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Form

Department of the Treasury

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 conditing requirements

OMB No 1545-0047 2009 Open to Public

inte	mai Revenu	e Service	The organization may have to use a copy of this return to satis	sty state reporting requ	irements.	Inspection
<u>A</u>	For the 20	09 calendar y	ear, or tax year beginning , and ending			
В	Check if applic		C Name of organization INTERNATIONAL LACTATION CONSU	JLTANT	D Emple	oyer identification number
	Address chan	ge use IRS label or	ASSOCIATION			
	Name change		Doing Business As		1 54-	-1329096
\equiv	•	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	none number
\sqcup	Initial return	See	2501 AERIAL CENTER PARKWAY	103		-459-2070
	Termination	Specific	City or town, state or country, and ZIP + 4			4 545 540
$\overline{\Box}$	Amended retu	Instruc- m tions.	MORRISVILLE NC 27560		G Gross reco	eipis 1,317,310
님		5 No.				
	Application pe	nding ir Nam	e and address of principal officer			a group return for
					affiliate H(b) Are all	Laffiliates 🖂 🖂
					include	ed? Yes No
					If "No,"	attach a list. (see instructions)
1_	Tax-exemp		501(c) (3) ◀ (insert no.) 4947(a)(1) or 527			
<u>J</u>	Website:	► WWW.:	ILCA.ORG		H(c) Group	exemption number
K	Type of organ	ızatıon 🗶 Co	poration Trust Association Other	L. Year of formation		M State of legal domicile
P	art I	<u>Summa</u>	ry			
	1 Brie	fly describe	the organization's mission or most significant activities			
a			RNATIONAL LACTATION CONSULTANT ASSOCIATION	(ILCA) IS TH	E	
2	1		ONAL ASSOCIATION FOR INTERNATIONAL BOARD C	•		
Ē	1		NTS (IBCLCS) AND OTHER HEALTH CARE PROFESS			
Š			If the organization discontinued its operations or disposed of more			
ŏ			g members of the governing body (Part VI, line 1a)	tilali 25% OF Its Het as		8
රේ ග	1				3	
Ë	1		endent voting members of the governing body (Part VI, line 1b)	•	4	8
Schoolies & Governance	I		employees (Part V, line 2a)		5	0
	1		volunteers (estimate if necessary)		6	
£.	1	=	lated business revenue from Part VIII, column (C), line 12		7a	14,903
\Box	b Net	unrelated bu	siness taxable income from Form 990-T, line 34	<u> </u>	7b	
		4-714	ar O O O C	Current Year		
3	8 Con	itributions an	revenue (Part VIII, line 1h) revenue (Part VIII, line 2a) CEIVED ne (Part VIII, column (A), lines 3, 4, and 7d)		2,916	3,004
Ę,	9 Pro	gram service	revenue (Part VIII Inte 20)		3,819	1,311,615
	10 Inve				8,355	13,322
[2]	11 Oth	er revenue (F	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) \(\)		3,598	94,050
3	12 Tota	al revenue –	add lines 8 through (Tynushequal Part VIII, column (A), line 12)	1,58	8,688	1,421,991
SCANNEGONALIL	13 Gra		ar amounts paid (Par R, column (A)-Ilnas 1-1)			
Ø			or for members (Part IX, column (A)) is 4)			
တ္ဆ	15 Sala	aries, other c	ompensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses	16a Prof	essional fund	draising fees (Part IX, celumn (A), line 11e)			
g.	b Tota	al fundraising	expenses (Part IX, column (D), line 25) ▶			
ш	17 Oth	er expenses	(Part IX, column (A), lines 11a-11d, 11f-24f)	1,59	4,163	1,648,584
	18 Tota	al expenses	Add lines 13–17 (must equal Part IX, column (A), line 25)	1,59	4,163	1,648,584
	19 Rev		penses Subtract line 18 from line 12		5,475	-226,593
58				Beginning of Cu		End of Year
Sets	20 Tota	al assets (Pa	rt X, line 16)		7,480	674,052
t As d Ba	21 Tota	al liabilities (F	Part X, line 26)		8,958	456,378
Net Assets or Fund Balances	22 Net	assets or fur	d balances Subtract line 21 from line 20		8,522	217,674
_P	art II	Signatu		·		
		Under penal	ties of perjury, I declare that I have examined this return, including accompanying so	chedules and statements.	and to the be	st of my knowledge
		and belief, it	is true, correct, and complete Declaration of preparer (other than officer) is based of	on all information of which	preparer has	any knowledge
Sig	ın		man Warratt		15-1	3~10
Hei		Signatu	re of officer		Date	- 10
		1 1	nes L. Smith, Executive Director		Dato	
			print name and title			
_			·			Preparer's identifying number
Pai	id	Preparer's		ate Check self-		(see instructions)
	parer's	signature		5/04/10 employ	/ed ▶	P00412235
	e Only	Firm's name	(or yours _ Joyce and Company, CPA		EIN ▶	56-2202813
USI	Cilly	if self-emplo	yed), 104 Brady Ct		Phone	
		address, and	Cary, NC 27511		no 🕨	919-466-0946
May	the IRS d	iscuss this re	eturn with the preparer shown above? (see instructions)			Yes No
		ct and Pape	rwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
DAA			·			7/

