Form	990-T	E	xempt Organization Bus	ine	ss Income T	ax Return	-	2008 No. 1545-0687
	tment of the Treasury		(and proxy tax und			**** 20 201	, 0,	pen to Public Inspection for
Intern A	al Revenue Service (77) Check box if	Forc	alendar year 2009 or other tax year beginning JUL 1 Name of organization (Check box if name of			D	Employ	pen to Public Inspection for 11(c)(3) Organizations Only er identification number rees' trust, see instructions
	address changed						for Bloc	k D on page 9.)
	xempt under section	Print	ILLINOIS PSYCHOLOGICAL					
X]501(C)(6)	or Type	Number, street, and room or suite no. If a P.O. bo			1 (See Ins	ed business activity codes tructions for Block E
<u></u>	408(e) 220(e)	11	203 NORTH WABASH AVENU	E,	NO. 1404		on page	9.)
<u></u>	530(a)		City or town, state, and ZIP code			Ļ	410	60.0
	_529(a)		CHICAGO, IL 60601			<u> </u> 5	418	00
	ok value of all assets end of year		exemption number (See instructions for Block F.)		7	T 1.044 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		7
at	-	G Check	organization type 🕨 🔝 501(c) corporatio	n L	501(c) trust	401(a) trust	L	☐ Other trust
11.0-	334,669.		Survey and the survey	EE	STATEMENT 1			
			ary unrelated business activity. Soration a subsidiary in an affiliated group or a pare		······		Yes	X No
			ifying number of the parent corporation.	116-2000	idiary controlled group:		1 163	
I Th	a booke are in care of	alla la cità	ERRENCE J. KOLLER, EXE	CUT	IVE DIR Teleph	one:nimber ► (3	12)	372-7610
E		*******	le or Business Income		(A) Income	(B) Expenses		(C) Net
	Gross receipts or sale			T				
	Less returns and allo		c Balance▶	10				
2			A, line 7)	2				
3	= :		om line 1c	3				
4 a			h Schedule D)	- 4a				
b	Net gain (loss) (Form	4797. P	art II, line 17) (attach Form 4797)	46	COPY			
c	Capital loss deduction	n for trus	IS	46				
5	Income (loss) from p	artnersh	ps and S corporations (attach statement)	5	DMPANY, LTD.			
6	Rent income (Schedu	ıle C) 🔒	ps and S corporations (attach statement) Certifieit Pu	6	COURTINGS			
7	Unrelated debt-finance	ed incor	ne (Schedule E)	7				
8			nd rents from controlled organizations (Sch. F)	8	· · · · · · · · · · · · · · · · · · ·	-		
9	·		n 501(c)(7), (9), or (17) organization				1	
			.,	9				
10			me (Schedule I)	10	0 413	1 62	<u>, </u>	A 770
11			J)	11	9,413. 479.		4.	4,779. 479.
12			s; attach schedule.) STATEMENT 3	12	9,892.	4,63	1	5,258.
13			gh 12t Taken Elsewhere (See instructions fo	13			7 .	3,230.
Ба	(Except for	contribu	itions, deductions must be directly connected	d with	the unrelated business	s income.)		
14	Compensation of off	ficers, di	ectors, and trustees (Schedule K)		.,,,,		14	
15	-						15	
16	· ·						16	
17							17	
18	·						18	
19			to a house of the order of the state of the				19 20	
20			instructions for limitation rules.)				8888E	
21	Depreciation (attach	ronn 45 ac bemie	62) Schedule A and elsewhere on return		272	2	2b	
22 23			Schaube A and elsewhere on return				23	
23 24			npensation plans				24	
25			inpensation plans				25	
26			hedule I)				26	
27			nedule J)				27	4,779.
28	•		edule)				28	
29	·		es 14 through 28				29	4,779.
30			come before net operating loss deduction. Subtrac				30	479.
31			(limited to the amount on line 30)			1	31	479.
32			come before specific deduction. Subtract line 31 fa				32	0.
33			\$1,000, but see instructions for exceptions.)				33	1,000.
34			ble income. Subtract line 33 from line 32. If line			he smaller	2/1	0 -

