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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

OMB No 1545-0047 2009

Open to Public Inspection

A For the 2	009 calendar year, or tax year beginning $07/01/09$ , and ending $06/30/10$	)		
B Check if appl	ne-tpe		Employ	er identification number
Address cha	label or Professional Cert Association, inc	·	36-3	3122841
Name chang	print or Doing Business As  type. Number and street (or P.O. box if mail is not delivered to street address)	Room/suite E	Telephor	<del></del>
Initial return	See 401 E. Sangamon Avenue		•	-698-8110
Termination	Instruc-   City of town, state of Country, and Zir + 4	G	Gross receipt	ss 904,998
Amended ref				
Application p			affiliates' b) Are all af included'	filiates
1 Tax-exem	<del></del>			
J Website:		ear of formation 199	-	remption number ►  State of legal domicile II
Part I	anization X Corporation   Trust   Association   Other ►   L Y  Summary	ear of formation 199	<u>, T IA</u>	1 State of legal domicile 11
ernance	prefly describe the organization's mission or most significant activities  PROVIDES PROFESSIONAL STANDARDS  The continued its operations or disposed of more than 25%	of its net assets		
∞5 3 Nu	umber of voting members of the governing body (Part VI, line 1a)			14
.g 4 Nu	umber of independent voting members of the governing body (Part VI, line 1b)		<del></del>	14
5 To	otal number of employees (Part V, line 2a)		<del></del>	12
2 8 6 To	otal number of volunteers (estimate if necessary)		6	5,605
7a 10	otal gross unrelated business revenue from Part VIII, column (C), line 12		7a 7b	5,605
D NE	et unrelated business taxable income from Form 990-T, line 34	Prior Year	1 /8	Current Year
<b>⊣</b>	ontributions and grants (Part VIII, line 1h)			
	ogram service revenue (Part VIII, line 2g)	866,		890,889
⊇ <b>출   10</b> In√	vestment income (Part VIII, column (A), lines 3, 4, and (d) EIVED		566	1,473
11 Ot	ther revenue (Part VIII, column (A), lines \$,,6d, 8c, 9c, 10c, and 11e)		877	12,636
7 12 To	otal revenue – add lines 8 through 11 (must equal Rart.VIII, column, (A), line 32)	884,	85/	904,998
13 Gr	rants and similar amounts paid (Part IX, column (A), lines 1–3) 2010 column (A), line 4)			
15 Sa	alaries, other compensation, employee benefits (Park) county (A) lines 5-10)	372,	024	396,143
က်မှု 16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)			
<b>8 b</b> To	otal fundraising expenses (Part IX, column (D), line 25) ▶			,
<b>△</b> 17 Ot	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	442,		419,846
<b>18</b> To	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	814,		815,989
19 Re	evenue less expenses Subtract line 18 from line 12	69, Beginning of Current	967	89,009 End of Year
ASSets of To	otal assets (Part X, line 16)	1,013,		1,070,856
X B 21 To	otal liabilities (Part X, line 26)	396,		397,904
ਲ ≧	et assets or fund balances. Subtract line 21 from line 20	616,		672,952
Part II	Signature Block			
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform	d statements, and to the lation of which prepare	ne best of r r has any l	ny knowledge knowledge
Here	Signature of office and the President  Type or print name and title		Date	9/2:4-2010
Paid Preparer's	Preparer's signature Au Miloseum Date 08/2!	Check if self-employed	• []	Preparer's identifying number (see instructions) P00626782
Use Only	Firm's name (or yours Les tes, Ariagewater & Ogden		EIN 🕨	37-0265152
Jos Only	f self-employed), 901 S. Second St		Phone	017 500 0450
Manual := -	address, and ZIP+4 Springfield, IL 62704		no 🕨	<u>217-528-8473</u>
	discuss this return with the preparer shown above? (see instructions)			Yes No
	Act and Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2

4d	Other program services (Describe in Sc	chedule O)			
	(Expenses \$	including grants of \$	) (Revenue \$	)	
40	Total program service expenses ▶	612,683			_

