA Preparer Firm's name Murphy & Associates CPAs LLC Firm's address 2501 Chatham Rd, Ste 120 Springfield, IL 62704 Preparer's signature I/-/7-/4 Self-employed P00135697	Her	re	Marc A. Edwards Agent for the Board of Tr	ustees					
Paid Allen K. Murphy, CPA IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			Type or print name and title	15:					
Preparer Firm's name Murphy & Associates CPAs LLC Firm's EIN 27-4404526 Use Only Firm's address 2501 Chatham Rd, Ste 120 Springfield, IL 62704 Phone no. (217) 544-2120	_		3.00	14					
Use Only Firm's address 2501 Chatham Rd, Ste 120 Springfield, IL 62704 Phone no.(217) 544-2120				//-/7-/4 self-e					
Springfield, IL 62704 Phone no.(217) 544-2120				Firm's EIN	27-4404526				
	Use	Only							
May the IRS discuss this return with the preparer shown above? (see instructions)				Phone no.					
	Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No				

Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	_
	Provide a means through which funds may be raised, invest	
	disbursed for continuing education and professional train	ing activity
	for the examination employees of the Illinois Department	of Financial
	and Professional Regulation, Division of Banking, an agend	cy of the
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?	Ves X No
•	If "Yes," describe these changes on Schedule O.	Lies ZZ 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	
4		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, to	ne total expenses, and
	revenue, if any, for each program service reported.	
4a	/ Contract	
	Accumulated funding for the continuing education and profe	
	training of examination employees. Disbursements for confe	erence/seminar
	registration fees and travel expenses.	
		4444
4b	(Code:) (Expenses \$)
		PHWA
4c	(Code:) (Expenses \$	}
		,
	•	
4d	Other program services (Describe in Schedule O.)	V
	•	,
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 6,517.)
<u> 구단</u>	Total program service expenses 70, 317.	E 000 == -
		Form 990 (2015)

Foundation

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Form 990 (2015) Foundation
Part 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		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. 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	4		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110		X
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		Λ
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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	445		Х
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	14b		Α
	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	10		
	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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Foundation

Part IV Checklist of Required Schedules (continued)

37-1220866 Pa

Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 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 J Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period 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? 24c d Did 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 X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 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 X 26 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 X 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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note. All Form 990 filers are required to complete Schedule O

Form 990 (2015) Foundation Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990·T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f -		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		├──
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	٥-		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	อม		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			***************************************
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			000	

Form 990 (2015) Foundation

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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 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	, , , , , , , , , , , , , , , , , , , ,			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	1 1		Yes	No
1a	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.			
b	Enter the number of voting members included in line 1a, above, who are independent1b 9			
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		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	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	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
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		X
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 ► None			
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) and 990-T (Section 501(c)(3)s only) are	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X 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, and	finan	cial	
	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:			
	Mark A. Edwards, Agent of the Board - (217)785-1260			
	320 W Washington St. Springfield II. 62786			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 hours per	(do	not d	(C Posi	tion more	than	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any	offi	unte cer an	ss pe d a d	recto	is boti ir/trus	n an tee)	from	from related organizations	other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Lisa Derezinski	0.00									
Director		X				<u> </u>		0.	0.	0.
(2) Dory Rand	0.00	ļ							•	_
Director	ļ 	X						0.	0.	0.
(3) Mark Field	0.00								_	_
Director	0.00	X						0.	0.	0.
(4) James Jurgens	0.00								0	_
Director		X						0.	0.	0.
(5) Joy French Becker	0.00								^	
Director	0.00	X						0.	0.	0
(6) Andy Salk	0.00	₹,							0	
Director	0.00	X						0.	0.	0 .
(7) Tom Marantz	0.00	X						0.	0.	_
Director Constitution Constitution	0.00	-				 		0.	U •	0
(8) Alberto Paracchini Director	0.00	X						0.	0.	. 0
(9) Kerri A Doll	0.00	^							•	
Acting Chairperson	0.00	X						0.	0.	0
				ļ		ļ				
		-				<u> </u>				
W 144-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		_								
		<u> </u>								
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A)	(B) (C) (D) (E)							(F)					
	Name and title	Average	Position (do not check more than one						Reportable	Reportable		Estimated		
		hours per week		box, unless person is both an officer and a director/trustee)					compensation from	compensation from related			ount (other	of
		(list any	į						the	organizations			pensa	tion
		hours for	쁄	83			ᇐ		organization	(W-2/1099-MIS	C)		om the	
		related organizations	age	truste		93	bens		(W-2/1099-MISC)			_	inizati	
		below	Individual trustee or director	Institutional trustee		Key employee	stcom	 					l relate nizatio	
		line)	Indivi	li ŝij	Officer	Key er	Highest compensated employee	Former				- 3		
***************************************					<u> </u>	<u> </u>				****	\dashv			•••
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							4							
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				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
1b	Sub-total								0.		0.			0.
C	Total from continuation sheets to Part V	II, Section A						ightharpoons	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed a	vod.	e) wi	no r	eceived more than \$100	0,000 of reportable	!			0
	compensation from the organization								,				Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey ei	mple	oyee	, or	highest compensated e	mployee on	[
	line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4	For any individual listed on line 1a, is the si			•					-	•				
_	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com											5		х
Sec	tion B. Independent Contractors	ipiete Scriedai	. .	101 3	ucn	per	SUII					<u> </u>		<u> </u>
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	cont	racto	ors 1	that received more than	\$100,000 of comp	oens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ing v	with	or w	/ithir		year.				
	(A) Name and business	address	NT	ON	E.				(B) Description of s	services	С	(C ompe		n
			TA	OTAT	<u> </u>									
										a security day has				

