Form <b>990</b>
Department of the Treasury
Internal Revenue Service

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



The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012							
B	Check if applicab	C Name of organization	D Employer identi	fication number			
	Addre	* ILLINOIS PSYCHOLOGICAL ASSOCIATION					
	Name Chang	e Doing Business As	36-0	36-6109267			
	Initial return		uite E Telephone numb	er			
	Termi	07 EAST MADISON STREET	(31)	2)372-7610			
	Amen	City or town, state or country, and ZIP + 4	G Gross receipts \$	511,423.			
	Applic tion pendi		H(a) Is this a group				
	pendi	F Name and address of principal officer: TERRENCE J. KOLLER, PE		Yes X No			
		203 NORTH WABASH AVENUE, CHICAGO, IL 6060					
				a list. (see instructions)			
		te: WWW.ILLINOISPSYCHOLOGY.ORG	H(c) Group exempti				
			Year of formation: 1936	M State of legal domicile: IL			
Pa	art I	Summary		<b>n</b>			
e	1	Briefly describe the organization's mission or most significant activities: PROFESSI	UNAL BUSINES	>			
Activities & Governance							
veri		Check this box if the organization discontinued its operations or disposed of the asymptotic field of the asymptotic back (for the field of the second secon		13SSETS.			
ĝ		Number of voting members of the governing body (Part VI, line 1a)					
Š		Number of independent voting members of the governing body (Part VI, fine 1b)					
tië		Total number of individuals employed in calendar year 2011 (Part V, line 2a)					
ţż	6	Total number of volunteers (estimate if necessary)					
Ac		Total unrelated business revenue from Part VIII, column (C), line 12					
	d	Net unrelated business taxable income from Form 990-T, line 34		,			
		Contraits diago and grants (Dark ) (III line 1 h)	Prior Year 198,930	Current Year 412,386.			
Revenue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	81,965				
ver		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4 550				
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	282,453				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		-			
		Benefits paid to or for members (Part IX, column (A), line 4)	0	. 0.			
ş		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	140,063	. 146,464.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0	. 0.			
épe		Total fundraising expenses (Part IX, column (D), line 25)					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	199,216				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	339,279				
	19	Revenue less expenses. Subtract line 18 from line 12	<56,826	.> 77,905.			
Net Assets or Fund Balances			Beginning of Current Year	End of Year			
sets alan	20	Total assets (Part X, line 16)	303,780	=			
t As	21	Total liabilities (Part X, line 26)	1,094				
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	302,686	. 380,591.			
Pa	art II	Signature Block					
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of r	ny knowledge and belief, it is			

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		.D., EXECUTIVE DIRECTOR	Date
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Date	Check PTIN
Paid	DAVID B. DAHL	09/	25/12 <sup>if</sup> P00202483
Preparer		OMPANY, LTD.	Firm's EIN 36-2742663
Use Only	Firm's address 6160 N. CICERO A	VENUE, SUITE 410	
	CHICAGO, IL 6064		Phone no. 773-545-9090
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
120001 01 0		a see the concrete instructions	Earm 990 (2011)

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Forn	990 (2011) ILLINOIS PSYCHOLOGICAL ASSOCIATION	36-6109267	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission: NONE		
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	XNo
~	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	L <b>∆</b> No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	9
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
	others, the total expenses, and revenue, if any, for each program service reported.	5	
4a	(Code:) (Expenses \$) (Reven	ue\$	
	CONVENTIONS AND WORKSHOPS SERVICE OUTPUT: PARTICIPANTS		
	ATTENDANCE/INVOLVEMENT PROVIDES INFORMATION AND LECTURE	S REGARDING	
	PROFESSION		
4b	(Code:) (Expenses \$ including grants of \$) (Reven NEWSLETTER AND PUBLICATIONS SERVICE OUTPUT: NEWSLETTERS		- FS
	PROVIDE INFORMATION, NEWS UPDATES, AND DEVELOPMENTS IN		
4c	(Code: ) (Expenses \$ including grants of \$ ) (Reven	ue \$	
	CONSUMER INFORMATION/CONTINUING EDUCATION SERVICE OUTPU		NTS
	INVOLVEMENT PROVIDES INFORMATION TO PUBLIC REGARDING FI	ELD OF	
	PSYCHOLOGY.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 🕨		
		Form <b>9</b>	<b>90</b> (2011)

Form	990 (2011) ILLINOIS PSYCHOLOGICAL ASSOCIATION 36-6109	267
Pa	TIV Checklist of Required Schedules	
		<b></b>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	
2	If "Yes," complete Schedule A	1 2
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2
U	public office? If "Yes," complete Schedule C, Part I	3
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
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5
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
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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8
9	Did the organization report an amount in Part X, line 21; 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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10
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.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a
b	<b>5</b>	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b
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
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
f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>
	Schedule D, Parts XI, XII, and XIII	12a
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, XII, and XIII is optional	12b
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a
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	14b
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	10
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16
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? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18
19		19
20a	complete Schedule G, Part III	20a

Yes

No

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20a 20b

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**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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Part IV	Che

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art IV	Checklist of

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Form 990 (2011)		PSYCHOLOGICAL	ASSOCIATION			
Part IV Checklist of Required Schedules (continued)						

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
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 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		x
36	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	36		
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	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Form	990 (2011) ILLINOIS PSYCHOLOGICAL ASSOCIATION		36-6109	267	F
Pa			00 0100	,	<u> </u>
	Check if Schedule O contains a response to any question in this Part V				
			0		Yes
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	le 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 retur			2b	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	S)			
				3a	X
				3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•		
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	4a	
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accoun	ts.		
				5a	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible?			<u>6a</u>	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
_	were not tax deductible?			6b	
7	Organizations that may receive deductible contributions under section 170(c).			7a	
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				
	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	lired	_	
	to file Form 8282?			7c	
	If "Yes," indicate the number of Forms 8282 filed during the year		0	-	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f	
	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at				
9	Sponsoring organizations maintaining donor advised funds.	any uno	during the year!	8	
	Did the organization make any taxable distributions under section 4966?			9a	
a b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
ь 10	Section 501(c)(7) organizations. Enter:			30	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
D	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		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	
	<b>Note.</b> 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				

Page 5

No

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14a

14b

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13b

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand \_\_\_\_\_\_ 13c

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

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203 N. WABASH,

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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 to any guestion in this Part VI	

ſ	V	
I	X	

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	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 independent	1b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		anv other	1		
-	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the			<u> </u>		
Ū	of officers, directors, or trustees, or key employees to a management company or other person?		-	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
				6		X
6	Did the organization have members or stockholders?			0		- 23
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•		7-		х
	more members of the governing body?			7a		
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					v
-	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	-	v	
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 rea	ched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the form?	11a	X	
b	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		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	əs," de	escribe			
	in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approva	ıl by ir	Idependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		Х
b	Other officers or key employees of the organization			15b		Х
	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 arranger	nent v	/ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n'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 $\blacktriangleright  extsf{IL}$					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T	(Sect	ion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict	of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.		····; u			
20	State the name, physical address, and telephone number of the person who possesses the books ar	nd rec	ords of the organiza	tion: 🖿	•	
-	TERRENCE J. KOLLER, EXECUTIVE DIR - (312) 372-7610					

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question 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.

L Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week							from	from related	other
	(describe hours for	lirecto				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			nsated		(W-2/1099-MISC)	(112/1000/11100)	organization
	organizations	trust	al tru		yee	ompe		, , , , , , , , , , , , , , , , , , ,		and related
	in Schedule	Individual trustee or director	In stitutional trustee	er	Key employee	Highest compensated employee	Former			organizations
	O)	lndi	Insti	Officer	Key	High emp	For			
(1) PATRICIA FARRELL, PH.D,										
PRESIDENT	0.00							0.	0.	0.
(2) BETH ROM-RYMER, PH.D.										_
PRESIDENT-ELECT	0.00							0.	0.	0.
(3) BLAINE LESNIK, PSY.D.										_
SECRETARY	0.00							0.	0.	0.
(4) LYNDA BEHRENDT, PSY.D. R.N.										_
DIRECTOR OF PROFESSIONAL A	20.00							18,462.	0.	0.
(5) ARMAND CERBONE, PH.D. ABPP										_
APA COUNCIL REPRESENTATIVE	0.00							0.	0.	0.
(6) TERRENCE J. KOLLER, PH.D.										_
EXECUTIVE DIRECTOR	40.00							86,719.	0.	0.
(7) JOSEPH E. TROIANI, PH.D.										
TREASURER	0.00							0.	0.	0.
		<u> </u>								
		<u> </u>	<u> </u>	<u> </u>	<u> </u>					·
										- 000

Form 990 (2011)