P	irt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	ļ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		i
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	_		
_	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
_	complete Schedule D, Part III	8		X
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,"			37
0	complete Schedule D, Part IV	9		Х
U	Did the organization, directly or through a related organization, hold assets in term, permanent, or	4.		v
1	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
•	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	44	x	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11	^	
•	Schedule D, Part VI			
_	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1		
Ī	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	1		
	Did the organization report an amount for other assets related 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			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
_	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 1		
	Schedule D, Parts XI, XII, and XIII	12		X
2A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X	
5	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, Part II	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		J	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u> </u>
0	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Checklist of Required Schedules (continued) Part IV

		_	Г	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	<u> </u>		
	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		1	
	employees? If "Yes," complete Schedule J	23	1	x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
4 70				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	240		х
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	١		
_	to defease any tax-exempt bonds?	24c		
d ar-	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		İ	7.5
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u>x</u>
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	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? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part 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
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
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	x	
		, 50		(0000)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
				<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1				
	U.S. Information Returns Enter -0- if not applicable	1a	22		Ī I	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	22			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable	е			
	gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a_	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by				
	this return?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial		1.		
	account)?			4a		X
b						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	вапк				
5a	and Financial Accounts.					x
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	tran2		5a		X
C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactif "Yes." to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Region 1.			5b		
·	Prohibited Tax Shelter Transaction?	aluling		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	۵		1 30		
-	organization solicit any contributions that were not tax deductible?	•		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		<u> </u>	-	
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for o	joods				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal	l			
	benefit contract?			7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		_ <u>X</u> _
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as				v
8	required? Spansoring organizations maintaining donor adviced funds and section 509(a)(2) supporting			7h		X
J	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter.					*********
а	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	10b				
1	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			7		
	amounts due or received from them.)	11b				
	$\textbf{Section 4947(a)(1) non-exempt charitable trusts.} \ \textbf{Is the organization filing Form } 990 \ \textbf{in lieu of Form}$	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
				Form	990	(2009)

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.