2	Total number of independent contractors (including but r	tor i	imite	ed to	the	se li	sted	ı d above) who received r	nore than				
	\$100,000 of compensation from the organ	-			"		0		,	<u> </u>				
					-		-					Form	മരവ	'001E\

Form 990 (2015) Foundation
Part VIII Statement of Revenue

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		Check if Schedule O cont	ains a response	e or note to any line	in this Part VIII			
		2			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts ts	1 a	Federated campaigns	1a					
irar	b		1					
S, Č	С	E 10.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	F					
計	d	But the state of t	1 1					
i,c	е	0						
risi	f	All other contributions, gifts, gran	ts, and					
but		similar amounts not included abor						
d d	g							
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f						
				Business Code				
e	2 a							
e Ķ	b							
Se	С							
Program Service Revenue	d			1 1				
P G	е							
ሷ	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, inte	rest, and				
I		other similar amounts)		▶ [25,929.			25,929.
	4	Income from investment of ta	x-exempt bond	proceeds -			****	
1	5	Royalties	· <u>····</u>					
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	þ	Less: rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						La company de la
	b	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	d	Net gain or (loss)						
nue	8 a	Gross income from fundraisin including \$						
eve		contributions reported on line						
<u>بر</u>		Part IV, line 18		a				
Other Reven	b	Less: direct expenses						
٥	c	Net income or (loss) from fund	draising events	>				
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19		a		:		
	b	Less: direct expenses						
	С	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances		a				
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu	ie	Business Code				
	11 a			_i				
	b			1				
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
		Total revenue. See instructions.			25,929.	0.	0	. 25,929

Part IX Statement of Functional Expenses

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 response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses (C) Management and Do not include amounts reported on lines 6b, 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal 747. 747. Accounting Lobbying Professional fundraising services, See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 14 Information technology Royalties 15 16 Occupancy Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates ______ Depreciation, depletion, and amortization 22 23 Insurance Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 6,517. 6,517: a Trainging Programs Illinois Franchise Tax 10. 10. ¢ d e All other expenses 7,274. 6,517. 757. Total functional expenses. Add lines 1 through 24e 0. 25 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)

Foundation

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Form 990 (2015)
Part X Balance Sheet

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	3,317,249.	2	3,333,685 .
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			.,
Ì		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 under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ıχ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	***************************************
	_	Land, buildings, and equipment: cost or other	W-1-10 W-1-10		
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,293.	·	4,512.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,319,542.		3,338,197.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	1,100	19	***************************************
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ŋ	22	Loans and other payables to current and former officers, directors, trustees,			
itie		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here			
S		complete lines 27 through 29, and lines 33 and 34.			
ũ	27	Unrestricted net assets	2,374,331.	27	2,392,986.
39	28	Temporarily restricted net assets	945,211.	28	945,211
βĒ	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here			
ģ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et/	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	3,319,542.		3,338,197
	34	Total liabilities and net assets/fund balances	3,319,542.	34	3,338,197