	S PSYCHO								36-6	109	267	Paç	ge <b>8</b>
Part VII Section A. Officers, Directors, 1	rustees, Key E	mplo	oyee			High	lest	Compensated Employ	ees (continued)				_
(A) Name and title	(B) Average hours per week	rage Position (do not check more than one box, unless person is both an			th an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		Est amo	(F) imated ount of other	f		
	(describe hours for related organizations in Schedule O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fro orga and	ensati om the nizatio relate nization	on d
		<u> </u>											
		<u> </u>											
								105,181.		0.			0.
1b Sub-total c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A							0.		0.			0.
2 Total number of individuals (including but compensation from the organization			-			e) wl	ho re	eceived more than \$100	),000 of reportab	le		Yes	( No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for								highest compensated e			3		x
4 For any individual listed on line 1a, is the and related organizations greater than \$	50,000? If "Yes,	ole co , " <i>co</i>	omp Imple	ensa ete S	atior S <i>che</i>	n ano e <i>dul</i> e	d otl e <i>J f</i>	her compensation from for such individual	the organization		4		x
5 Did any person listed on line 1a receive of rendered to the organization? If "Yes," co Section B. Independent Contractors					-			ed organization or indiv			5		Х
<ol> <li>Complete this table for your five highest the organization. Report compensation for</li> </ol>										npens	ation fr	om	
(A) Name and busine					VILII			(B) Description of s		с	(C) Compen		
										1			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 990 (2011)

**Statement of Revenue** 

er similar amounts)		►	855.		
ome from investment of tax					
alties		► 🛛			
	(i) Real	(ii) Personal			
ss rents					
s: rental expenses					
ntal income or (loss)					
rental income or (loss)					
ss amount from sales of	(i) Securities	(ii) Other			
ets other than inventory					
s: cost or other basis					
sales expenses					
n or (loss)					
gain or (loss)					
ss income from fundraising	events (not				
uding \$	of				
tributions reported on line	1c). See				
t IV, line 18	а а				
s: direct expenses					
income or (loss) from fund	raising events				
ss income from gaming act	ivities. See				
t IV, line 19					
s: direct expenses					
income or (loss) from gami					
ss sales of inventory, less r	eturns				
l allowances					
s: cost of goods sold					
income or (loss) from sales		▶			
Miscellaneous Revenue	)	Business Code			
other revenue					
al. Add lines 11a-11d					
al revenue. See instructions.		🕨	511,423.	0.	7,26
			9		

## ILLINOIS PSYCHOLOGICAL ASSOCIATION

36-6109267 Page 9

					(A)	(B)	(C)	<b>(D)</b> Revenue
					Total revenue	Related or	Unrelated	excluded from
						exempt function revenue	business revenue	tax under sections 512,
(0, (0)								513, or 514
ants		Federated campaigns		225 001				
ភ្លិត្ត		Membership dues		335,801.				
fts,		Fundraising events						
		Related organizations						
Sir		Government grants (contributio						
ler utio	t	All other contributions, gifts, grants		76,585.				
l₫		similar amounts not included above		10,303.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in lines 1			412,386.			
<u> </u>	11	Total. Add lines 1a-1f		Business Code	112/0000			
ø	2 a	CONVENTION AND W	WORKSHO	541800	90,921.			90,921.
, zic		NEWSLETTER ADVER		541800	6,862.		6,862.	
Sei	c	LABELS/DIRECTORY		541800	399.		399.	
eve	d							
Program Service Revenue	е							
۲	f	All other program service reven	านอ					
		Total. Add lines 2a-2f			98,182.			
	3	Investment income (including c	dividends, intere	est, and				
		other similar amounts)		►	855.			855.
	4	Income from investment of tax-	-exempt bond p	proceeds				
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	· · · · · · · · · · · · · · · · · · ·						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	D	Less: cost or other basis						
	-	and sales expenses						
		Gain or (loss)						
		Net gain or (loss) Gross income from fundraising		·····				
nue	0 0	including \$	, i					
evel		contributions reported on line 1						
Ř		Part IV, line 18	,					
Other Reven	b	Less: direct expenses						
0		Net income or (loss) from fundr						
		Gross income from gaming act						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gamir						
	10 a	Gross sales of inventory, less re	eturns					
		and allowances	а					
	b	Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sales	of inventory	►				
		Miscellaneous Revenue	)	Business Code				
	11 a							
	b							
	C							
		All other revenue						
	е 12	Total. Add lines 11a-11d		····· 5	511,423.	0.	7,261.	91,776.

## 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) but are not required to complete columns (B), (C), and (D).

	Charle if Cahadula O contains a response				
	Check if Schedule O contains a response	(Å)	<u>is Part IX</u> <b>(В)</b>	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	105,180.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	38,646.			
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,638.			
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	6,400.			
d	Lobbying	80,933.			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	36,083.			
12	Advertising and promotion	60,976.			
13	Office expenses	00,970.			
14	Information technology				
15	Royalties	29,351.			
16 17		2,601.			
18	Travel Payments of travel or entertainment expenses	270011			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	62,168.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	8,542.			
24	Other expenses. Itemize expenses not covered 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 0.)				
a L					
b					
C A					
d					
	All other expenses	433,518.			
<u>25</u> 26	Joint costs. Complete this line only if the organization	• 0 I C F			
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				
				I	- 000 (

	ILLINOIS	PSYCHOLOGICAL	ASSOCIA	LION	
Sheet					
					(A)

					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			301,380.	2	379,845.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, di					
		employees, and highest compensated employe					
		of Schedule L		5			
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c	)(3)(B),	and contributing			
		employers and sponsoring organizations of sect					
ú		employees' beneficiary organizations (see instru		6			
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D			0		0
		Less: accumulated depreciation			0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			2,400.	14	2,400.
	15	Other assets. See Part IV, line 11			303,780.	15 16	382,245
	16 17	Total assets. Add lines 1 through 15 (must equ			505,700.	10	502,245
	18	Accounts payable and accrued expenses				18	
	19	Grants payable Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
s	21	Escrow or custodial account liability. Complete			21		
Liabilities	22	Payables to current and former officers, director					
abil		highest compensated employees, and disqualifi					
Ë		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	<b>17-2</b> 4	). Complete Part X of			
		Schedule D			1,094.	25	1,654.
	26	Total liabilities. Add lines 17 through 25			1,094.	26	1,654.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
es		lines 27 through 29, and lines 33 and 34.					000 504
anc	27	Unrestricted net assets			302,686.	27	380,591.
Bal	28	Temporarily restricted net assets				28	
pu	29					29	
Ë.		Organizations that do not follow SFAS 117, c	heck ł	ere 🕨 🛄 and			
Net Assets or Fund Balances		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ec				31	
Net	32	Retained earnings, endowment, accumulated in			302,686.	32	380,591.
_	33 34	Total net assets or fund balances			303,780.	33 34	382,245
	134	TOTATIADUITIES AND HELASSETS/TUND DAIANCES				J 34	

Form **990** (2011)

Form 990 (	2011)
Part X	Balance
-	

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Form	1990 (2011) ILLINOIS PSYCHOLOGICAL ASSOCIATION	36-610	9267	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			23.
2	Total expenses (must equal Part IX, column (A), line 25)	2			18.
3	Revenue less expenses. Subtract line 2 from line 1	3			05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30	2,6	86.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	38	0,5	91.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	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				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	<b>990</b> (	2011)

Department of the Treasury

# **Supplemental Financial Statements**

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



Interna	Revenue Service		Пэрссион
Nam	e of the organization ILLINOIS PSYCHOLOO		Employer identification number 36-6109267
Pa	rt I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	
De			
Pa			rt IV, line 7.
1	Purpose(s) of conservation easements held by the organiza		
	Preservation of land for public use (e.g., recreation or Protection of natural habitat	Preservation of an histo	prically important land area
	Preservation of open space		ed historic structure
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of	a conservation easement on the last
2	day of the tax year.	limed conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
c	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, r		
	year		
4	Number of states where property subject to conservation e	asement is located ►	
5	Does the organization have a written policy regarding the policy	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes 📖 No
6	Staff and volunteer hours devoted to monitoring, inspecting	-	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h	
9	In Part XIV, describe how the organization reports conserva		
	include, if applicable, the text of the footnote to the organize	ation's financial statements that describes th	ne organization's accounting for
Pa	conservation easements. rt III Organizations Maintaining Collections	of Art Historical Treasures or Oth	per Similar Assets
I U	Complete if the organization answered "Yes" to Forn		
1a	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet works of art
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that desc		
b	If the organization elected, as permitted under SFAS 116 (A		and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition,		
	relating to these items:	· · ·	
	(i) Revenues included in Form 990, Part VIII, line 1		• •
2	If the organization received or held works of art, historical tr		
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	the following amounts required to be reported under SFAS Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X	· · · · · · ·	