<u> </u>	Oncomist of Regulated Contention				
4	Is the assessment as described in section 501(a)/2) or 4047(a)/1) (other than a private foundation)? If "Vos."			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				<u> </u>
•	candidates for public office? If "Yes," complete Schedule C, Part I		3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4		х
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		<u> </u>
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,"				
	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."		_		
	complete Schedule D, Part IV		9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		40		<b>.</b>
44	quasi-endowments? If "Yes," complete Schedule D, Part V		10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		44	х	
_	VII, VIII, IX, or X as applicable  Did the exercisation speed on execution lead, buildings, and equipment in Rod X, line 102 if "Yes," complete.		11		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 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			. ; -	١, ا
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			, ,	
	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				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII	r	12	<u> </u>	<u> </u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No	21	\$ 1. m	***
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	•	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		45		<del></del>
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		<u> </u>
16	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
17	· ·		10		<del></del>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		<u> </u>		<del></del> -
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				<u> </u>
. •	If "Yes," complete Schedule G, Part III		19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		X
				990	(2009)

Checklist of Required Schedules (continued) Part IV Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 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 X 24b through 24d and complete Schedule K. If "No," go to line 25. 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 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 X 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 25b X 990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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? X If "Yes," complete Schedule L, Part III 27 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) X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b 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, X 28c Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X 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, X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and X 38 19? Note. All Form 990 filers are required to complete Schedule O

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 12 Statements, filed for the calendar year ending with or within the year covered by this return X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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 by this return? 3a X X If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 4a **b** If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с required to file Form 8282? \_7d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7<u>g</u> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h required? 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. Did the organization make any taxable distributions under section 4966? 9a 9b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10<u>a</u> Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them ) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in