Enter the number of voting members of the governing body Tall 8	Sec	tion A. Governing Body and Management			1	
b Enter the number of voting members that are independent and a properties of the control of the control of the control of the control of the organization delegate control over management duties customarily performed by or under the direct supervision of offices, direction rotters on the very employees to a management company or other person? 3 X 4 Did the organization delegate control over management duties customarily performed by or under the direct supervision of offices, directions or trustees, or two employees to a management company or other person? 5 Did the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Designation have members or stockholders? 10 Designation have members, stockholders, or other persons? 10 Designation have members or stockholders? 10 Designation have members or stockholders. 10 Designation have members or stockholders or other persons? 10 Designation have designated the stockholders or other persons? 10 Designation have stockholders. 11 Designation have stockholders. 12 Designation have a written conflict of interest policy? If Yos, go to line 13 12 Designation have a written expendence and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization. 12 Designation have a written expendence of the segmanization of the per			1.10	f	Yes	No
2 Dear wordincer, director, fusuates, or key employee have a family relationship or a business relationship with any other officer, director, relation, training, or key employee? 3 Dear the organization delegate control over management duties customarily performed by or under the direct suppervision of officers, directors or frustates, or key employees to a management company or other person? 4 Did the organization make any segrificant changes to its organizational documents since the prior Form 950 was filed? 5 Did the organization become aware during the year of a material diversion of the organizations is seasoft? 6 Does the organization have members a rotocholders? 7 Does the organization have members a rotocholders? 8 Does the organization contemporation of the governing body? 8 Did the organization contemporation provide by members, stockholders, or other persons? 7 Did the organization contemporation provide by members, stockholders, or other persons? 7 Did the organization contemporation by members, stockholders, or other persons? 8 Did the organization contemporation provide by members, stockholders, or other persons? 8 Did the organization contemporation provide by members, stockholders, or other persons? 8 Did the organization contemporation providers or written actions undertaken during the year by the following 8 The governing body? 8 Did the organization will be authority to act on behalf of the governing body? 9 Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 9 Section B, Policies (This Section B requests information about policies not required by the Internal Provider a copy of the Form 990 to all members of its governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Dess the organization have local chapters, branches, or affiliates? 10 Dess the organization have a wartien overlined providers a copy of the Form 990 to all				 	1	
any other officer, director, rustee, or key employee? Def the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Def the organization have make any significant changes to its organizational documents since the prior Form 990 was filled? 5 Dea the organization have members or stockholders? 6 Deas the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 Deas the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Dear the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 B X 1 Each committee with authority to act on behalf of the governing body? 8 B X 1 Each committee with authority to act on behalf of the governing body? 8 B X 9 Is there any officer, director, fusities, or key employee listed in Part VII, Section A, who cannot be reached at the organization smalling address of If Yes, Provide the names and addresses in Schedule O 9 X Soction B, Policles (This Section B requests information about policies not required by the Internal Revenue Code.) 10 Does the organization have local chapters, branches, or affiliates? 10 If Yes, You should be provided to the provided to the provided to the provided to the province of the organization? 11 A Yes 12 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Does the organization have a written conflict of interest policy? If Yes, and the province of the province of the province of the organization of the deliberation and destruction policy? 12 Does the organization have a written organization to make the policy? If Yes, and describe in Schedule O the process of determining compensation where a written whistlebower policy? 10 Does the o			1b 8			
3 Del the organization delegate control over management odules customarily performed by or under the direct supervision of officiens, directors or futures, or five way employees to a management company or other person? 4 Del the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Del the organization have members or stockholders? 7 Delse the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 8	2				1	٠,,
supervision of officiars, directors of trustees, or key employees to a management company or other person? Ded the organization become aware dump the year of a material diversion of the organization's assets? Does the organization have members or stockholders. To be the organization have members or stockholders. To be the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? To be a first governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? To be a first governing body? Are any decisions of the governing body and the governing body? To be a first governing				2	-	
Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X X Does the organization have members or stockholders? 6 X X X X X X X X X	3					
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20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ IMI 2501 AERIAL CENTER PARKWAY	. •		101631			
organization. ▶ IMI 2501 AERIAL CENTER PARKWAY	20	· · · ·	of the			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) Average	Pos	ition (C) k all i	that a	/vlan	(D) Reportable	(E) Reportable	(F) Estimated		
	haum nar	Individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
KAREN WAMBACH	· · · · · · · · · · · · · · · · · · ·											
DIRECTOR		X	<u> </u>					0	0	C		
ROBERTA GRAHAM DE	ESCOBE		ľ			1		_	_			
DIRECTOR		X			_			0	0	<u> </u>		
ISABELLE COTE						ŀ				_		
DIRECTOR DECEMBER		X		<u> </u>	_	⊢	_	0	0	C		
DECALIE BROWN DIRECTOR		3,	l							_		
SUE SANDERS		X	┝	\vdash			-	0	0	C		
DIRECTOR		x						o	o	l		
ANGELA SMITH		^		-	-							
PRESIDENT				x				o	0	l		
ELIZABETH BROOKS		_	 	-	-	\vdash						
SECRETARY			ŀ	x				o	0			
KATHY PARKES												
TREASURER				x				O	0	c		
					<u> </u>							
			<u> </u>		<u> </u>	<u> </u>			_			
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Form **990** (2009)

	Section A Officer											P	age 8
Part VII	(A)	(B)	, irustee	s, ne		npic C)	yees	, an	nd Highest Compensated (D)	(E)	(F		
Nam	Average hours pe week		Institutional trustee			Highest compensated employee	Pormer Former	Reportable	Reportable compensation from related organizations (W-2/1099-MISC)	Estir amou oth comper from organi and re organiz	nated unt of ner nsation the ization elated		
			-			_							
													