Sche	dule D (Form 990) 2011 ILLINOI	S PSYCHOLO	GICAL ASSO	OCIATION		36-6	10926	7 Page <b>2</b>
	t III Organizations Maintaining C	ollections of A	t, Historical Ti	reasures, or C	Other Si			
3	Using the organization's acquisition, accessi		-				1	,
	(check all that apply):	,	, ,	5	5			
а	Public exhibition	d	Loan or exc	change programs				
b	Scholarly research	e						
c	Preservation for future generations	-						
4	Provide a description of the organization's co	lections and explain	n how they further t	the organization's	exempti	ournose in P	art XIV	
5	During the year, did the organization solicit o							
Ū	to be sold to raise funds rather than to be ma						Yes	
Par	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Par					1000,1 4111	,, oi	
-1a	Is the organization an agent, trustee, custodi	an or other intermed	liarv for contributio	ns or other assets	s not inclu	Ided		
	on Form 990, Part X?						Yes	
b	If "Yes," explain the arrangement in Part XIV							
	······································				Г		Amoun	t
с	Beginning balance					1c		-
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIV.							
	t V Endowment Funds. Complete it		swered "Yes" to Fo	orm 990, Part IV, I	ine 10.			
		(a) Current year	(b) Prior year	(c) Two years ba	-	nree years bac	k (e) Fou	r years back
1a	Beginning of year balance							
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr		e (line 1a. column (	a)) held as:				
a	Board designated or quasi-endowment	,	%					
b	Permanent endowment	%	-7					
c	Temporarily restricted endowment	%						
•	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should							
3a	Are there endowment funds not in the posse		ation that are held a	and administered	for the or	ganization		
	by:	5				0		Yes No
	(i) unrelated organizations							
	(ii) related organizations							
b	If "Yes" to 3a(ii), are the related organizations							
4	Describe in Part XIV the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Description of property	(a) Cost or o			c) Accum		<b>(d)</b> Boo	k value
		basis (investn	hent) basis	(other)	deprecia	ation		
	Land							
	Buildings							
	Leasehold improvements							
d	Equipment							
-	Other			39,868.	39	,868.		0.
Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c).)		🕨 📘		0.

Schedule D (Form 990) 2011

Schedule D (	(Form	990)	2011	

# ILLINOIS PSYCHOLOGICAL ASSOCIATION her Securities. See Form 990. Part X. line 12.

Part VII Investments - Other Securities. See	e Form 990, Part X, line 12	2.	i ago -
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of Cost or end-of-yea	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)(G)			
(H)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 1	3.	
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15,	·	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6) (7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)		
Part X Other Liabilities. See Form 990, Part X,			
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) ACCRUED PAYROLL TAXES		1,654.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11) Total. (Column (b) must equal Form 990, Part X, col (B) line	25)	1,654.	
Total. (Column (b) must equal Form 990, Part X, col (B) line Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to Fin 48 (ASC 740).	the organization's financial stater	nents that reports the organization's liability for t	uncertain tax positions under

Sche	dule D (Form 990) 2011 ILLINOIS PSYCHOLOGICAL ASSO	CIATI	ON	36-62	109267	Page <b>4</b>
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	<b>Financial Stat</b>			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments					
5	Donated services and use of facilities					
6	Investment expenses					
7	Prior period adjustments					
8	Other (Describe in Part XIV.)					
9	Total adjustments (net). Add lines 4 through 8					
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and					
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per	Return		
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV.)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
с	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme				า	
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
b	Prior year adjustments					
с	Other losses					
d	Other (Describe in Part XIV.)					
е	Add lines 2a through 2d					
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIV.)					
С	Add lines 4a and 4b					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		
	t XIV Supplemental Information					

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990 or 990-I	EZ)	Sup	plementa Complete to pr	ovide	informatio	on for r	esponses	to speci <sup>.</sup>	fic questions		Z	OMB No. 1545-0047
Department of the Treasur Internal Revenue Service	ry		Form 990	or 990	0-EZ or to ► Attach to	o provid o Form	le any add 990 or 990	itional in )-EZ.	formation.			Open to Public Inspection
Name of the organi	zation	IL	LINOIS PS	SYCH	IOLOGI	CAL	ASSOC	CIATI	ON	E	imploye 36-6	r identification number
FORM 990,	PART	VI,	SECTION	в,	LINE	11:	FORM	990	IS REVI	EWEI	) BY	THE
MANAGING E	BOARD	MEM	BERS PRIC	DR 1	ro fii	ING	•					
FORM 990,	PART	VI,	SECTION	C,	LINE	19:	PUBLI	C DI	SCLOSUR	EIS	S NOI	REQUIED.
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# Depreciation and Amortization Detail FORM 990 PAGE 10

Asset					Description	of property		
Number	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	FURNITU						L	
	VARIES		5.00		12,032.		12,032.	0.
2			) FIX1 10.00					0.
- 3	10,15,92 FILING (			1 / 1	1,851.		1,851.	0.
5		4200DE		17	1,898.		1,898.	0.
4	COMPUTE	R EQUI	PMENT	1	• 1			
	12 <sub>0</sub> 1 <sub>9</sub> :				1,022.		1,022.	0.
5					2 0 0 7 1		2 0 0 7 1	0
6		4200DE			2,987.		2,987.	0.
Ŭ	0 2 2 3 9				2,742.		2,742.	0.
7	COMPUTEI	R EQUI	PMENT	1	•			
		7200DE			2,076.		2,076.	0.
8	COMPUTE				2 002		2 002	0
	0FFICE 1			L /	3,883.		3,883.	0.
9	VARIE;			17	1,639.		1,639.	0.
10	OFFICE I			<u>  +                                   </u>	270001		1,000	
		4200DB		17	1,285.		1,285.	0.
11	TELEPHO							
10		5200DE		17	3,499.		3,499.	0.
12		6200DE		17	4,954.		4,954.	0.
	* TOTAL						1,5510	
					39,868.	0.	39,868.	0.
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116261 05-01-11		1	1	# -	Current year section 179	(D) - Asset dispo	osed	
55 51 11						17.1		