Enter the number of voting members of the governing body  1	Sec	stion A. Governing Body and Management			
1a Enter the number of voltage members of the governing body Enter the number of voltage members that are nedependent 2 Dul any officer, director, fusuele, or key employee have a family relationship or a business relationship with any other officer, director, fusuele, or key employees to a management during out of the direct supervision of officers, directors fusuele, or key employees to a management of under the direct supervision of officers, directors for triviates, or key employees to a management of under the direct supervision of officers, directors or triviates, or key employees to a management of under the direct supervision of officers, directors or triviates, or key employees to a management operation of the programazion make an applicant changes to its organizational obsciousness asserts? 5 Did the organization have members, stockholders, or other persons who may elect one or more members 6 X X 5 Did the organization have members, stockholders, or other persons who may elect one or more members 7 a Did be segmentation obsciousness of the governing body? 8 b As any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b Did the organization contemporareously document the meetings held or written actions undertaken during 1 the year by the following 1 the year by the following 2 the year by the following 2 the year by the following 3 the grammazion contemporareously document the meetings held or written actions undertaken during 1 the year by the following 2 the year by the following 3 the organization and without the direct persons and procedures of the governing body? 3 to be a committee with authority to act on behalf of the governing body? 4 the organization have been supposed as a management of the governing body? 4 the organization have local chapters, branches or affalses? 4 the organization have local chapters, branches or affalses? 4 the organization have local chapters, branches or affalses? 5 the organization have a written moderate provided a cop	<u> </u>	Ston A. Coverning Body and management		Yes	No
b Einer the number of volting members that are independent 2 Dd any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employee? 3 Det the organization delegate control over management dulase customarily performed by or under the direct supervision of officers, director to insteade, or key employees to a management company or other person? 4 Det the organization base any significant changes to its organizational documents ance the prior Form 990 was filed? 5 Did the organization base members of stockholders? 6 Does the organization have members of stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 Does the organization have members, stockholders, or other persons? 7 Does the organization have members, stockholders, or other persons? 8 Dot the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 Det be commended with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key ampleyee fisted in Part VIII, Section A, who cannot be reached at the organization and behalf of the governing and addresses in Schedule O  10 Dees the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Dees the organization have a written organization and behalf of procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistently with recreate the procedure of the programation? 10 Dees the organization have a written organization of the deliberation and debruction policy? 11 Dees the organization have a	1a	Enter the number of voting members of the governing body		100	
2		——————————————————————————————————————		.	
any other officer, decelor, fusules, or key employee?  3. Did the organization delegate control over management duties customanly performed by or under the direct suspervision of officers, direction or fusuless, or key employees to a management company or other person?  3. X.  4. Did the organization become aware during the year of a material diversion of the organization sasetis?  5. Did the organization have members as totachiodistrs?  6. Does the organization have members, subchiodistrs?  7. Does the organization have members, subchiodistrs, or other persons who may eliot one or more members  7. of the governing body?  8. Did the organization on have members, subchiodistrs, or other persons who may eliot one or more members  8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  8. The governing body?  9. It is poverning body?  9. Each committee with authority to act on behalf of the governing body?  9. It is there any officer, director, trustee, or eye employee islated in Part VII, Section A. who camnot be reached at the organization is making address. If Yes, I provide the names and addresses in Schedule O.  9. X.  8. Soction B. Politicies (This Section B requests information about policies not required by the internal Revenue Code)  10. Does the organization have written policies and procedures governing the activities of such chapters.  11. If Yes, Tokes the organization have written policies and procedures governing the activities of such chapters.  12. If Yes I have the organization have written policies and procedures governing the activities of such chapters.  13. If Yes I have the organization have a written conflict of interest policy? If Yivo, 1 go to line 13.  14. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  15. Does the organization have a written organization or of the governing the organization or the way and the organization or tha	2				
3 Del the organization delegiate control over management duties customantly performed by or under the direct supervisor of officiers, directors or Insulses, or key employee to an aniagement domesting or other person?  4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a material diversion of file organizations assess?  6 X  7 Does the organization have members a stockholders, or other persons who may elect one or more members of the governing body?  7 Did the organization of the governing body subject to approval by members, stockholders, or other persons?  7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  8 To governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  8 To governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  8 To governing body?  9 Is there any officier, director, irrustice, or key employee listed in Part VII. Section A, who cannot be reached at the organization sharples of the governing body?  9 Is there any officier, director, irrustice, or key employee listed in Part VII. Section A, who cannot be reached at the organization sharples of the governing body before filling the governing the governing the governing body befo			2		X
supervision of officers, directions or ituatises, or key employees to a management company or other person?  A	3				
4 Def the organization make any significant changes to its organization of the organization rake any significant changes to its organization of the organization have members or stockholders?  5 Des the organization have members or stockholders, or other persons who may elect one or more members  6 To Des the organization have members or stockholders, or other persons who may elect one or more members  7 To Des the organization have members or stockholders, or other persons who may elect one or more members  8 Ded the organization contemporations by the persons who may elect one or more members  8 Ded the organization organizations organizations that the meetings held or written actions undertaken during  1 the year by the following  8 The governance body?  8 The governance body?  8 The governance body?  9 Section B. Additional such any the persons that the organization or memory body?  9 Section B. Politice is a such as the organization or the persons of the governance body?  10 Section B. Politice is (This Section B requests information about policies not required by the Internal  8 Revenue Code!  10 Des the organization have for the governance of the governance			3		X
5 Does the organization have members or sicokholders?  7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  5 Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  6 A Z  7 D X  7 D X  8 D Id the organization of the governing body subject to approval by members, stockholders, or other persons?  7 D Id the organization of the governing body subject to approval by members, stockholders, or other persons?  8 D Id the organization of the governing body?  8 D Id the organization or the governing body?  8 D Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached  at the organization shading address? If Vers, provide the names and addresses in Schedule O  9 X  8 Section B. Politicles (This Section B requests information about policies not required by the internal Revenue Code)  10a Does the organization have local chapters, branches, or affiliates?  10a Describe organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organization?  11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  12a Describe in Schedule O the process, if any, used by the organization to review this Form 990  12a Dess the organization have a written conditict of interest policy? If TNO, 9 to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give a set to conflict?  12b Does the organization have a written diversified to the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15b Are officers of key employees of the organization in the following persons in	4		4		X
Ta Des the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  A rea any decisions of the governing body subject to approval by members, stockholders, or other persons?  Ty X X X  B Det the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  B Each committee with authority to act on behalf of the governing body?  Ty Each to Type and the governing body the Internal Revenue Code  Ty Each No.  Ty Each N	5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
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Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code	9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
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with a taxable entity during the year?  b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ IL  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website ☐ Another's website ☒ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ IAODAPCA  401 E. SANGAMON AVENUE	16a	,			
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the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ IL  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)  available for public inspection. Indicate how you make 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 makes its governing documents, conflict of interest policy, and financial statements available to the public  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ IAODAPCA  401 E. SANGAMON AVENUE	ь		122		
the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ IL  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make 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 makes its governing documents, conflict of interest policy, and financial statements available to the public  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ IAODAPCA  401 E. SANGAMON AVENUE	-				}
Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ IL  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website □ Another's website ☒ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ IAODAPCA  401 E. SANGAMON AVENUE			16ь		
<ul> <li>List the states with which a copy of this Form 990 is required to be filed ► IL</li> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply □ Own website □ Another's website ▼ Upon request</li> <li>Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► IAODAPCA</li> <li>401 E. SANGAMON AVENUE</li> </ul>	Sec				
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. If Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization. IAODAPCA  1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply available Check all that apply available organization for substituting the properties of the public inspection. Substituting the public inspection indicate how you make these available Check all that apply available for public inspection. Indicate how you make these available Check all that apply available for public inspection. Indicate how you make these available Check all that apply available for public inspection. Indicate how you make these available Check all that apply available for public inspection. Indicate how you make these available Check all that apply available for public inspection. Indicate how you make these available Check all that apply available for public inspection. Indicate how you make these available Check all that apply available for public inspection. Indicate how you make these available Check all that apply available for public inspection. Indicate how you make these available Check all that apply available for public inspection. Indicate how you make these available Check all that apply available for public inspection. Indicate how you make these available Check all that apply available for public inspection. Indicate how you make these available Check all that apply available for public inspection. Indicate how you make these available Check all that apply available for p					
available for public inspection. Indicate how you make these available. Check all that apply  Own website. Another's website. Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► IAODAPCA  401 E. SANGAMON AVENUE					
Own website					
<ul> <li>Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► IAODAPCA</li> <li>IAODAPCA</li> <li>SANGAMON AVENUE</li> </ul>					
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► IAODAPCA 401 E. SANGAMON AVENUE	19				
organization ▶ IAODAPCA 401 E. SANGAMON AVENUE		policy, and financial statements available to the public			
	20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
SPRINGFIELD IL 62702 217-698-8110		<b>-</b>			_
	SI	PRINGFIELD IL 62702	217-69	8-8	<u>110</u>