Part II	Tax Computation								
35	Organizations Taxable as Corpora	itions. See ins	structions for tax o	omputation					
	Controlled group members (section	ns 1561 and 1	1563) check here	■ S	ee instructions ar	ıd:			
a	Enter your share of the \$50,000, \$	25,000, and \$	9,925,000 taxable	income bra	ckets (in that orde	er):			
	(1) \$	(2) \$) \$				*
	Enter organization's share of: (1)	Additional 5%	tax (not more than	1 \$11 ,750)	\$				
	(2) Additional 3% tax (not more th								
	ncome tax on the amount on line (35c	0.
	Trusts Taxable at Trust Rates. See								
	Tax rate schedule or		•				>	36	
	Proxy tax. See instructions						_	 	
	Alternative minimum tax							-	
	Fotal. Add lines 37 and 38 to line 3								0.
annonnoncobeciones	Tax and Payments	JC OF JC, WIR	chever applies .				***************************************		
	Foreign tax credit (corporations att	ach Form 111	Q: tructo attach Co	rm 1116\		40a			
						FT		\dashv	
	Other credits (see instructions)						***************************************	\dashv	
	General business credit. Attach For					1 1		-	
	Credit for prior year minimum tax (•					400	
	Total credits. Add lines 40a throug							1 1	0.
41	Subtract line 40e from line 39		7	7	7	00		41	
	Other taxes. Check if from: Fo							1 1	0.
						T	• • • • • • • • • • • • • • • • • • • •	. 43	
	Payments: A 2008 overpayment co					1 1			
	2009 estimated tax payments						···	-	
	Fax deposited with Form 8868							-	
	Foreign organizations: Tax paid or					1 1		+	
	Backup withholding (see instruction	ns)	***************************************			446		-	
f	Other credits and payments:	ļļ	Form 2439						
	Form 4136		Other		Total ►	44f		_	
	Fotal payments . Add lines 44a thro	ough 44f	,						
	Estimated tax penalty (see instructi								
	F ax due . If line 45 is less than the t								0.
48	Overpayment. If line 45 is larger th	an the total of	f lines 43 and 46,	enter amour	t overpaid			48	0.
49	Enter the amount of line 48 you wa	nt: Credited to	o 2010 estimated	tax 🕨			nded 🕨	49	
Part V									
1 At an	y time during the 2009 calendar ye	ear, did the org	ganization have an	interest in o	o <mark>r a s</mark> ignature or c	other authority over	a financial a	account	Yes No
(banl	, securities, or other) in a foreign o	country? If YE	S, the organization	n may have	to file Form TD F 9	90-22.1, Report of	Foreign Ban	k and	X
Finar	cial Accounts. If YES, enter the na	me of the fore	ign country here	>		***************************************			
2 During	the tax year, did the organization receives see page 5 of the instructions for other	e a distribution f forms the organi	from, or was it the gra ization may have to fil	ntor of, or trar e	sferor to, a foreign tr	ust?			X
	the amount of tax-exempt interest								
Sched	ile A - Cost of Goods S	old. Enter	method of inven	tory valuat					
				,	N/I	<i>A</i>			
1 Inver	tory at beginning of year	1		6 Inve	ntory at end of ye	ar		. 6	
	nases	2		7 Cos	t of goods sold. S	Subtract line 6			4
3 Cost	of labor	3		fron	line 5. Enter here	e and in Part I, line	2	. 7	
4 a Addir	ional section 263A costs	4a		8 Dot	he rules of section	n 263A (with respe	ct to		Yes No
	costs (attach schedule)	4b		7		acquired for resale			
	. Add lines 1 through 4b	5		- 1 ' '	organization?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Х
0 1010	Linder panelties of periuna I declare th	hat I have exami	ned this return, includ	ling accompar	wing schedules and	statements, and to the	best of my k	nowledge and	belief, it is true,
Sign	correct, and complete. Declaration of	preparer (other t	than taxpayer) is base	d on all inform	nation of which prepa	arer has any knowledge	9. [liscuss this return with
Here					EXECUTI	CVE DIREC	TOR	-	hown below (see
	Signature of officer		Date		Title			instructions)?	X Yes No
· · · · · · · · · · · · · · · · · · ·	Preparer's				Date	Check if	F	reparer's S	SN or PTIN
Paid	signature				07/16/1	L O self-employed			202483
Preparer	S Firm's name (or T.F.AF'	DAHT	AND COME	ANY.	LTD.			6-274	
Use Only			ERO AVEN				Phone no		
	address, and ZIP code CHICA		60646				1		545-9090
	E code CHILCH	yv, ii	. 00040			****			Form 990-T (2009)