Description         Cand proxy tax under section (6033(e))         Description (2011)         Canding JUN 30, 2012         Description (2011)         Description (2011) <thdescription (2011)<="" th="">         Descrin (1011)         &lt;</thdescription>	Form <b>99</b>	0-Т	E	xempt Org	anization Bus	sine	ss Income T	ax Returr	ן ו	OMB No. 1545-0687
A       The Desk tox 4 addres shanged and see instructors.)       Percent under sector 3 addres shanged and see instructors.)       Percent under sector 3 addres shanged and see instructors.)       Percent under sector 3 addres shanged and see instructors.)       Percent under sector 3 addres shanged addres ad	Department o Internal Rever	of the Treasury nue Service	For c	alendar vear 2011 or other t		2	011 and ending T	TIN 30 20	12	Open to Public Inspection for
B         Emerget under section (1) (2) (2) (2) (0) (1) (0) (1) (1) (2) (2) (0) (1) (0) (1) (2) (2) (0) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2					· · · · · ·			011 507 20	DEmplo (Empl	oyer identification number oyees' trust, see
IX       10 (c) (6 )	B Exempt	under section	Print	ILLINOIS B	SYCHOLOGICAL	L AS	SOCIATION		3	6-6109267
□ 00000       □ 000000       □ 000000       □ 00000000       □ 000000000000000000000000000000000000			or						E Unrela	ated business activity codes
□ 00A       □530(a)       □City or twm, stati, and ZP code       541800         0 00A       □508(a)       □CitCAGO_IIL 6 00503       541800         0 00A       □S08(a)       □CitCAGO_IIL 6 00503       541800         0 00A       □S08(a)       □Diration target statistical and statistica			Туре						(See Ir	Istructions.)
6 Book value of all assets [       Erroup seemption number (See instructions.)       ▲         9 Book value of all assets [       Erroup seemption number (See instructions.)       ▲         10 Describe the organization type ▲       X SIG (So partial on So addidation and affiliated group or a parent-subsidiary controlled group?       ▲       ●         10 During the txxyer, was the coprocession a subsidiary in a affiliated group or a parent-subsidiary controlled group?       ▲       (X) No         11 Two: enter of ▶       TERENCE J.       X KOLLER, EXECUTIVE DIR Telephone number ▲ (312) 372-7610         Part J       Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a Gross registor subs:       Cost of goods soid (Schedule A) Ime 7).       2       2       2       2         2 Cost of goods soid (Schedule A) Ime 7).       2       2       2       2       2       2         3 Gross profit. Subract Ime 2 Iron Ime 1c       4       <	408A	A 530(a)		City or town, state, an	d ZIP code				1	
at end of year       380,591.               Check organization type             Xp 501(c) corporation             SEE STATEMENT 1           I During the taxyear, was the corporation a subdialary in an affiliated group or a paren-cubiciding controlled group?             Yes             "It have an and directifying numbe of the parent corporation             Xp 501(c) trust             Ves             Xp 1             Xp the corporation a subdialary in an affiliated group or a parent-cubiciding controlled group?             Yes             Xp 1             Xp the corporation             Xp 1             Xp the corporation             Xp the corporation             Xp the corporation             Xp the corporation a subdialary in an affiliated group or a parent-cubiciding controlled group?             Yes             Xp the corporation a subdialary in an affiliated group or a parent-cubiciding controlled group?             Yes             Xp the corporation             Xp the corporation or subdialary in an affiliated group or a parent-cubiciding controlled group?             Xp the corporation or a under corporation             (A) income             (A) incom	529(	(a)		CHICAGO, 1	L 60603				541	800
380,591.       Enclose digitation (ppc)					, , , , , , , , , , , , , , , , , , , ,					
IP Describe the organization's primary unrelated business activity.       SEE       STAPEMENT       1         ID uring the tax year, was the corporation a subsidiary in an affiliated group or a parent: subsidiary controlled group?       IV Tes       (312)       372-7610         IP active the name and identifying number of the parent corporation.       IV Tes       (312)       372-7610         IP active the name and identifying number of the parent corporation.       (A) Income       (B) Expenses       (C) Net         1a Gross receips or sales       (A) Income       (B) Expenses       (C) Net       (C) Net         1a Gross receips or sales       (a) a       (a) a       (a) a       (b) Expenses       (C) Net         2 Cost of goods soid (Schedule A, line 7)       (b) Expenses       (c) Net       (c) Net       (c) Net         2 Cost of goods soid (Schedule D)       (a)			G Check	c organization type 🕨	<b>X</b> 501(c) corporation	on L	501(c) trust	401(a) trust	L	Other trust
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?         ▶ ↓ Yes         ↓ Xes           If Yes, 'tentr the name and identifying number of the parent corporation. ▶         ↓ The books are in care of ▶ TERRENCE J. KOLLER, EXECUTIVE DIR telephone number ▶ (312) 372-7610           Part II         Unrelated Trade or Business Income         (A) Income         (B) Expenses         (C) Net           1a Gross receipts or sales         c data or         2	-	-								
If "exist enter the name and identifying number of the parent corporation. ►         J The books are in care of ► TERRENCE J. KOLLER, EXECUTIVE DIR Telephone number ► (312) 372-7610         Part II Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a Gross receipts or sales       cBalance       (1)       (C) Net       (C) Net         2 Cost of goods suld (Schedule A, line 7)       cBalance       1       (2)       (2					, , , , , , , , , , , , , , , , , , ,					
J The books are in care of ▶ TERRENCE J. KOLLER, EXECUTIVE DIR Telephone number ▶ (312) 372-7610         Part II       Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         Ia Gross receipts or sales						ent-subs	idiary controlled group?	► L	Ye	s 🔼 No
Part I       Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a Gross recipts or sales       b less returns and allowances       c									212	372_7610
1a       Gross receipts or sales       c       Blance       1         2       Cost of goods sold (Schedule A, line 7)       c       Blance       2         3       Gross profit. Subtact line 2 from line to       3       Blance       2         4a       Capital gain net income (attach Schedule D)       4a       4a       4a         4a       Capital loss deduction for trusts       5       6       5         5       Income (sos) from Arthersbics and Scoreporations (attach Schedule D)       6       6       7         6       Interest, and remts from controlled organizations (Sch. F)       8       6       7       7         9       Investment income (Schedule C)       7       7       7       7       7       7         10       Capital exempt activity income (Schedule E)       9       10       6       7       7       3999						2001				
b Less returns and allowances       c Balance       1c         2 Oost of goods sold (Schedule A, line 7)       2         3 Gross profit. Subtrat line 2 from line to       3         4a Capital gain net income (attach Schedule D)       4a         5 Income (loss) from partnerships and Scoreporations (attach statement)       4a         6 Rent income (Schedule C)       6         7 Uurelated debt-financed income (Schedule E)       7         8 Interest, annulites, royalles, and reins from controlled organizations (Sch. F).       8         9 Investment income of a section 501(c)(7), (9), or (17) organization       9         10 Exploited exempt activity income (Schedule I)       10         11 Advertising income (Schedule I)       11         12 Advertising income (Schedule I)       11         13 Total, Combine lines 3 through 12       12         14 Compensation of officienty, incomes (Schedule I)       13         15 Regaris and wages       14         16 Regaris and maintenance       16         17 Regaris and maintenance       16         18 Bad debts       17         19 Couplend exempt activutions, datch schedule K)       18         19 Couplend exempt activutions, datch schedule K)       14         19 Couplend exempt activutions, datch schedule K)       14         <					noome				•	(0) 1101
2       Cost of goods solf (Schedule A, line 7)       2       2       3         3       Gross profit. Subtract line 2 from line 1c       3       3       3         4       Capital gain net income (attach Schedule D)       44       44       44         5       income (schedule C)       46       46       46       46         5       income (schedule C)       6       46 <td< td=""><td></td><td>-</td><td></td><td></td><td>c Balance</td><td>10</td><td></td><td></td><td></td><td></td></td<>		-			c Balance	10				
3       Gross profit. Subtract line 2 from line 1c       3         4a       Capital gain ent income (attach Schedule D)       4a         b       Net gain (loss) (Form 477, Part II, line 17) (attach Form 479?)       4b         c       Capital loss deduction for trusts       5         5       Income (Oss) from partnerships and S corporations (attach statement)       6         6       B				A. line 7)						
4a       Capital gain net income (attach Schedule D)       4a         b       Net gain (toss) (Form 4797, Part II, IIIn 17) (attach Form 4797)       4a         c       Capital loss) (Form 4797, Part II, IIIn 17) (attach Form 4797)       4a         5       Income (loss) (form partnerships and S corporations (attach statement)       5         6       Rent income (Schedule C)       7         1       Unrelated debt-financed income (Schedule F)       8         9       Interest, annulties, royalties, and rents from controlled organizations (Sch. F).       8         9       Interest, annulties, royalties, and rents from controlled organizations (Sch. F).       8         10       Exploited exempt activity income (Schedule J)       10         11       A vertising income (Schedule J)       11       6, 862.       4, 590.       2, 2722.         12       Other income (Schedule J)       11       6, 862.       4, 590.       2, 671.         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductors.)       (Except for contributions, deductions must be directly connected with the unrelated business income.)       14         15       Salaries and wages       16       15         16       Engle and maintenance       16       18         17       Interest (attach schedule)						3				
b       Net gain (loss) (form 4797, Part II, line 17) (attach Form 4797)       40         c       Capital loss deduction for trusts       0         f       Income (Cshedule C)       5         f       Income (Schedule C)       5         f       Interest, numties, royalites, and reits from controlled organizations (Sch. F).       6         f       Interest, numties, royalites, and reits from controlled organizations (Sch. F).       6         f       Interest, numties, royalites, and reits from controlled organizations (Sch. F).       7         f       Interest, numties, royalites, and reits from controlled organizations (Sch. F).       8         f       Interest, numties, royalites, and reits from controlled organizations (Sch. F).       9         f       Comparison of a section 501(c)(7), (9), or (7) organization (Sch. F).       9         f       Comparison income (Schedule I)       10       6         f       Advertising income (Schedule I)       11       6, 8662.       4, 590.       2, 2722.         g       Total. Combine lines 3 through 12       12       399.       399.       399.         f       Total. Combine lines 3 through 12       11       6, 70.       14       15         f       Compensation of officers, directors, and trustees (Schedule K)       14 <td< td=""><td></td><td></td><td></td><td></td><td></td><td>4a</td><td></td><td></td><td></td><td>·</td></td<>						4a				·
5       Income (loss) from partnerships and S corporations (attach statement)       5         6       Interest, annuities, royalties, and rents from controlled organizations (Sch, F).       7										
5       Income (loss) from partnerships and S corporations (attach statement)       5         6       Interest, annuities, royalties, and rents from controlled organizations (Sch, F).       7	<b>c</b> Capita	al loss deductio	n for trus	sts		4c				
7       Unrelated debt-financed income (Schedule E)       7       8         8       1       7       8       1         9       Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)       9       9         10       Exploited exempt activity income (Schedule J)       10       11       6, 862.       4, 590.       2, 272.         11       10       11       6, 862.       4, 590.       2, 272.         12       Other income (See instructions, attach schedule.)       STATEMENT 3       12       399.       399.         13       7, 261.       4, 590.       2, 671.          Part III       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)       (Except for contributions, deductions must be directly connected with the unrelated business income.)         14       Compensation of officers, directors, and trustes (Schedule K)       14       16         15       16       16       16       16         16       18       17       18       18       17         17       18       Interest (attach schedule)       19       20       20       20         21       22       22       22       22       22       22       24       24						5				
8       Interest, annuities, royalties, and rents from controlled organizations (Sch. F)       8         9       Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 0)       9         10       Exploited exempt activity income (Schedule 1)       10         11       Advertising income (Schedule J)       11       6, 862.       4, 590.       2, 272.         10       11       6, 862.       4, 590.       2, 272.       12       399.       399.         13       7, 261.       4, 590.       2, 671.       13       7, 261.       4, 590.       2, 671.         Part II       Deductions Not Taken Elsewhere (See instructions of relimitations on deductions.)       (Except for contributions, deductions must be directly connected with the unrelated business income.)       14       15         14       Compensation of officers, and trustes (Schedule K)       14       15         15       5alaries and wages       16       18         16       18       17       18       18       17         17       18       18       12       20       20       20       20       20       20       20       20       20       20       20       20       20       20       20       20       20       20		,								
9       Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 6)       9         10       Exploited exempt activity income (Schedule 1)       10         11       Advertising income (Schedule J)       11       6, 862.       4, 590.       2, 272.         12       399.       399.       399.       399.       399.         13       Total, Combine lines 3 through 12       12       399.       399.       399.         13       Total, Combine lines 3 through 12       13       7, 261.       4, 590.       2, 671.         Part II       Deductions. Not Taken Elsewhere (See instructions for limitations on deductions.)       (Except for contributions, deductions must be directly connected with the unrelated business income.)       14       15         14       Compensation of officers, directors, and trustees (Schedule K)       14       15         15       Interest (attach schedule)       17       18         16       17       18       19       20         17       Interest (attach Schedule)       20       20       20         18       19       22       22       20       20         19       22       23       24       26       27       2, 2, 272.         10       Depreci										
(Schedule G)       9         10       Exploited exempt activity income (Schedule I)       10         11       Advertising income (Schedule J)       11       6,862.       4,590.       2,272.         11       1       6,862.       4,590.       2,272.       399.       399.       399.         13       Total. Combine lines 3 through 12       12       399.       399.       399.         13       Total. Combine lines 3 through 12       7,261.       4,590.       2,671.         Part III       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)       14         14       15       5       6       6       6       7       7       7       16       6						8				
10       Exploited exempt activity income (Schedule 1)       10       11       6,862.       4,590.       2,272.         12       Other income (Schedule 4)       11       6,862.       4,590.       2,272.         12       Other income (Schedule 4)       12       399.       399.       399.         13       Total. Combine lines 3 through 12       13       7,261.       4,590.       2,671.         Part II       Deductions Not Taken Elsewhere (see instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)       14         15       Salaries and wages       16       16         16       Repairs and maintenance       16       17         17       18       19       20       20         18       Interest (attach schedule)       19       20       21         19       22       22       23       24         20       23       24       23       24         21       23       24       24       25         22       22       23       24       24       25         23       24       25       25       25       25       25       25       25					, .					
11       Advertising income (Schedule J)       11       6,862.       4,590.       2,272.         12       Other income (See instructions; attach schedule.)       STATEMENT 3       11       6,862.       4,590.       2,272.         13       Total. Combine lines 3 through 12.       12       399.       399.       399.         13       Total. Combine lines 3 through 12.       11       6,862.       4,590.       2,272.         Part II       Deductions Not Taken Elsewhere (see instructions for limitations on deductions.)       (Except for contributions, deductions must be directly connected with the unrelated business income.)       14         14       Compensation of officers, directors, and trustees (Schedule K)       14       15         16       Repairs and maintenance       16       17         18       Interest (attach schedule)       18       19         20       Charitable contributions (See instructions for limitation rules.)       20       20         21       22a       22b       22b       22b         22       22b       22b       22b       22b         23       24       26       27       2, 272.         24       26       27       2, 272.       27       2, 272.         24 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>										
12       Other income (See instructions; attach schedule.)       STATEMENT 3.       12       399.       399.         13       Total. Combine lines 3 through 12       13       7, 261.       4, 590.       2, 671.         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)       14         14       5       Salaries and wages       16         17       Bad debts       17       18         18       Interest (attach schedule)       19       20         19       20       20       21       22         20       21       22       22       22         21       Less depreciation claimed on Schedule A and elsewhere on return       23       24       24         22       Less depreciation claimed on Schedule 1       25       26       27       2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2							6 862	1 5	00	2 272
13       Total. Combine lines 3 through 12								4,5		
Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)         14       Compensation of officers, directors, and trustees (Schedule K)         15       Salaries and wages         16       16         17       18         18       17         18       18         19       20         11       20         12       20         13       18         14       18         15       18         16       17         17       18         18       19         20       20         21       20         22       22         22       22         23       24         24       25         25       26         26       27         27       2, 2, 272.         28       29         29       2, 2, 272.         20       29         21       29         22       29         23       29         24       26 <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td>4.5</td> <td>590.</td> <td></td>						_		4.5	590.	
14       Compensation of officers, directors, and trustees (Schedule K)       14         15       Salaries and wages       15         16       Repairs and maintenance       16         17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19         20       20       20         21       20       20         22       Less depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       23         22       Less depreciation claimed on Schedule I)       25         23       Depletion       26         24       25       26         25       26       27       2, 2, 2, 72, 2, 2, 72, 2, 2, 72, 2, 2, 72, 2, 2, 72, 2, 2, 72, 2, 2, 72, 2, 2, 2, 72, 2, 2, 2, 72, 2, 2, 2, 72, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2		Deductio	ons No	ot Taken Elsewh	ere (See instructions f		,			
15       Salaries and wages       15         16       Repairs and maintenance       16         17       Bad debts       17         18       Interest (attach schedule)       18         19       Zases and licenses       19         20       Charitable contributions (See instructions for limitation rules.)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b         23       Zeta       Zeta       Zeta         24       Zeta       Zeta       Zeta         25       Zeta       Zeta       Zeta       Zeta         26       Zeta       Zeta       Zeta       Zeta       Zeta         25       Zeta       Zeta <td></td> <td>(Except for</td> <td>contribu</td> <td>utions, deductions m</td> <td>ust be directly connecte</td> <td>ed with</td> <td>, the unrelated busines</td> <td>s income.)</td> <td></td> <td></td>		(Except for	contribu	utions, deductions m	ust be directly connecte	ed with	, the unrelated busines	s income.)		
15       Salaries and wages       15         16       Repairs and maintenance       16         17       Bad debts       17         18       Interest (attach schedule)       18         19       Zases and licenses       19         20       Charitable contributions (See instructions for limitation rules.)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b         23       Zeta       Zeta       Zeta         24       Zeta       Zeta       Zeta         25       Zeta       Zeta       Zeta       Zeta         26       Zeta       Zeta       Zeta       Zeta       Zeta         25       Zeta       Zeta <td>14 Com</td> <td>pensation of off</td> <td>ficers, dii</td> <td>rectors, and trustees (S</td> <td>chedule K)</td> <td></td> <td></td> <td></td> <td>14</td> <td></td>	14 Com	pensation of off	ficers, dii	rectors, and trustees (S	chedule K)				14	
16       Repairs and maintenance       16         17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules.)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25         26       Excess exempt expenses (Schedule I)       26         27       Ex, 2, 2, 272.       20         28       Other deductions, add lines 14 through 28       29       2, 2, 272.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       3999.         31       3999.       31       3999.       31       3999.         31       Net operating loss deduction (limited to the amount on line 30)       32       0.       33       1,000.         33       1,000.       33       1,000.       33       1,000.       33<									15	
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19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules.)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25         26       Excess exempt expenses (Schedule I)       26         27       2, 2, 272.       20         28       Total deductions (attach schedule)       28         29       2, 2, 272.       30         30       399.       31       399.         31       399.       31       399.         32       Or.       33       1, 000.         33       1, 000.       33       1, 000.									17	
20       Charitable contributions (See instructions for limitation rules.)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25         26       27       2,272.         27       2,2772.       2,2772.         28       29       2,2772.         29       2,2772.       30         30       399.       31         31       399.       31         32       0.       33         33       1,000.       33         33       1,000.       33										
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34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller										
									33	I,000.
of zero or line 32									34	0.