# 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."

Check this box if the organization did not compensate any current officer, director, or trustee

- 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			((	C)	that a	oply)	(D) Reportable	( <b>E</b> ) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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
DAN LUSTIG						Π		_		
PAST PRESIDENT	1.00		<u> </u>					0	0	0
KELLIE GAGE										_
VICE PRESIDENT	1.00	X						0	0	0
PATRICIA HOULIHAN								_		_
DIRECTOR	1.00	X	<u> </u>					0	0	0
TRICIA BOWDIDGE								_		_
DIRECTOR	1.00	X	<u> </u>		ļ		L_	0	0	0
STEVE BRYANT								_	_	_
DIRECTOR	1.00	X		L		$oxed{oxed}$		0	0	0
JOHN REESE								_		
DIRECTOR	1.00	X	L				<u> </u>	0	0	0
ARMANDO REYES								_	_	_
DIRECTOR	1.00	X			L	ļ_		0	0	0
MARCIA VAN NATTA		1						_	_	_
DIRECTOR	1.00	X	L_		_	<u> </u>		0	0	0
JOE TROIANI		l							_	
DIRECTOR	1.00	Х	L	<u> </u>			_	0	0	0
SUE KIRK										
DIRECTOR	1.00	X				ļ		0	0	0
STELLA NICHOLSON										
DIRECTOR	1.00	X	<u> </u>	<u> </u>	<u> </u>	<b> </b>	ļ.—	0	0	0
VALERIE ARNETT								_		
PRESIDENT	1.00	_		Х	_	ļ	_	0	0	0
LAWRENCE DUNBAR	1 00								_	
DIRECTOR	1.00	$\vdash$	-	X				0	0	0
DONA HOWELL	1 00			١.,	ŀ			_		
TREASURER	1.00	$\vdash$		X	-	⊢	-	0	0	0
VIRGINIA KICH	1 00			3,7				_	_	o
SECRETARY	1.00	$\vdash$	<u> </u>	X		$\vdash$	_	0	0	<u> </u>
					1				1	
		$\vdash$	<u> </u>	$\vdash$	$\vdash$	$\vdash$	<del> </del>			
				ļ,	]					II.
					1	1		i e	i	