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	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	<u>5,9</u>	<u> 29.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>7,2</u>	74.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>55.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,31	<u>9,5</u>	42.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u>3,33</u>	8,1	<u>97.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
	,			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			İ
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	••••	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			

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or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

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

37-1220866

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number Illinois Bank Examiners' Education Foundation

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) X A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (vi) Amount of (v) Amount of monetary (i) Name of supported (ii) EIN listed in your (described on lines 1.9 other support (see organization support (see governing document? above (see instructions)) instructions) instructions) Yes No

Schedule A (Form 990 or 990-EZ) 2015 Foundation

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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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013(d) 2014 (e) 2015 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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 5 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 amount shown on line 11. column (f) Public support. Subtract line 5 from line 4

Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources (a) 9 Net income from unrelated business activities, whether or not the

- activities, whether or not the
 business is regularly carried on

 10 Other income. Do not include gain
 or loss from the sale of capital
 assets (Explain in Part VI.)

 11 Total support. Add lines 7 through 10
- 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

	organization, check this box and stop here		 ▶l	
Se	ction C. Computation of Public Support Percentage		 	
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14		9

- 15 Public support percentage from 2014 Schedule A, Part II, line 14 15 %

 16a 33 1/3% support test 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and
- stop here. The organization qualifies as a publicly supported organization

 b 33 1/3% support test 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- - b 10% -facts-and-circumstances test 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction 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						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, 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					ļ	
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						
78	Amounts included on lines 1, 2, and					-	
	3 received from disqualified persons						
Ł	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support	T	T	7	1		
	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						***************************************
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income				**************************************		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)					ļ	
	Total support. (Add lines 9, 10c, 11, and 12.)	***************************************					
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here						>
	ction C. Computation of Pub						
	Public support percentage for 2015 (%
	Public support percentage from 2014					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20)15 (line 10c, colur	mn (f) divided by li	ne 13, column (f))	***************************************	17	%
	Investment income percentage from						%
19a	a 33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a	ınd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶□
k	33 1/3% support tests - 2014. If the	_					
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anization qualifies	as a publicly sup	ported organization	▶□
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see ir	nstructions	

Schedule A (Form 990 or 990-EZ) 2015 Foundation

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.)

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 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.
- 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.
- c 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.
- 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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 supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
20		,
_3c		
4a		
4b		
4c		
Fo		
<u>5a</u>	 	
5b 5c	<u> </u>	
	-	
_		
6		
7		
8	\vdash	
9a		
9b	 	
9c		
10a		
106		
10b n 990 or 9	90-EZ	1 2015

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trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990 or 990-EZ) 2015 Foundation		3	37-1220866 Page
Par		g Organ		
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	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		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Chack here if the current year is the organization's first as a non-functional	lly intograte	d Type III supporting or	ranization (coo

Schedule A (Form 990 or 990-EZ) 2015

instructions).

37-1220866 Page 7 Schedule A (Form 990 or 990 EZ) 2015 Foundation Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 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. Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (ii) (iii) Underdistributions Distributable **Excess Distributions** Pre-2015 Amount for 2015 Section E - Distribution Allocations (see instructions) Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: b C d From 2013 e 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) j 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 b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 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). Excess distributions carryover to 2016. Add lines 3j and 4c. Breakdown of line 7: 8 а b c Excess from 2013

Schedule A (Form 990 or 990-EZ) 2015

d Excess from 2014 e Excess from 2015 Schedule A (Form 990 or 990-EZ) 2015 Foundation 37-1220866 Page 8 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, Part VI 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.)