40a Foreign tax credit (corporations atta	ach Form 1118; trusts attach Form 1116)	40a	
	· · · · · · · · · · · · · · · · · · ·		
c General business credit. Attach For			
d Credit for prior year minimum tax (a	attach Form 8801 or 8827)		
e Total credits. Add lines 40a throug	ıh 40d		
1 Subtract line 40e from line 39			
12 Other taxes. Check if from: 🗌 Fo	orm 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form	8866	Other (att
3 Total tax. Add lines 41 and 42			
	redited to 2011		I
c Tax deposited with Form 8868		44c	
	withheld at source (see instructions)		
e Backup withholding (see instruction	ns)	44e	
f Credit for small employer health ins	surance premiums (Attach Form 8941)		
g Other credits and payments:	Form 2439		
Form 4136	Other Total	► 44g	l
45 Total payments. Add lines 44a thro	pugh 44g		
46 Estimated tax penalty (see instruction	ons). Check if Form 2220 is attached 🕨 🛄		

Form 990-T (2011)	ILLINOIS	PSYCHOLOGICAL	ASSOCIATION	
Part III Ta	x Computatior	า		

Controlled group members (sections 1561 and 1563) check here **See instructions** and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(3) \$

35 Organizations Taxable as Corporations. See instructions for tax computation.

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)