Form 990 (2009)	Illinois	Alcohol	æ	Other	Drug	Abuse	36-3122841

	rt VII Section A. Officers,	, Directors, 110s	1003	, NO	יום ע	ibio	yees	, an	d Highest Compensated E	ripioyees (commuea)			
	(A) (B) (C) Name and Title Average hours per Sign   Sign					(D)  Reportable compensation	(E) Reportable compensation from related	Estir amo	F) nated unt of				
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	compe fron organ and r	her nsation n the ization elated zations		
_													
											<del>-</del> .		
							-						
	· · · · · · · · · · · · · · · · · · ·												
										<del></del>			
					_							_	
									_		<del></del> -	·	
	<del></del>				_								
	Parks . Section .												
1b	Total							▶_					
2	Total number of individuals (inc	-			ose	liste	d abo	ve)	who received more than \$1	00,000 in			
	reportable compensation from t	the organization I	<u> </u>	1_								т	
3	Did the organization list any for employee on line 1a? If "Yes," of							oloye	ee, or highest compensated		3	Yes	No_
4	For any individual listed on line the organization and related organization	1a, is the sum of	repo	ortab	le co	mpe	ensat				4		x
5	individual  Did any person listed on line 1a services rendered to the organi	zation? If "Yes,"									5		х
<u> Ѕес</u> 1	tion B. Independent Contractor  Complete this table for your five compensation from the organiz	e highest comper	sate	d inc	lepe	nder	nt cor	ntrac	tors that received more tha	n \$100,000 of	<u> </u>		
		(A) business address							Descrip	(B) tion of services		(C) Compensa	tion
								-				<del></del> -	
								_					
	Total accept.						1. "						
DAA	Total number of independent compenses than \$100,000 in compen		-				io in	ose	iisied above) who received			o rm <b>990</b>	(2009)

Form 990 (2009), Illinois Alcohol & Other Drug Abuse 36-3122841

Pa	rt V	III Statement of Rev	enue			<u></u>			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S SS	1a	Federated campaigns	1a			<del></del>	1010.120	<del>,</del> -	
an		Membership dues	1b						
ğ,		Fundraising events	1c						
jifts ar a		Related organizations	1d						
is, c		Government grants (contributions)	10	•					
tion		All other contributions, gifts, grants,	1						
the		and similar amounts not included above	1f						
ntri	a	Noncash contributions included in lines 1		\$					
Se	_	Total. Add lines 1a-1f		•	▶				
Program Service Revenue   Contributions, gifts, grants and other similar amounts					Busn. Code				_
en.	2a	ANNUAL FEES GOV AG	ENCIES			441,645	441,645		-
Rev	b	Conferences				193,615	193,615		
ice	С	Exam & Application	Fees			115,020	115,020		
Šez	d	Continuing Education			-	44,895	44,895		
Ē	8	Petitions & Extens				27,073	27,073		
gra	f	All other program service reve	enue			68,641	68,641		
Pr	g	Total. Add lines 2a-2f			•	890,889	<u> </u>		
	3	Investment income (including	dividen	ds, interes	t, and				
		other similar amounts)			•	1,473			1,473
	4	Income from investment of ta	x-exemp	t bond pro	oceeds 🕨				
	5	Royalties			<b>•</b>				
		(ı) Real		(II) F	Personal				
	6a	Gross Rents							
	b	Less rental exps							
	C	Rental inc or (loss)							
	_d	Net rental income or (loss)			<u> </u>				· · · · · · · · · · · · · · · · · · ·
	7a	Gross amount from sales of assets (i) Securiti	es	(11)	Other				
		other than inventory							
	b	Less cost or other							
		basis & sales exps		ļ					
	C	Gain or (loss)		<u> </u>					
	d	Net gain or (loss)			<b>•</b>				
<u>o</u>	8a	Gross income from fundraising ev	ents						
		(not including \$							
β		of contributions reported on line 1	c)						
Other Revenu		See Part IV, line 18	а						
Ě	b	Less direct expenses	b						
	C	Net income or (loss) from fun	-	events	<b>•</b>				
	9a	Gross income from gaming activiti	es						
		See Part IV, line 19	а						
		Less direct expenses	b						
		Net income or (loss) from gar	-	vities	•				
1	10a	Gross sales of inventory, less							
		returns and allowances	а						
		Less cost of goods sold	b						
	С	Net income or (loss) from sale		entory	<b>▶</b>				
		Miscellaneous Reveni			Busn. Code		İ		
	11a	Newslettter Advertis	ıng		541800	5,605		5,605	
	b	Mailing Lists			<del></del>	5,105			
	C	Miscellaneous				1,926	1,926	<del></del>	<u> </u>
	d	All other revenue				10 636			<u> </u>
	42	Total Bayerya Saa materials				12,636		E 60F	1 472
	12	Total Revenue. See instruction	ULIS			904,998	897,920	5,605	1,473