	······································												
· · · · · · · · · · · · · · · · · · ·	- <u>-</u>												
1b Total		l	L		!		l l	•					
				_	those	e list	ted a	bove	e) who received more than	\$100,000 in			
3 Did the orgemployee 4 For any in	on line 1a? If "Yes," dividual listed on line	ormer office complete S	r, director Schedule sum of re	r or tr J for	such	n ind com	ividu pens	al atıoı	oyee, or highest compensation	from	3	Yes	No X
individual 5 Did any pe	erson listed on line 1	a receive o	r accrue d	comp	ensa	ation	from	an	s," complete Schedule J for by unrelated organization for		4		x
	endered to the organ		Yes, cor	nplet	e Sc	hed	ule J	for :	such person		5		<u> </u>
1 Complete	this table for your fiv	e highest c	ompensa	ted ir	ndep	end	ent c	ontr	ractors that received more t	han \$100,000 of			
		(A) business addres	ss						Descript	(B) ion of services	с	(C) ompensat	tion
MORRISV			NC 2	75	60			M	IAL CENTER PARKVIANAGEMENT				,713
RALEIGH		INT	NC 2	760		150	UŞ		DAY DRIVE			155	,008
JHL PUBL THOUSAN			SC 9		2	245	5 1	EL	LER ROAD PUBLISHER				,506
		 :								<u> </u>			
	ber of independent of						ed to	thos	se listed above) who receive	ed	2		

Pa		III Statement of Reve					54-1329096		Page 9
· · · · · · · · · · · · · · ·						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ	1a	Federated campaigns	1a						
	b	Membership dues	1b	•			` l		
an,	С	Fundraising events	1c						
	d	Related organizations	1d						
S.E	е	Government grants (contributions)	1e						
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants,			[1		
들됨		and similar amounts not included above	1f		3,004				
달	g	Noncash contributions included in lines 1a-	1f	\$					
	h	Total. Add lines 1a-1f			<u> </u>	3,004			
Program Service Revenue					Busn. Code				
ě	2a	MEMBERSHIP DUES				698,067	698,067		
9	b	CONFERENCE				417,936	417,936		
울	С	JOURNAL INCOME			ļ	136,043	136,043		
န္မ	d	INDEPENDENT STUDY M	ODULE	S	<u> </u>	56,602	56,602		
Tall	е	IBCLC DAY				1,952	1,952		
§		All other program service reve	nue		\vdash	1,015	1,015		
-		Total. Add lines 2a–2f				1,311,615			
ı	3	Investment income (including	divider	ids, intere	est, and	12 200			12 200
		other similar amounts)				13,322			13,322
	4	Income from investment of tax	-exem	pt bond p	roceeds				
	5	Royalties		(n) [
	6-	(i) Real		(11) F	Personal		1		
	6a	Gross Rents		-					
ł		Less rental exps							
		Rental inc or (loss) Net rental income or (loss)					Ī		
ŀ		Gross amount from (i) Securities		(n)	Other				
		sales of assets		\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Outer				
	ь	other than inventory Less cost or other					I		
	•	basis & sales exps					1		
- 1	С	Gain or (loss)					I		
		Net gain or (loss)		<u> </u>			†		
		Gross income from fundraising eve	nts [
Ž		(not including \$					1	İ	
§		of contributions reported on line 1c)			ŀ				
Ř		See Part IV, line 18	а		Į.		1		
Other Revenue	b	Less. direct expenses	ь				1		
٥	С	Net income or (loss) from fund	raising	events	•	ſ			
	9a	Gross income from garning activitie	s [
		See Part IV, line 19	a				I		
	b	Less: direct expenses	ь						
	C	Net income or (loss) from gam	ing ac	tivities	•				
- 1	10a	Gross sales of inventory, less							
		returns and allowances	а		169,504			I	
	b	Less cost of goods sold	ь		95,527		I		
L	<u> </u>	Net income or (loss) from sale	s of in	ventory	•	73,977	14,338		59,639
L		Miscellaneous Revenue			Busn. Code		,		
	11a	CONFERENCE ADVERTISEM	ENT	•	541800	7,700		7,700	
	b	MAIL LABELS			511140	6,603		6,603	
	С	ACCREDIATION				4,000	4,000		
		All other revenue				1,770	890	600	280
	е	Total. Add lines 11a-11d			▶	20,073			
- 1	12	Total Revenue. See instructio	ns		▶	1,421,991	1,330,843	14,903	73,241

Form 990 (2009) INTERNATIONAL LACTAT: 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).

	All other organizations must				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
·	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
J	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
A				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
c	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	-			
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)			;	
^	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).	626 004		626 004	
а	Management	636,884		636,884	
b	Legal	10 710		10 710	
	Accounting	12,718		12,718	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	**			
g	Other				
12	Advertising and promotion	054 005	000 000		
13	Office expenses	251,386	236,611	14,775	
14	Information technology	9,028		9,028	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		4 - 4 - 4 - 4		
19	Conferences, conventions, and meetings	584,433	450,463	133,970	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	263	263		
23	Insurance				
	_				
24	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	MARKETING	36,113		36,113	
b	BANK CHARGES	26,602		26,602	
¢	TELEPHONE	24,463		24,463	
d	EDUCATION	23,996	23,996		···-
е	SCHOLARSHIP	11,918		11,918	
	All other expenses	30,780		27,506	
25	Total functional expenses. Add lines 1 through 24f	1,648,584	714,607	933,977	
26	Joint costs. Check here I if following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				