(2) \$

(1) \$

	(2) A	Additional 3% tax (not more tha	an \$100,000) 🚊		\$					
	c Incon	me tax on the amount on line 3	4					► 35c		0.
36	Trust	<b>ts Taxable at Trust Rates</b> . See	instructions for	r tax computatio	n. Income tax on the	e amount on line	34 from:			
		Tax rate schedule or	Schedule D (Fo	rm 1041)			🕨	▶ 36		
37	Proxy	y tax. See instructions					🕨	▶ 37		
38		native minimum tax						38		
39		I. Add lines 37 and 38 to line 3	5c or 36, which	ever applies				39		0.
		Tax and Payments						_		
		gn tax credit (corporations atta						_		
	<b>b</b> Other	r credits (see instructions)				40b		_		
		ral business credit. Attach For						_		
		it for prior year minimum tax (a						<b>—</b>		
		I credits. Add lines 40a throug								
41		ract line 40e from line 39 r taxes. Check if from: 🔛 Fo	4055			5 0000		. 41		0.
42										0.
43							1	43		0.
44		nents: A 2010 overpayment cr						_		
		estimated tax payments						_		
		leposited with Form 8868 gn organizations: Tax paid or v						-		
		up withholding (see instruction						-		
		it for small employer health ins						-		
				orm 2439				-		
		Form 4136			Т	otal ► 44g				
45		l payments. Add lines 44a thro				-		45		
46	Fstim	nated tax penalty (see instruction	nns) Check if Fr	orm 2220 is attai	ched			. 46		
47		due. If line 45 is less than the to						▶ 47		0.
48	Uveri	DAVMENT. IT line 45 is larger in	an the total of lu	nes 43 and 46, e	nter amount overpai	id		▶   48		0.
48 49		<b>payment.</b> If line 45 is larger the <sup>r</sup> the amount of line 48 you war				id	Refunded	<ul> <li>▲ 48</li> <li>▲ 49</li> </ul>		0.
49	Enter	the amount of line 45 is larger that Statements Regardin	nt: Credited to 2	2012 estimated	tax 🕨		Refunded			0.
49 Part	Enter	the amount of line 48 you war Statements Regardii	nt: Credited to 2 ng Certain	2012 estimated Activities a	and Other Info	ormation (se	Refunded e instructions)	▶ 49	Ye	
49 Part 1 At	Enter V	<sup>r</sup> the amount of line 48 you war	nt: <b>Credited to 2</b> ng Certain ar, did the organ	2012 estimated Activities a nization have an	tax and Other Info interest in or a signa	<b>ormation</b> (se ature or other aut	Refunded e instructions)	► 49 account	Ye	
49 Part 1 At (b	Enter V S any tim ank, sec	the amount of line 48 you war <b>Statements Regardii</b> ne during the 2011 calendar ye curities, or other) in a foreign c	nt: Credited to 2 ng Certain ar, did the organ country? If YES,	2012 estimated Activities a nization have an the organization	tax and Other Info interest in or a signa may have to file For	<b>ormation</b> (se ature or other aut rm TD F 90-22.1,	Refunded e instructions)	► 49 account	Ye	
49 Part 1 At (b 2 Fi	Enter V any tim ank, sec nancial A ring the t	the amount of line 48 you war <b>Statements Regardin</b> the during the 2011 calendar ye curities, or other) in a foreign c Accounts. If YES, enter the nar tay year did the organization receive	nt: Credited to 2 ng Certain ar, did the organ country? If YES, ne of the foreign a distribution for	2012 estimated Activities a nization have an the organization n country here	tax and Other Info interest in or a signa may have to file For	ormation (se ature or other aut rm TD F 90-22.1,	Refunded e instructions) hority over a financial Report of Foreign Ba	► 49 account nk and		es No
49 Part 1 At (b 2 Fi D, if	Enter V S any tim ank, sec nancial A uring the t YES, see i	the amount of line 48 you war <b>Statements Regardii</b> ne during the 2011 calendar ye curities, or other) in a foreign c	nt: Credited to 2 ng Certain ar, did the organ country? If YES, ne of the foreign e a distribution fror inization may have	2012 estimated Activities a nization have an the organization n country here m, or was it the gran to file.	tax and Other Info interest in or a signa may have to file For htor of, or transferor to, a	ormation (se ature or other aut rm TD F 90-22.1,	Refunded e instructions) hority over a financial Report of Foreign Ba	► 49 account nk and		es No X
49 Part 1 At (b 2 Fi D 1 3 Er Sche	Enter V S any tim ank, sec nancial A uring the t YES, see nter the a edule A	the amount of line 48 you war Statements Regardin the during the 2011 calendar ye curities, or other) in a foreign c Accounts. If YES, enter the nar tax year, did the organization receive instructions for other forms the organization received amount of tax-exempt interest A - Cost of Goods S	nt: Credited to 2 ng Certain ar, did the organ ountry? If YES, ne of the foreign e a distribution fror nization may have received or acc old. Enter me	2012 estimated Activities a nization have an the organization n country here m, or was it the gran to file.	tax and Other Info interest in or a signa may have to file For htor of, or transferor to, a tax year \$	ormation (se ature or other aut rm TD F 90-22.1, a foreign trust?	Refunded e instructions) hority over a financial Report of Foreign Ba	► 49 account nk and		es No X
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49 Part 1 Ai (b 2 Fi D 0 1 Fi 3 Er <b>Sche</b> 1 In 2 Pi 3 Ca 4 a Ai 6 O 5 Ta	Enter V S any tim ank, sec nancial A ring the t verts, see in heter the a curves, see in heter the a curves output the a	the amount of line 48 you war <b>Statements Regardin</b> the during the 2011 calendar ye curities, or other) in a foreign of Accounts. If YES, enter the nar tax year, did the organization receive instructions for other forms the organization amount of tax-exempt interest <b>A - Cost of Goods S</b> at beginning of year s bor I section 263A costs ts (attach schedule)	nt: Credited to 2 ng Certain ar, did the organ country? If YES, me of the foreign e a distribution fror inization may have received or acc Old. Enter me 1 2 3 4a 4b 5 nat I have examined	2012 estimated Activities a nization have an the organization n country here m, or was it the gran m, or was it the gran to file. Trued during the f ethod of invent	tax ► and Other Info interest in or a signa may have to file For nor of, or transferor to, a tax year ► \$ cory valuation ► 6 Inventory at 6 7 Cost of good from line 5. E 8 Do the rules of property proo the organization ng accompanying schemers	Drmation (se ature or other aut rm TD F 90-22.1, a foreign trust? N/A end of year is sold. Subtract Enter here and in of section 263A ( duced or acquire tion?	Refunded te instructions) thority over a financial Report of Foreign Bar Report of Foreign Bar line 6 Part I, line 2 (with respect to d for resale) apply to ts, and to the best of my l	<ul> <li>49</li> <li>account nk and</li> <li></li> <li>6</li> <li></li> <li>7</li> </ul>		es No X X X s No X
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49 Part 1 Ai (b 2 Fi D 0 1 In 2 Pi 3 Cr 4 a Ar b O 5 Tr Sign Here Paid Prep Use	Enter V S any tim ank, sec nancial A ring the t vertices, see in heter the a could be ventory urchases ost of lab dditional ther cost otal. Add Ur co	the amount of line 48 you war Statements Regardin the during the 2011 calendar ye curities, or other) in a foreign of Accounts. If YES, enter the nar tax year, did the organization receive amount of tax-exempt interest A - Cost of Goods S at beginning of year s bor I section 263A costs ts (attach schedule) d lines 1 through 4b Inder penalties of perjury, I declare th prect, and complete. Declaration of Signature of officer Print/Type preparer's name DAVID B. DAHLL Firm's name ▶ LEAF, 616 Firm's address ▶ CHI	nt: Credited to 2 ng Certain ar, did the organ country? If YES, me of the foreign e a distribution for inization may have received or acc old. Enter me 1 2 3 4a 4b 5 5 mat I have examined preparer (other tha DAHL A 0 N. CI	2012 estimated + Activities a nization have an the organization n country here m, or was it the gran to file. rrued during the f ethod of invent d this return, includin n taxpayer) is based Date Preparer's sign ND COMP CERO AV	tax ► and Other Info interest in or a signa may have to file For htor of, or transferor to, a itax year ► \$ cory valuation ► 6 Inventory at 6 7 Cost of good from line 5. E 8 Do the rules of property proo the organization ng accompanying schee d on all information of with EXE Title	Drmation (se ature or other aut rm TD F 90-22.1, a foreign trust? N/A end of year is sold. Subtract Enter here and in of section 263A ( duced or acquire tion? CUTIVE Date 0 9 / 2 5	Refunded         te instructions)         thority over a financial         Report of Foreign Bar         line 6         Part I, line 2         (with respect to d for resale) apply to         ts, and to the best of my Invited to the best of my Invi	A9     account     nk and      6      7     Knowledge a     May the IF     the prepar     instruction     if PT     ed     P     A	Ye ind belief, it is true S discuss this retu er shown below (se s)? X Yes N 0020248 6-27426	es No X X X X z z s No X z z s No S S S S S S S S S S S S S S S S S S S