#### Form 990 (2009) . Illinois Alcohol & Other Drug Abuse 36-3122841

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 co				
	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,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
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	354,680	251,823	102,857	* <del>*</del>
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)	7,340	5,211	2,129	
9	Other employee benefits	1,497	1,063	434	
10	Payroll taxes	32,626	23,164	9,462	
11	Fees for services (non-employees)	/			
a	Management				
b	<b></b>	12,270		12,270	
c	Accounting	2,800		2,800	
	Lobbying				
е	. <b></b>				
f	Investment management fees		<del></del>		<del></del>
g	Other				<del></del>
12	Advertising and promotion				
13	Office expenses	32,022	26,059	5,963	<del></del>
14	Information technology	7,916	6,333	1,583	
15	Royalties	.,,,,,,	- 0,000		
16	Occupancy	30,134	22,267	7,867	
17	Travel	7,892	5,394	2,498	<del></del>
18	Payments of travel or entertainment expenses	.,,552			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	193,336	190,949	2,387	· · · · · · · · · · · · · · · · · · ·
20	Interest	11,663	150,545	11,663	<del></del>
21		11,000			<del>-</del>
22	Payments to affiliates  Depreciation, depletion, and amortization			<del></del>	<del></del>
23	Insurance	53,643	38,086	15,557	
23	insurance	33,043	30,000		
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 ) ICRC TESTING	25,018	25,018		<del></del>
a	TELEPHONE	14,869	12,163	2,706	<del></del>
b	Loss on sale	7,559	12,103	7,559	
C	BANK CHARGES	7,339		7,339	
d	ASSOCIATION MEMBERSHIPS	5,900		5,900	-
0	<b>—</b>	7,444	E 1E2	2,291	
f ae		815,989	5,153 612,683		<del></del> _
25	Total functional expenses. Add lines 1 through 24f	015,969	012,083	203,306	<del></del>
26	Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation				Farm 990 (200)

Form 990 (2009) Illinois Alcohol & Other Drug Abuse 36-3122841

Form 99 Part	<u>0 (2009) . Illinois Alcohol &amp; Othe</u> X Balance Sheet	er Dri	ug Abuse 36-	-3122841		Page <b>11</b>
- art	Datance Officer			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing				1	
2	Savings and temporary cash investments			431,815	2	477,322
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Receivables from current and former officers, directors, tro	ustees, ke	y			
	employees, and highest compensated employees Comple	ete Part II	of			
	Schedule L				5	
6	Receivables from other disqualified persons (as defined u	nder sectio	on			
	4958(f)(1)) and persons described in section 4958(c)(3)(B	) Comple	te			
	Part II of Schedule L				6	<del></del>
# 7	Notes and loans receivable, net				7	
Assets 8	Inventories for sale or use				8	·- · · · · · · · · · · · · · · · · · ·
<b>⋖</b>   9	Prepaid expenses and deferred charges			665	9	1,117
10:	a Land, buildings, and equipment cost or					
	other basis Complete Part VI of Schedule D	10a	672,507			
1	Less accumulated depreciation	10b	182,125	492,158	10c	490,382
11	Investments—publicly traded securities		Ļ		11	
12	Investments—other securities See Part IV, line 11		Ļ		12	
13	Investments—program-related See Part IV, line 11		_		13	
14	Intangible assets		1		14	100 005
15	Other assets See Part IV, line 11		_	89,094	15	102,035
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,013,732	16	1,070,856
17	Accounts payable and accrued expenses		17			
18	Grants payable		-	100 055	18	000 070
19	Deferred revenue		-	189,357	19	202,072
20	Tax-exempt bond liabilities		-		20	
Liabilities 52	Escrow or custodial account liability Complete Part IV of		D		21	<del>_</del>
<b>≟</b>   22	•					
ap	employees, highest compensated employees, and disqua	lified				
- 1	persons Complete Part II of Schedule L		-	207 416	22	105 022
23	Secured mortgages and notes payable to unrelated third p		-	207,416	23	195,832
24	Unsecured notes and loans payable to unrelated third par	ties	į-		24	
25	Other liabilities Complete Part X of Schedule D		-	396,773	25	397,904
26	Total liabilities. Add lines 17 through 25	P	<del></del>	390,173	26	391,904
Š	Organizations that follow SFAS 117, check here	and				
Ĕ	complete lines 27 through 29, and lines 33 and 34.			616,959	27	672,952
B 27	Unrestricted net assets		}	010,333	28	012,332
28 B 20	Temporarily restricted net assets		-		29	
E 29	Permanently restricted net assets  Organizations that do not follow SFAS 117, check her	. E 1	}		23	
Ĕ		6 P (_ ;				
ō   20	and complete lines 30 through 34.				30	
ets 30	Capital stock or trust principal, or current funds	und	<u> </u>		31	
98 31 32	Paid-in or capital surplus, or land, building, or equipment f Retained earnings, endowment, accumulated income, or or		<u>,</u>	<del></del>	32	
Net Assets or Fund Balances	Total net assets or fund balances	Jaior Junu:	<b>`</b>	616,959	<del></del>	672,952
Ž 34	Total liabilities and net assets/fund balances		<u> </u>	1,013,732		1,070,856
34	Total liabilities and het assets/fullu balances			-,, · <u></u>		-, 0 . 0 , 00