Illinois Bank Examiners' Education

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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Illinois Bank Examiners' Education Foundation

Employer identification number 37-1220866

Form 990, Part I, Line 1, Description of Organization Mission:
Department of Financial and Professional Regulation, Division of
Banking, an agency of the State of Illinois.
Form 990, Part III, Line 1, Description of Organization Mission:
State of Illinois.
Form 990, Part VI, Section B, line 11:
All members of the board receive copies of the Form 990 and the board
approves the submission of the Form 990.
Form 990, Part VI, Section B, Line 12c:
Each member files conflict of interest disclosure statements which are
publically available.
Form 990, Part VI, Section B, Line 15:
No person receives compensation.
Form 990, Part VI, Section C, Line 18:
Documents are available for public inspection upon request.
Form 990, Part VI, Section C, Line 19:
Documents are available for public inspection upon request.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

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

Employer identification number 37-1220866 Illinois Bank Examiners' Education Foundation Name of the organization

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Part

(g) Section 512(bX13) controlled 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. End-of-year assets <u>e</u> Total income ত্ত ਹ Legal domicile (state or foreign country) <u>©</u> Primary activity 3 Name, address, and EIN (if applicable) of disregarded entity Part II

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

Schedule R (Form 990) 2015

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Yes

entity?

Direct controlling entity

Public charity status (if section 501(c)(3))

Exempt Code

Legal domicile (state or

Primary activity

Name, address, and EIN of related organization

foreign country)

section

×

(b)(1)(A)(v)

Illinois

Government regulator

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Professional Regulation - 20-1568257, Illinois Department of Financial and

Washington St, Springfield, IL

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Schedule R (Form 990) 2015 Foundation

Part III Identification of Related Organizations Taxable as a Partnership Complete if 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.

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(i) (k) General or Percentage managing ownership yes No		
(j) General or managing partner? Yes No		
(h) (i) certain amount in box materials 20 of Schedule PV-105 No K-1 (Form 1065) Ye		
(h) Disproportionate allocations? Yes No		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from lax under sections 512-514)		
(d) Direct controlling entity		
(C) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

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. Part IV

***************************************	<u> </u>	512(b)(13) controlled entity?	Yes No	 								 d Maria de la compania del compania del compania de la compania del la compania de la compania del la compania de la compania del la comp	
	Ξ	Percentage ownership											
***************************************		Share of end-of-year											
	Œ	Share of total income											
	(e)	Type of entity (C corp, S corp,	or sload								- Virginia		
	(G	Direct controlling Type of entity Scorp, Sco				***************************************	***************		 	***************************************			
	(0)	Legal domícile C (state or foreign	country)								111.0		
	(q)	Primary activity											
	(a)	Name, address, and EIN of related organization			minum mykyk kritinium mykyk kr								The state of the s

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 Foundation

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

Page 3

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Ç,

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				>	Yes	S N
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 re	ated organizations listed	I in Parts II·IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Δı			<u>t</u>		×
b Gift, grant, or capital contribution to related organization(s)				1 p		×
(3) (3) (3) (3) (3) (3) (3) (4) (4) (4) (5) (5) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7				٤		×
	***************************************			7	<u> </u>	×
			***************************************			4:
e Loans or loan guarantees by related organization(s)				<u>е</u>		×
f Dividends from related organization(s)				#		×
- 70						×
Purchase of assets from related organization(s)				f		×
				-		×
				F		×
			`	1		Þ
K Lease of facilities, equipment, of other assets from related organization(s)				≝ ;		4 >
Ferformance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		4 >
 Performance of services or membership or fundraising solicitations by related organization(s) 	anization(s)			E		(ا
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				두	1	×
 Sharing of paid employees with related organization(s) 				9		×
p Reimbursement paid to related organization(s) for expenses						×
q Reimbursement paid by related organization(s) for expenses				=		×
				į		Þ
					-	4 Þ
s Other transfer of cash or property from related organization(s)	••••••	.,		18		◁
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete th	s line, including covered	nation on who must complete this 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	nvolved		
(1)					namendany distribution	
<u> </u>						
(3)						
(4)			TO THE THE PROPERTY OF THE PRO			
(9)						
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Illinois Bank Examiners' Education

Foundation 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) (i) (ii) (j) (k)

DisproporIdentifications? (code V-UBI) General or Percentage
allocations? of Schedule K-1 Partner? ownership

Yes No (Form 1065) Yes No end-of-year Share of assets **3** (f) Share of total income le Predominant income paries sec. (related, unrelated, sufficial) excluded from tax under sections 512-514) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2015

Schedule R	(Form 990) 2015	Illinois Foundatio	Bank	Examiners'	Education	37-1220866 Page 5
Part VII	(Form 990) 2015 Supplemental Infor	mation	<u> </u>			37 1220000 Tage 3
	Provide additional informa	ation for responses	to questic	ons on Schedule R (se	ee instructions).	

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