Description of property									
1)									
2)									
3)									
4)									
<b>T</b> )	2. Rent receive	d or accrued							
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	(b) Fro	m real ar ent for pe the rent	nd personal propert ersonal property ex is based on profit	y (if the percer ceeds 50% or or income)	ntage if	<b>3(a)</b> Deductions dire columns 2(a	ectly con a) and 2(	nected with the income in b) (attach schedule)
1)									
2)									
3)									
4)									
otal	0.	Total				0.			
•) <b>Total income</b> . Add totals of columns ere and on page 1, Part I, line 6, column							(b) Total deductions Enter here and on page Part I, line 6, column (B)	1, ,	(
chedule E - Unrelated De			e (see i	nstructions)					
				9			3. Deductions directly to debt-fin		
1				<ol> <li>Gross inc or allocable</li> </ol>	to debt-	(a) s	traight line depreciation		(b) Other deductions
1. Description of debt-fi	nanced property			financed p	property		(attach schedule)		(attach schedule)
1)									
2)									
3)									
4)									
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-finar	adjusted basi locable to nced property schedule)		6. Column 2 by colu			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of column 3(a) and 3(b))
1)					%				
2)					%				
3)					%				
4)					%				
otals							er here and on page 1, rt I, line 7, column (A).	0.	Enter here and on page 1, Part I, line 7, column (B).
otal dividends-received deductions in	ncluded in column	8							(
chedule F - Interest, Annu	uities, Royal <sup>-</sup>	ties, and	d Ren	ts From Co	ontrolled	l Organ	izations (see in	nstruc	tions)
		1	Exemp	t Controlled O	rganization	s			
1. Name of controlled organization	2. Employer ide numb		3. Net unrelated income (loss) (see instructions)		<b>4.</b> Total of specified payments made				6. Deductions directly connected with income in column 5
1)									
							1		
2)							1		
2) 3)									•
2) 3) 4)	s								
2) 3) 4) onexempt Controlled Organization	S Net unrelated income (see instructions)		<b>9</b> . Tot	al of specified pays made	nents 10	in the contr	olumn 9 that is included olling organization's sss income		Deductions directly connec with income in column 10
2) 3) 4) onexempt Controlled Organization 7. Taxable Income 8.	Net unrelated income		<b>9.</b> Tot		nents 1(	in the contr	olling organization's		
2) 3) 4) onexempt Controlled Organization 7. Taxable Income 8. 1)	Net unrelated income		<b>9</b> . Tot		nents 1(	in the contr	olling organization's		
2) 3) 4) onexempt Controlled Organization 7. Taxable Income 8. 1) 2)	Net unrelated income		<b>9.</b> Tot		nents 10	in the contr	olling organization's		
2) 3) 4) onexempt Controlled Organization 7. Taxable Income 8. 1)	Net unrelated income		<b>9</b> . Tot		ments 1(	in the contr	olling organization's		

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Page 4

Schedule G - Investment Income of a Second	ection 501(c)(7), (9), or (17) Organization
(see instructions)	

1. Description of income	2. Amount of income	<b>3.</b> Deductions directly connected (attach schedule)	<b>4.</b> Set-asides (attach schedule)	<b>5.</b> 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 I, line 9, column (B).
Totals	0.			0.

## Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. 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	<b>6.</b> 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.				0.			
Schedule J - Advertising Income (see instructions)									

# Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	<b>2.</b> Gross advertising income	<b>3.</b> Direct advertising costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute 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	6,862.	4,590.		0.	13,771.	
(3)						
(4)						
Totals (carry to Part II, line (5))	6,862.	4,590.	2,272.		13,771.	2,272.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	<b>2.</b> Gross advertising income	<b>3.</b> Direct advertising costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circu incor		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	6,862.	4,590					2,272.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	6,862.						2,272.
Schedule K - Compensatio	n of Officers,	Directors, an	d Trustees (see ir	nstructions	s)		
1. Name		2. Title				pensation attributable related business	
(1)					9	6	
(2)					0	6	
(3)					0	6	

0.

%

Total. Enter here and on page 1, Part II, line 14 ....

(4)

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# FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

# ADVERTISING AND SPONSORSHIP IN QUARTERLY NEWSLETTER AND ANNUAL CONVENTION

TO FORM 990-T, PAGE 1

STATEMENT 2
50,843.

FORM 990-T	OTHER	INCOME STA	TEMENT 3
DESCRIPTION			AMOUNT
MAILING LISTS/LABELS			399.
TOTAL TO FORM 990-T, P	AGE 1, LINE 12		399.

Form <b>4562</b>	
Department of the Treasury Internal Revenue Service	(99)

### **Depreciation and Amortization** 990

OMB No. 1545-0172

Department of the Treasur Internal Revenue Service		(INCIUCING ee separate inst	Informatio	on on Lis Attach		-	•••		Attachment Sequence No. <b>179</b>
Name(s) shown on return	(33)		luctions.				which this form relate	es	Identifying number
						-			
TT.T.TNOTS E	SYCHOLOGICAL		ΨΤΟN	FOR	мо	90	PAGE 10		36-6109267
	To Expense Certain Proper							V hefore v	
		-							500,000.
	unt (see instructions)								500,000.
	ction 179 property place								2,000,000.
	of section 179 property								2,000,000.
	nitation. Subtract line 3 f							····· <u> </u>	
	ax year. Subtract line 4 from line		-0 If married filing				(c) Electe	····· •	
6	(a) Description of pro	perty		(b) Cost (busin	less use	oniy)	(C) Electe		
	. Enter the amount from					7			
	ost of section 179 prope								
	ction. Enter the <b>smaller</b>								
	allowed deduction from								
11 Business incom	ne limitation. Enter the sr	maller of busines	s income (not le	ess than ze	ro) or l	line 5		11	
12 Section 179 exp	pense deduction. Add lir	nes 9 and 10, but	t do not enter r	nore than li	ne 11			12	
	allowed deduction to 20				🕨	13			
Note: Do not use P	art II or Part III below for	listed property. I	Instead, use Pa	nrt V.					
Part II Specia	al Depreciation Allowar	nce and Other D	epreciation (D	<b>Do not</b> inclu	de list	ed pro	perty. <b>)</b>		
14 Special depreci	ation allowance for quali	ified property (ot	her than listed	property) pl	aced i	in servi	ce during		
the tax year								14	
15 Property subject	ct to section 168(f)(1) ele	ction						15	
Part III MACF	S Depreciation (Do not	t include listed p	roperty. <b>)</b> (See ii	nstructions.	.)				
			Sect	tion A					
17 MACRS deduct	tions for assets placed ir	n service in tax ye	ears beginning	before 201	1			17	
18 If you are electing to	group any assets placed in servi	ice during the tax year	into one or more ge	eneral asset acc	ounts, c	heck her	∍▶ [		
	Section B - Assets	Placed in Servic	e During 2011	I Tax Year	Using	the G	eneral Depreci	ation Syste	əm
(a) Classifi	cation of property	(b) Month and year placed in service	(c) Basis for d (business/inve only - see ins	estment use	(d)	Recover	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year prop	erty								
<b>b</b> 5-year prop	erty								
c 7-year prop	erty								
d 10-year pro	•	-							
e 15-year pro		-							
f 20-year pro		-							
g 25-year pro		-			2	25 yrs.		S/L	
	, <u> </u>	/				7.5 yrs.	ММ	S/L	
h Residential	rental property	/				7.5 yrs.	MM	S/L	
		/				39 yrs.	MM	S/L	
i Nonresiden	tial real property	/				<i>io</i> yro.	MM	S/L	
	Section C - Assets P	laced in Service	During 2011	Tax Year U	sina t	he Alte			tem
20a Class life		1						S/L	
<b>b</b> 12-year					1	2 yrs.		S/L	
		1				10 yrs.	MM	S/L	
c 40-year Part IV Summ	nary (See instructions.)	1 /	1		1 7	.o yro.		0/L	
		28						21	
,	. Enter amount from line								
	ounts from line 12, lines 1							22	0.
	on the appropriate lines				uons -	see in	su	22	0.
	wn above and placed in s asis attributable to secti	-	-			00			
	asis attributable to secti	UT 200A COSIS				23			