Form **990** (2009)

orm	1990 (2009) Illinois Alcohol & Other Drug Abuse 36-3122841		Pa	<u>ge 12</u>
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	[		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O	i l		!
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
þ	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	i l		
	the 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			
	Schedule O		1	
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			ļ
	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

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 2009

Open to Public

Name of the organization

Illinois Alcohol & Other Drug Abuse Professional Cert Association, Inc.

Employer identification number 36-3122841

					<u> </u>								
P	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this pa	art.) S	ee ins	tructio	ns.		
The	orga	nization is not	a private foundation because	it is (For lines 1 through 11, che	eck only or	ne box )							
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(	A)(i).						
2		A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital servic	e organization described in secti	ion 170(b)	(1)(A)(iii)							
4		A medical res	search organization operated	in conjunction with a hospital de	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	ne hospit	al's name,		
	_	city, and state	9										
5		An organizati	on operated for the benefit of	f a college or university owned or	r operated	by a gove	ernmenta	al unit de	scribed	ın			
			b)(1)(A)(ıv). (Complete Part										
6		A federal, sta	te, or local government or go	vernmental unit described in sec	tion 170(	b)(1)(A)(v	·).						
7	1-5	An organizati	on that normally receives a s	ubstantial part of its support from	n a govern	mental ur	ut or fron	n the ge	neral pu	iblic			
	• • •	described in s	section 170(b)(1)(A)(vi). (Co	omplete Part II )									
8	[ -7	A community	trust described in section 13	70(b)(1)(A)(vi). (Complete Part II	l)								
9	X	An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross											
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its											
		support from	gross investment income and	d unrelated business taxable inco	ome (less	section 51	l1 tax) fr	om busi	nesses				
		acquired by tl	he organization after June 30	, 1975 See section 509(a)(2). (	Complete	Part III)							
10		An organizati	on organized and operated e	xclusively to test for public safety	y See sec	tion 509(	a)(4).						
11		An organization	on organized and operated e	xclusively for the benefit of, to pe	erform the	functions	of, or to	carry ou	it the				
		purposes of o	ne or more publicly supporte	d organizations described in sec	tion 509(a	)(1) or se	ction 509	9(a)(2) \$	See <b>se</b> c	tion			
		<b>509(a)(3)</b> . Ch	eck the box that describes th	e type of supporting organization	n and com	plete lines	11e thr	ough 11	h				
		a Type	b [] Type II	c Type III–Functions	ally integra	ted	ď	, Typ	e III-Ot	her			
е		By checking t	his box, I certify that the orga	inization is not controlled directly	or indirec	tly by one	or more	disqual	fied				
		persons other	r than foundation managers a	and other than one or more public	cly suppor	ted organ	ızatıons	describe	d in se	ction			
		509(a)(1) or s	section 509(a)(2)										
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box										
9		Since August	17, 2006, has the organizati	on accepted any gift or contributi	ion from ai	ny of the							
		following per	sons?										
		(i) A persor	n who directly or indirectly co	ntrols, either alone or together w	ith persons	s describe	ed in (ii)					Yes	No
		and (III) b	pelow, the governing body of	the supported organization?							11g(ı)	Ь—	
		(ii) A family	member of a person describe	ed ın (ı) above?							11g(II)	Ь—	ļ
		(iii) A 35% c	ontrolled entity of a person d	escribed in (i) or (ii) above?							11g(iii)		<u> </u>
<u>h</u>		Provide the f	ollowing information about th	e supported organization(s)	<del>, -</del>		<del>,</del>				<del></del>		
(i)		e of supported	(II) EIN	(ili) Type of organization		organization		ou notify		s tne	(vii) Am		
	org	anization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organizat (i) organi	zed in the	sup	юп	
				(see instructions))	governing		sup	port?	U	S?			
					Yes	No	Yes	No	Yes	No			
				}	}	ł		}					
		<u></u>			<b>_</b>				ļ	<b></b>			
					<del> </del>		ļ	ļ	ļ				
										[ [			
					<del> </del>	<del> </del>	<u> </u>	<u> </u>					
					<del></del>	<b></b>		<del></del>	<del> </del>	├			
					+	<del></del>	<del></del>		<del> </del>	├	<del>_</del>		
Tota					1	]		}					
ıvıa			1	1		I	i		1				