Form **990-T** (2009)

923721 01-08-10

Schedule C - Rent Inc	come (Fr	om Real	Proper	rty and	l Personal	Proper	ty L	ease	d With F	eal P	ropei	rty) (see instr. on pg 18))
1. Description of property									•				
(1)													_
(2)													_
(3)								······································	· · · · · · · · · · · · · · · · · · ·				
(4)								1					
/al Francisco and accord	2.				nd nomanal prance	to liftha non	nontan		3(a) Deduc	tions dire	ctly con	nected with the income in	
(a) From personal property rent for personal proper 10% but not more	rty is more than		(u) r	of rent for p	al and personal property (if the percentage or personal property exceeds 50% or if rent is based on profit or income)					o) (attach schedule)			
(1)									······································	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(2)													
(3)													_
(4) Total		0.	Total	·				0.		·····			_
(c) Total income. Add totals of c		and 2(b). Ent	er				•		(b) Total de Enter here and	on page		0	`
here and on page 1, Part I, line 6				 (C	i4	1	7)	0.	Part I, line 6, c	olumn (B)	🏲	0	
Schedule E - Unrelate	ed Dept-I	rinanced	Incom	le (See	Instructions of	n page 18	a)		3 Deduction	e directly	connacte	ed with or allocable	
					2. Gross Inc		_			o debt-fir			
1. Description	Description of debt-financed property				or allocable financed ((a) s	Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)	
(1)													_
(2)		~											_
(3)									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				_
(4)													
debt on or allocable to debt-financed of property (attach schedule) debt-		debt-finan	adjusted ba locable to ced proper schedule)		6. Column by colu		d		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of column 3(a) and 3(b))		
(1)						Ç	%						
(2)						. 0	%		,,,,,,			***	
(3)							%						
(4)		·				<u></u>	%						
									re and on page e 7, column (A)		P.	nter here and on page 1, art I, line 7, column (B).	
Totals		,			,,		>				0.		-
Total dividends-received dedu	ctions includ	led in column	8				·····				. ▶	. 0	
Schedule F - Interest,	Annuitie	es, Royalt	ies, ar		nts From Controlled O			rgar	uzations	(See i	nstruct	tions on page 20)	
1. Name of controlled organiz	ation	2. Employer ider numb		Net ur	3. nrelated income see instructions)	Total	4, of spe nents r	cifled nade	5. Part o included organization	n the con	trolling	6. Deductions directly connected with income In column 5	-
							·	_,					
<u>(1)</u>													
(2)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>									····			
(4)	·	<u> </u>		<u> </u>									
Nonexempt Controlled Organ	nizations	L		1		J		····				<u></u>	
7. Taxable Income 8. Net unrelated income (see instructions)		(ioss)	9. To	tal of specified pay made	ments	10. f	the conti	rt of column 9 that is included e controlling organization's gross income		11. w	11. Deductions directly connected with income in column 10		
(1)													_
(2)													_
(3)													
(4)													
							Enter l		5 and 10, i on page 1, Pa (A).	rt I,	Enter h	olumns 6 and 11. here and on page 1, Part I, column (B).	
rotals .										0.		0	ł.