	m 4562 (2011) art V Listed Propert											ed for e		6109		
F	amusement.)								-							
	<b>Note:</b> For any w through (c) of S	Section A, all	of Section B,	and Se	ction C if	f appl	licat	ole.		0		<i>,</i> ,		<b>,</b> ,	4b, colur	nns (a)
			on and Other			autio	1			1						
<u>24a</u>	Do you have evidence to s			ent use cl	aimed?		Ye		∐ No						J Yes ∟	<u>No</u>
	<b>(a)</b> Type of property (list vehicles first )	<b>(b)</b> Date placed in service	<b>(c)</b> Business/ investment use percenta		<b>(d)</b> Cost or ther basis	6		(e) s for depre iness/inve use only	stment	(f) Recovery period	Me	<b>(g)</b> ethod/ vention	Depre	( <b>h)</b> eciation uction	Ele sectio	<b>(i)</b> cted on 179 ost
25	Special depreciation allo	wance for q	ualified listed	propert	y placed	in se	ervic	e durino	the t	ax year ar	ld					
	used more than 50% in	•		• • •						2		25				
26	Property used more that															
		: :	ç	%												
		: :	ç	%												
		: :	ç	%												
27	Property used 50% or le	ess in a quali	fied business	use:							_		_			
		: :	C,	%							S/L ·					
		: :	ç	%							S/L ·					
		: :	C	%							S/L ·					
28	Add amounts in column	(h), lines 25	through 27. E	inter her	re and or	n line	21,	page 1				. 28				
29	Add amounts in column	(i), line 26. E	nter here and	on line	7, page	1								. 29		
			5	Section	B - Infor	rmati	ion d	on Use	of Vel	nicles						
lf ye	mplete this section for ve ou provided vehicles to y se vehicles.													ing this s	ection f	or
30	Total business/investment i		•		a) hicle		(b Veh	C	v	(c) /ehicle		( <b>d)</b> hicle		e) hicle	(1 Veh	
	year ( <b>do not</b> include comn						_									
	Total commuting miles c															
32	Total other personal (no	-	-													
	driven						_									
33	Total miles driven during															
~ 4	Add lines 30 through 32				[										X	
34	Was the vehicle availabl during off-duty hours?			Yes	No	Ye	es	No	Yes	s No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used pr															
	than 5% owner or relate	ed person?														
36	Is another vehicle availa	ble for perso	nal													
	use?		- Questions 1	i for Emn	lovers V	l Nho F	Prov	rido Vol	nicles	for Lise h	l v Their	Employ				
Δng	swer these questions to a			-	-						-			re not m	ore than	5%
	ners or related persons.			Acchio		picu	ng c		5 101 0	criticico uc		mployee	3 WHO <b>u</b>			070
	Do you maintain a writte	n policy stat	ement that pr	ohibits	all perso	nal u	se o	f vehicl	es, inc	luding co	nmuting	g, by you	r		Yes	No
38	Do you maintain a writte															
~~	employees? See the ins															
	Do you treat all use of ve															
40	Do you provide more that		,		,											
44	the use of the vehicles, a Do you meet the require															
41	Note: If your answer to 3															
P	art VI Amortization	7,00,00,40	<i>b, 01 41 13 10</i>	3, 00 11	or comp		5001									
	(a) Description of	costs	Deta	(b)		( Amor	<b>c)</b>	le	Τ	(d) Code		(e)		Δr	(f) nortization	
				amortization begins			ount			section		Amortiza period or per		fo	r this year	
42	Amortization of costs the	at begins du	ring your 201	1 tax ye	ar:											
				: :												
				: :												
	Amortization of costs the												43			
44	Total. Add amounts in c	olumn (f). Se	e the instruct	ions for	where to	o rep	ort						44			



# Illinois Department of Revenue 2011 FORM IL-990-T

# **Exempt Organization Income and Replacement Tax Return**

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2011, write your fiscal tax year here. Tax year beginning $\underbrace{JUL}_{\text{month}} \underbrace{1, 2011}_{\text{day}} 2011$ , ending $\underbrace{JUN}_{\text{month}} \underbrace{30}_{\text{day}} 20\underbrace{12}_{\text{year}}$		Write the amount you an \$	e paying.
Step 1: Identify your exempt organization         A       Write your complete legal business name. If you have a name change check this box.         Name:       ILLINOIS PSYCHOLOGICAL ASSOCIATION         B       If you have an address change or this is a first return, check this box and complete the following information.         C/O:	<ul> <li>36-61092</li> <li>E Check if you are</li> <li>F Check if you are</li> <li>G Provide the natu business. <u>SE</u></li> <li>H Check the box if Schedule 1299-E</li> <li>I Write your North</li> </ul>	taxed as a corporation.	or fication
<ul> <li>Step 2: Figure your base income or loss</li> <li>1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Attach a copy of Page 1 of your U.S. Form 990-T.</li> <li>2 Illinois income and replacement tax deducted in arriving at Line 1.</li> <li>3 Base income or loss. Add Lines 1 and 2.</li> <li>STOP If the amount on Line 3 is derived only from inside Illinois or trust, skip Step 3 and go to Step 4; otherwise of the state of the sta</li></ul>		1 2 3 resident	.00 00. 00.
<ul> <li>Step 3: Figure your income allocable to Illinois</li> <li>4 Trust, estate, or non-unitary partnership business income or loss included in Line</li> <li>5 Business income or loss. Subtract Line 4 from Line 3.</li> <li>6 Total sales everywhere. This amount cannot be negative.</li> <li>7 Total sales inside Illinois. This amount cannot be negative.</li> <li>8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).</li> <li>9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.</li> <li>10 Trust, estate, or non-unitary partnership business income or loss apportionable to Illinois. Add Lines 9 and 10.</li> </ul>	6 7 8	4 5N  9 10 11	00. .00 A / A .00 .00
<ul> <li>Step 4: Figure your net replacement tax</li> <li>12 Base income or net loss from Line 3 or Line 11.</li> <li>13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); trusts multiply by</li> <li>14 Recapture of investment credits. Attach Schedule 4255.</li> <li>15 Replacement tax before investment credits. Add Lines 13 and 14.</li> <li>16 Investment credits. Attach Form IL-477.</li> <li>17 Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative, w</li> </ul>		12 13 14 15 16 17	.00 00.

Form IL-990-T Page 1 (R-12/11)	ID: 2BX
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### Step 5: Figure your net income tax (see instructions)

18	Net income or loss from Line 12.	18	.00
19	Income Tax.		
	Corporations: multiply Line 18 by 7% (.07).		
	Trusts: multiply Line 18 by 5% (.05).	19	.00
20	Recapture of investment credits. Attach Schedule 4255.	20	.00
21	Income tax before credits. Add Lines 19 and 20.	21	.00
22	Income tax credits. Attach Schedule 1299-D.	22	.00
23 ten	Net income tax. Subtract Line 22 from Line 21. If the amount is negative, write "0."	23	0.0
tep	6: Figure your refund or balance due		
	6: Figure your refund or balance due Net replacement tax from Line 17.	24	<u>0. 0</u> .00
tep	6: Figure your refund or balance due		
tep 24	6: Figure your refund or balance due Net replacement tax from Line 17.	24	.00 .00
tep 24 25	6: Figure your refund or balance due Net replacement tax from Line 17. Net income tax from Line 23.	24 25	.00
tep 24 25 26	6: Figure your refund or balance due Net replacement tax from Line 17. Net income tax from Line 23. Total net income and replacement taxes. Add Lines 24 and 25.	24 25	.00 .00

27c

27d

- c Form IL-505-B (extension) payment.
- d Gambling withholding. Attach Form(s) W-2G.
- 28 Total payments. Add Lines 27a through 27d.29 Overpayment. If Line 28 is greater than Line 26, subtract Line 26 from Line 28.
- **30** Amount to be **credited to 2012.**
- 31 Refund. Subtract Line 30 from Line 29. This is the amount to be refunded.
- 32 Tax Due. If Line 26 is greater than Line 28, subtract Line 28 from Line 26.
- This is the amount you owe.

Make your check payable to "Illinois Department of Revenue" and attach to the first page of this form.

# Step 7: Sign here

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

		EXECUTIVE	
		DIRECTOR	312-372-7610
Signature of authorized officer	Date	Title	Phone
	09/25/12	36-2742663	
Signature of preparer	Date	Preparer's Social Security numb	er or firm's FEIN
LEAF, DAHL AND COMPANY, LTD.	6160 N.	CICERO AVE., CHICAG	D 773-545-9090
Preparer firm's name (or yours, if self-employed)	Address		Phone

▶ If a payment is not enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

If a payment is enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

198022 12-27-11



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# NATURE OF TRADE OR BUSINESS

FOOTNOTES

ADVERTISING AND SPONSORSHIP IN QUARTERLY NEWSLETTER AND ANNUAL CONVENTION

TO FORM IL-990-T, PAGE 1

NET OPERATING LOSS CARRYFORWARD TO 6/30/00	50,843.
AMOUNT UTILIZED YEAR ENDED 6/30/00	<975.>
AMOUNT UTILIZED YEAR ENDED 6/30/01	<520.>
AMOUNT UTILIZED YEAR ENDED 6/30/02	<925.>
AMOUNT UTILIZED YEAR ENDED 6/30/03	<4,212.>
AMOUNT UTILIZED YEAR ENDED 6/30/04	<2,479.>
AMOUNT UTILIZED YEAR ENDED 6/30/05	<9,846.>
AMOUNT UTILIZED YEAR ENDED 6/30/06	<9,298.>
AMOUNT UTILIZED YEAR ENDED 6/30/07	<3,715.>
AMOUNT UTILIZED YEAR ENDED 6/30/08	<320.>
AMOUNT UTILIZED YEAR ENDED 6/30/09	<1,380.>
AMOUNT UTILIZED YEAR ENDED 6/30/10	<479.>
AMOUNT UTILIZED YEAR ENDED 6/30/11	0.
AMOUNT UTILIZED YEAR ENDED 6/30/12	<399.>
NET OPERATING LOSS CARRYFORWARD TO 6/30/13	16,295.

36-6109267

1 STATEMENT

STATEMENT

2