_Par	t X Balance Sheet			<u> </u>	
			(A)		(B)
			Beginning of year		End of year
	1 Cash—non-interest bearing	-	397,361	1	216,718
	2 Savings and temporary cash investments	ļ-	87,251	2	108,455
	3 Pledges and grants receivable, net	<u> </u>		3	
	4 Accounts receivable, net	· - -	75,766	4	88,910
'	5 Receivables from current and former officers, directors	· · · · · · · · · · · · · · · · · · ·			
	employees, and highest compensated employees. Co	mplete Part II of			
	Schedule L	ļ.,		5	
- 6	6 Receivables from other disqualified persons (as define	į.			
	4958(f)(1)) and persons described in section 4958(c)(3	B)(B). Complete			
ဖ	Part II of Schedule L	L		6	
Assets	7 Notes and loans receivable, net			7	
SS S	8 Inventories for sale or use	L	43,596	8	48,485
7 9	Prepaid expenses and deferred charges	L	34,500	9	17,321
10	0a Land, buildings, and equipment cost or				
	other basis Complete Part VI of Schedule D	10a 2,544			
	b Less accumulated depreciation	10b 1,266		10c	1,278
11	1 Investments—publicly traded securities		309,006	11	192,885
12	2 Investments—other securities. See Part IV, line 11			12	
1:	3 Investments—program-related See Part IV, line 11			13	
14	4 Intangible assets	Γ		14	
1		Γ		15	
16		34)	947,480	16	674,052
17			76,526		47,914
18		F		18	
19	· · · · · · · · · · · · · · · · · · ·	<u> </u>	422,432	19	408,464
20		·	,	20	
		of Schedule D		21	
Liabilities					
<u>=</u>	employees, highest compensated employees, and disc				
<u>.</u>	persons Complete Part II of Schedule L	quamea		22	
_	3 Secured mortgages and notes payable to unrelated the	ird narties		23	
24	· · · · · · · · · · · · · · · · · · ·	· ·		24	·
25		Parties		25	
26	-	<u> </u>	498,958	26	456,378
	Organizations that follow SFAS 117, check here ▶	X and	430,330	-20	430,370
8	complete lines 27 through 29, and lines 33 and 34.	and and			
			448,522	27	196 406
E 28		-	440,322		186,406 31,268
면 29	, , , , , , , , , , , , , , , , , , , ,	-		28	31,200
5 4	9 Permanently restricted net assets Organizations that do not follow SFAS 117, check h	- M		29	
ᆫ		ere 🕨 🗌			
Net Assets or Fund Balances	and complete lines 30 through 34.		1		
ets 30	,			30	
31 31 31 31 31 31 31 31 31 31 31 31 31 3	, , , , 	_		31	
$\frac{3}{4}$	3 -,,	or other funds	440 500	32	017 674
₹ 33		F	448,522	33	217,674
<u> </u>	4 Total liabilities and net assets/fund balances		947,480	34	674,052

Form **990** (2009)

Form	990 (2009) INTERNATIONAL LACTATION CONSULTANT 54-1329096		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	<u> </u>
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate 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 Single 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			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization INTERNATIONAL LACTATION CONSULTANT ASSOCIATION