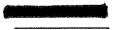
v						
	IS PSYCHOLO				ness of the second of the seco	Page
Schedule G - Investme	ent Income of a tructions on page 20)	Section 501(c)	(/), (9), or (1/) Or	ganization		
	ription of Income		2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)						
(2)						
(3)						
(4)						
•			Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1 Part 1, line 9, column (B).
Totals		>	0.			0.
Schedule I - Exploited (see instru	Exempt Activity actions on page 21)	Income, Othe	er Than Advertisi	ng Income		
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.	Panis and the second se			0
Schedule J - Advertisi	ng Income (see ir	structions on pag	e 21)			
Part I Income From	Periodicals Repo	orted on a Coi	isolidated basis			
1 - Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) NEWSLETTERS &						
(2) BROCHURES	9,413	3. 4,634	l .	0.	13,929.	
(3)						
(4)						
Totals /carp/ to Part II line /5\\	▶ 9,413	4,634	4,779		13,929.	4,779
Part II Income From	Periodicals Repo	orted on a Sep	oarate Basis (For e	each periodical liste	d in Part II, fill in	
1. Name of periodical	2. Gross		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	9,413	3. 4,634	1.			4,779
	Enter here and o page 1, Part I, line 11, col. (A).	Enter here and o page 1, Part I, line 11, col. (B).	n			Enter here and on page 1, Part II, line 27.

4,634. 9,413.

1. Name	2. Title	Percent of time devoted to business	Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form **990-T** (2009)

4,779.



FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT

.

ADVERTISING AND SPONSORSHIP IN QUARTERLY NEWSLETTER AND ANNUAL CONVENTION TO FORM 990-T, PAGE 1

FOOTNOTES	STATEMENT 2
NET OPERATING LOSS CARRYFORWARD TO 6/30/00	50,843.
AMOUNT UTILIZED YEAR ENDED 6/30/00 AMOUNT UTILIZED YEAR ENDED 6/30/01	<975.> <520.>
AMOUNT UTILIZED YEAR ENDED 6/30/02 AMOUNT UTILIZED YEAR ENDED 6/30/03	<925.> <4,212.>
AMOUNT UTILIZED YEAR ENDED 6/30/04 AMOUNT UTILIZED YEAR ENDED 6/30/05	<2,479.> <9,846.>
AMOUNT UTILIZED YEAR ENDED 6/30/06 AMOUNT UTILIZED YEAR ENDED 6/30/07	<9,298.> <3,715.>
AMOUNT UTILIZED YEAR ENDED 6/30/08 AMOUNT UTILIZED YEAR ENDED 6/30/09	<320.> <1,380.>
NET OPERATING LOSS CARRYFORWARD TO 6/30/11	17,173.

ILLINOIS PSYCHOLOGICAL ASSOCIATION

FORM 990-T	OTHER	INCOME	STATEMENT	3
DESCRIPTION			AMOUNT	
MAILING LISTS/LABELS			47	9.
TOTAL TO FORM 990-T, PAGE	GE 1, LINE 12	•	47	9.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Seduence No

FORM 990 PAGE 10 ILLINOIS PSYCHOLOGICAL ASSOCIATION Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000. 3 3 Threshold cost of section 179 property before reduction in limitation Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 -. If married filing separately, see instructions (b) Cost (business use only) (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax year 15 15 Property subject to section 168(f)(1) election 16 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) 846. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and year placed (d) Recovery (f) Method (d) Depreciation deduction (a) Classification of property in service 19a 3-year property 5-year property 7-year property d 10-year property 15-year property е f 20-year property S/L 25-year property 25 yrs. g 27.5 yrs. S/L h Residential rental property S/L 27.5 yrs. MM MM S/L 39 yrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a S/L Class life S/L 12 yrs. b 12-year 40 yrs. MM S/L 40-year Part IV Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 846. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the 23