Employer identification number 54–1329096

Ρ,	art I	Reas	on for Public Charity	Status (All organizations	s must (complet	e this	part.)	See ir	<u>ıstruc</u>	tions.			
Γhe	orga	nization is not	a private foundation because	se it is: (For lines 1 through 11,	check on	y one box	:.)				<u>. </u>	-		
1		A church, co	nvention of churches, or ass	sociation of churches described	ın sectio	n 170(b)(ʻ	I)(A)(i).							
2	П	A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	П			ce organization described in se	ction 170	(b)(1)(A)(iii).							
4	П			d in conjunction with a hospital)(1)(A)(i	iii). Ente	er the h	ospital's name	∍.		
		city, and stat					•		•		•	•		
5		An organizat	ion operated for the benefit	of a college or university owned	or operat	ed by a q	overnme	ental un	ıt descr	ibed in				
			(b)(1)(A)(iv). (Complete Part		•	, ,								
6	П	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	М	An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
	_	described in section 170(b)(1)(A)(vi). (Complete Part II)												
8		described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9	X													
	لـــــا			npt functions—subject to certain	-				-	-				
				nd unrelated business taxable in	-	-	•							
			=	0, 1975 See section 509(a)(2)	•			,						
10				exclusively to test for public saf			•							
11	П	-	-	exclusively for the benefit of, to	•				v out th	е				
				ed organizations described in s					-		n			
				the type of supporting organization										
		a Type	el b ∏Typell	c Type III-Function	ally integr	ated	d	□ Tvp	e III–Oi	her				
е		By checking	this box, I certify that the org	janization is not controlled direc			ne or m							
				and other than one or more pul	-				•		n			
			section 509(a)(2)	·	•	_								
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I	Type II,	or Type	III supp	orting					
		organization,	check this box		•		• •							
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution fron	n any of th	ne							
		following per												
		(i) A person	n who directly or indirectly co	ontrols, either alone or together	with pers	ons descr	ıbed in (II)				Yes	No	
		and (III)	below, the governing body o	f the supported organization?			-	-			11g(i)			
			member of a person descril	=							11g(ii)			
		(iii) A 35% c	controlled entity of a person of	described in (i) or (ii) above?							11g(iii			
h		Provide the	following information about t	he supported organization(s)						•			•	
(i)	Name	e of supported	(ii) EIN	(iii) Type of organization	(Iv) Is the	organization	(v) Did y	ou notify	(vi)	ls the	(vil) Am	ount of		
	org	anızatıon		(described on lines 1–9		sted in your		nization in	organizat		sup	oort		
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S?				
				(coo men conem,	Yes	No	Yes	No	Yes	No]			
						_			<u> </u>					
					İ			!			<u> </u>			
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	<u> </u>													
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ota	1		1		1			ŧ	1		I			

Sche	edule A (Form 990 or 990-EZ) 2009 INT					-1329096	Page 2
Pa	art II Support Schedule for O	rganizations [Described in S	ections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you che	ecked the box	on line 5, 7, o	r 8 of Part I.)	·		
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6_	Public support. Subtract line 5 from line 4				<u> </u>		
	tion B. Total Support			T	· · · · · · · · · · · · · · · · · · ·	1	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		<u> </u>	 			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10				<u> </u>	L	
12	Gross receipts from related activities, etc	. ,				12	
13	First five years. If the Form 990 is for the	•	t, second, third, fo	urth, or fifth tax ye	ar as a section 50°	1(c)(3)	. \Box
	organization, check this box and stop her		4				>
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line 6			ın (f))		14	<u>%</u> _
15	Public support percentage from 2008 Sch	•				15	<u>%</u>
16a	33 1/3 % support test—2009. If the organ				33 1/3 % or more,	check this box	. □
_	and stop here. The organization qualifies		•				▶ ∐
b					15 is 33 1/3 % or r	more, check this	. □
4-	box and stop here. The organization quali	, ,	• • • •		=	4.4 400/	▶ [_]
17a	10%-facts-and-circumstances test—200	_					
	more, and if the organization meets the "fa			•	•		▶ □
	organization meets the "facts-and-circums		_				
Ь	10%-facts-and-circumstances test—200	=					
	more, and if the organization meets the "fa			=	•		▶ □
10	organization meets the "facts-and-circums		-				Z H
18	Private foundation. If the organization did	not check a box (on line 13, 16a, 16	D, 1/a, of 1/b, che	eck this dox and se	e instructions	

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 INTERNATIONAL LACTATION CONSULTANT 54-1329096 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ") 520,239 520,047 664,312 701,071 3,027,580 621,911 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 798,938 748,820 942,403 985,934 783,052 4,259,147 organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 1,319,177 1,268,867 1,564,314 1,650,246 1,484,123 7,286,727 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 785,557 735,679 926,078 968,857 768,022 4,184,193 Add lines 7a and 7b 785,557 735,679 926,078 968,857 768,022 4,184,193 Public support (Subtract line 7c from line 6.) 3,102,534 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 1,319,177 1,268,867 1,564,314 1,650,246 1,484,123 7,286,727 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 12,929 25,435 35,933 18,355 13,322 105,974 sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 12.929 25,435 35,933 18,355 13,322 105,974 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly 3,588 5,092 8,052 375 17,107 carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 5,955 16,175 27,195 31,073 5,170 85,568 13 Total support. (Add lines 9, 10c, 11, and 12) 1,338,061 1,314,065 1,632,534 1,707,726 1,502,990 7,495,376 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 41.39% Public support percentage from 2008 Schedule A, Part III, line 15 16 40.32% Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 1% Investment income percentage from 2008 Schedule A, Part III, line 17 18 18 1%

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

DAA

X

Schedule A (Form 990 or 990-EZ) 2009 INTERNATIONAL LACTATION CONSULTANT 54-1329096

Page 4

Part IVSupplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part III, Line 12 - Other Income Detail

OTHER REVENUE

\$

85,568

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** INTERNATIONAL LACTATION CONSULTANT **ASSOCIATION** 54-1329096 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | Yes | | In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Scne	edule D (Form 990) 2009 INTERNATIO	JNAL LACTATIO	M CONSOLT	WINT.	24-13	29090			Pa	ıge ∠
Pe	art III Organizations Maintaining	Collections of Art, I	Historical Trea	sures,	or Other	Similar As	sets (continu	ied)	
3							···········			
а	Public exhibition	d Loan o	r exchange progra	ms						
b	Scholarly research	e Other	0 . 0							
С		- 🗀					_			
4	Provide a description of the organization's colle	ections and explain how th	ney further the orga	anızation	's exempt pu	ırpose ın				
5	During the year, did the organization solicit or i assets to be sold to raise funds rather than to l	receive donations of art, h	istorical treasures,	or other	similar			Ye	. \Box	No
Pa	art IV Escrow and Custodial Arra					"Yes" to F	orm 90			NO
, ,	IV, line 9, or reported an am	•	_		21101101010u	100 101	01111 00	50, i ai	•	
1a	Is the organization an agent, trustee, custodiar				ets not				<u> </u>	
	included on Form 990, Part X?	r or other intermediary for	CONTRIBUTIONS OF C					☐ Ye	. \Box	No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following	table						<i>'</i> ப	
-	in 100, explain the arrangement in 1 are 2014 a	nd complete the following	labic					Amount		
С	Beginning balance					1c				
	Additions during the year					1d		<u>-</u>		
u a	Distributions during the year					1e				—
•	Ending balance					1f				_
22	_	m 000 Dart V line 212				<u> </u>	-			
	Did the organization include an amount on For If "Yes," explain the arrangement in Part XIV.	111 990, Part A, line 217			•			Ye	• []	No
	art V Endowment Funds. Comple	to if organization or	owered "Vee"	to Form	~ 000 Da	rt IV/ line 1	10			
<u> </u>	Endowinent Funds. Comple			, 		, ,		(a) Faur		
4-	December of complete and	(a) Current year	(b) Pnor year	(C) 1W	years back	(d) Three year	S Dack	(e) Four	years t	DACK
	Beginning of year balance			 						
	Contributions			-[***************************************				····	
С	Net investment earnings, gains,						I			
	and losses						•••••••••••	••••••	*********	******
	Grants or scholarships			ļ	······					
е	Other expenditures for facilities						1			
_	and programs			ļ						
f	Administrative expenses			Į					*********	*******
g	End of year balance	L	·	<u> </u>		L	1			
2	Provide the estimated percentage of the year e	end balance held as:								
а	Board designated or quasi-endowment	- %								
b	Permanent endowment ▶ %									
С	Term endowment ► %									
3a	Are there endowment funds not in the possess	ion of the organization that	at are held and adr	nınistere	d for the			_		
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related organizations i							3b	ŀ	
4										
Pa	ut VI Investments—Land, Buildin	<u>igs, and Equipment</u>	. See Form 99	0, Parl	X, line 10	0	,			
	Description of investment	(a) Cost or other basis	(b) Cost or ot	ther	(c) Acc	cumulated		(d) Book v	alue	
		(investment)	basis (other	r)	depr	eciation				
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment									
	Other			,544		1,266	<u> </u>		1,2	78
Γotal	I. Add lines 1a through 1e (Column (d) must equ	ual Form 990, Part X, colu	ımn (B), line 10(c).	.)			-		1,2	78

Schedule D (Form 990) 2009 INTERNATIONAL LACTATI	ON CONSULTANT	54-1329096	Page 3
Part VII Investments—Other Securities. See Form 99			
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year marke	t value
Financial derivatives			
Closely-held equity interests			
Other			
~			
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 9	90, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year marke	t value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description	···	(b) Book value
	<u></u>		
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X Other Liabilities. See Form 990, Part X, line 2	25.	······································	
1 (a) Description of liability	(b) Amount		
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)			
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the orga	nization's financial statement	s that reports the	
organization's liability for uncertain tax positions under FIN 48.		•	

Trap III	dule D (Form 990) 2009 INTERNATIONAL LACTATION CONS				Page 4
146	rt XI Reconciliation of Change in Net Assets from Form 990 to	o Audi	ted Financial State	ments	<u> </u>
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			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and			10	
Pa	at XII Reconciliation of Revenue per Audited Financial Statem	ents W	<u>/ith Revenue per Re</u>	<u>eturn</u>	
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		1	
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			
þ	Other (Describe in Part XIV)	4b]	
C	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Staten	nents \	Nith Expenses per	Retur	'n
1	Total expenses and losses per audited financial statements		<u> </u>	1	, ,
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
þ	Prior year adjustments	2b			
С	Other losses	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 IX, line 25, 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 expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Pa	rt XIV Supplemental Information			•	
Comp	plete 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 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, I	ines 2d	and 4b. Also complete		
his p	art to provide any additional information.				
	 				