portion of the basis attributable to section 263A costs

ILLINOIS PSYCHOLOGICAL ASSOCIATION

división o	and the same	discount of the last		
			Page	2

	ertain other vehicles, cellular		
recreation or ar			

	Note: For any through (c) of	vehicle for w. Section A, all	hich you are u of Section B,	sing the and Sec	standard tion C if	l mileag applica	ie rate d ble.	r dedu	cting lease	expens	ė, comp	leteonly	24a, 24	ib, colum	ins (a)
	Section A	- Depreciati	on and Other	Informa	ation (Ca	ution:	See the	instruc	ctions for li	mits for	passeng	er autor	nobiles)		
24	a Do you have evidence to	support the bu	siness/investme	nt use cla	aimed?	Y	es 🗀	No	24b if "Y	es," is th	e evider	nce writt	en?] Yes [No
	(a) Type of property (list vehicles first)	(b) Date placed in	(c) Business/ investment	ot	(d) Cost or her basis		(e) sis for dep siness/inv use on	estment	(f) Recovery period	Me	g) thod/ ention	Depre	h) ciation action	Elec sectio	n 179
		service	use percenta	10						ــــــــــــــــــــــــــــــــــــــ				CL	st
25	Special depreciation all										0.5				
	used more than 50% in							*****	************		. 25	L		\$5550000000000000000000000000000000000	<u> </u>
<u>26</u>	Property used more that	in 50% in a c	1							T	·	1			·
		 		%					<u> </u>	ļ				ļ	
		1 : :		%		_									
		<u> </u>		%						<u> </u>		1		J	
<u>27</u>	Property used 50% or I	ess in a qual	1						1	0.0		·			
		1 : : -	 	%						S/L·				+	
		<u> </u>		%						S/L·					
		<u> </u>	I	%						S/L·				-	
	Add amounts in column	• • •										L	- 00	0000180000000	
<u>29</u>	Add amounts in column	ı (i), line 26. E											. 29		
					3 - Infor										
lf y	mplete this section for verous provided vehicles to you provided vehicles to you	ehicles used your employe	by a sole prop es, first answ	er the qu	artner, o ıestions	r other ' in Secti	"more to	han 5% see if	6 owner," o you meet a	or related an excep	d person otion to d	ompleti	ng this :	section fo	or
	36 Verilloidos.			T .			* 1	T	(-)	Ι,			e)	(1	·
	Total business/investment miles driven during the			1 -	a)		(b) biola	1,	(c) /ehicle		d) nicle	1 '	oj nicle	Veh	
30			_	Ver	nicle	Vei	hicle		vernicie	Vei	IICIG	, ve:	IICIO .	V ÇII	ICIC
	year (do not include com	-													
	Total commuting miles							-							
32	Total other personal (no		•												
33	Total miles driven durin	g the year.													
	Add lines 30 through 32	2					т			ļ	T		T		
34	Was the vehicle availab	ole for person	al use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?				ļ		ļ								
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or relat	ed person?							_	<u> </u>		ļ			
36	Is another vehicle availa	able for perso	onal												
	use?			L						<u></u>	<u></u>	<u> </u>	<u></u>	<u> </u>	
	swer these questions to		- Questions t you meet an e										re not n	nore than	5%
	ners or related persons. Do you maintain a writte		towant that ar	obibito o	il parcar	nal uga	of vehic	de inc	duding co	mmuting	by you	r		Yes	No
37	employees?														
20	Do you maintain a writte														
30	employees? See the ins														
20	Do you treat all use of v														
	Do you provide more th														
40	the use of the vehicles,														
44	Do you meet the require	and retain in	ernina auslifie	d autom	obile de	monstra	ation us	 :e?		******					
41	Note: If your answer to												.,,,,,,,,,,,,		
	art VI Amortization	07, 00, 00, 4	0, 0, 41 13 10	<u>.,,</u>	or compr	0.000		<u> </u>						************	<u> </u>
8.5	(a)			(b)		(c)			(d)		(e)			(f)	
	Description of	of costs	Date	amortization begins		Amortiza amoun	ble it		Code section		Amortiza period or per		,A 1	mortization or this year	
10	Amortization of costs th	nat hedins di	ıring valır 200		ar:						,				
-+2	7 and alation of coats th	,at acynta dt	100.		 	, , , , , , , , , , , , , , , , , , ,			·			T			
					<u> </u>										
42	Amortization of costs th	at henan he	fore valir 2000	i i i I tax ves	r					<u>L</u> .		43			
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