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Schedule D (F	orm 990) 2009	INTERNATIONAL	LACTATION	CONSULTANT	54-1329096	Page 5
Part XIV	Suppleme	INTERNATIONAL ntal Information (contin	ued)			
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Schedule F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990. Part IV, line 14b, 15, or 16.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990. ➤ See separate instructions. INTERNATIONAL LACTATION CONSULTANT Name of the organization Employer Identification number **ASSOCIATION** 54-1329096 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award Yes X No the grants or assistance? 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the **United States** 3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees or region (by type) (i e expenditures for a program service, region agents in fundraising, program services, describe specific type of region region grants to recipients located in service(s) in region the region) NORTH AMERICA-CANADA MEMBERSHIP DUES MEMBERSHIP DUES 20,989

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

20,989

Totals

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(g) Amount of non-cash assistance	Part IV, III Use Scher	ne 15, tor any rec dule F-1 (Form 9	ipient who rec 190) if addition	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.					
	(a) Name of	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	`								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2009

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Schedule F (Form 990) 2009 (h) Method of valuation (book, FMV, appraisal, other) m 990) 2009 INTERNATIONAL LACTATION CONSULTANT 54-1329096
Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of recipients (b) Region (a) Type of grant or assistance Schedule F (Form 990) 2009

Part III Grants and

Schedule F (Form 990) 2009 INTERNATIONAL LACTATION CONSULTANT 54-1329096

Page 4

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

INTERNATIONAL LACTATION CONSULTANT **ASSOCIATION**

Employer identification number 54-1329096

Form 990 - Organization's Mission or Most Significant Activities THE INTERNATIONAL LACTATION CONSULTANT ASSOCIATION (ILCA) IS THE PROFESSIONAL ASSOCIATION FOR INTERNATIONAL BOARD CERTIFIED LACTATION CONSULTANTS (IBCLCS) AND OTHER HEALTH CARE PROFESSIONALS WHO CARE FOR BREASTFEEDING FAMILIES. OUR VISION IS A WORLDWIDE NETWORK OF LACTATION PROFESSIONALS. OUR MISSION IS TO ADVANCE THE PROFESSION OF LACTATION CONSULTING WORLDWIDE THROUGH LEADERSHIP, ADVOCACY, PROFESSIONAL DEVELOPMENT, AND RESEARCH.

Form 990, Part VI, Line 3 - Management Delegated ORGANIZATION DELEGATED CONTROL OVER MANAGEMENT DUTIES TO THEIR MANAGEMENT COMPANY, IMI.

Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters THE ORGANIZATION HAS WRITTEN POLICIES AND PROCEDURES THAT GOVERN THE ACTIVITES OF THEIR CHAPTERS. THESE POLICIES ARE AVAILABLE ON THEIR WEBSITE.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 THE 990 IS SHOWN TO THE BOARD PRESIDENT, TREASURER AND EXECUTIVE DIRECTOR AND APPROVED BEFORE IT IS FILED.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy EACH OFFICER, DIRECTOR, COMMITTEE CHAIR, AND KEY EMPLOYEES SIGN A STATEMENT OF NON CONFLICT OF INTEREST EACH YEAR. MONITORING OF CONFLICTS OF INTEREST Name of the organization

INTERNATIONAL LACTATION CONSULTANT

Employer Identification number

54-1329096

IS A MAJOR TENANT OF THE CODE OF ETHICS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
THE CONFLICT OF INTEREST POLICY IS A PART OF THE ILCA WEBSITE AND
MEMBERSHIP APPLICATION. IT IS ALSO A PART OF ANY APPLICATION FOR SERVICE
TO THE ORGANIZATION. FINANCIAL STATEMENTS ARE GIVEN TO THE ANNUAL GENERAL
MEETING AND PUBLISHED IN THE ANNUAL REPORT. SPECIFIC MONTHS OF FINANCIAL
STATEMENTS OR COPIES OF AUDITS OR REVIEWS ARE AVAILABLE BY REQUEST.