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

Schedule A (Form 990 or 990-EZ) 2009

	dule A (Form 990 or 990-EZ) 2009 111					-3122841	Page 2
	Support Schedule for Or (Complete only if you che				1)(A)(iv) and 1	70(b)(1)(A)(vi)	
Sec	tion A. Public Support						
	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						
Sec	tion B. Total Support						
Cal	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						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
1	Total support. Add lines 7 through 10						
2	Gross receipts from related activities, etc. (s	•		501	. 504/ \	12	<del></del>
3	First five years. If the Form 990 is for the o	rganization's first, s	second, third, fourtr	i, or fifth tax year a	as a section 501(c)(	(3)	<b>⊾</b> f
200	organization, check this box and stop here tion C. Computation of Public Sur	nort Porcenta	200		<del></del>	<del></del>	
	<del></del>	<del></del>		5)		14	%
4	Public support percentage for 2009 (line 6, c			())			<del></del>
5	Public support percentage from 2008 Sched			and less 44 to 22	4/2 0/		
6a	33 1/3 % support test—2009. If the organiz			, and line 14 is 33	1/3 % or more, che	eck this box	
	and stop here. The organization qualifies a		-	40 11 45	22.4/2.8/		<b>P</b> i 3
b	33 1/3 % support test—2008 If the organiz				is 33 1/3 % or more	e, check this	<b>⊾</b> f
٠.	box and stop here. The organization qualifi				406	- 400/	<b>P</b> 1
7a	10%-facts-and-circumstances test—2009	_					
	more, and if the organization meets the "fac			-		v now the	<b>⊾</b> Γ ?
	organization meets the "facts-and-circumsta		-		_		<b>&gt;</b>
b	10%-facts-and-circumstances test—2008	•					
	more, and if the organization meets the "fac			•		V now the	
_	organization meets the "facts-and-circumsta	•	•		•		
8	Private foundation, if the organization did i	not check a box on	line 13, 16a, 16b.	17a, or 17b, check	this box and see in	nstructions	<b>▶</b> ' `

Page 3

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

(Complete only if you checked the box on line 9 of Part I)

Sec	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")	357,417	372,274	380,392	424,983	441,645	1,976,711
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	463,110	473,714	487,572	457,308	461,880	2,343,584
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	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	16,945					16,945
6	Total. Add lines 1 through 5	837,472	845,988	867,964	882,291	903,525	4,337,240
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	454 644	465 161	470 703	440 450		1 047 047
С	amount on line 13 for the year  Add lines 7a and 7b	454,644 454,644	465,161	478,783 478,783	448,459 448,459		1,847,047
8	Public support (Subtract line 7c from	454,644	403,101	470,703	440,439		1,047,047
_	line 6)						2,490,193
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	837,472	845,988	867,964	882,291	903,525	4,337,240
9 10a	Gross income from interest, dividends,	637,472	643,966	867,964	862,291	903,325	4,337,240
100	payments received on securities loans, rents, royalties and income from similar sources	9,107	9,306	10,904	2,566	1,473	33,356
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	9,107	9,306	10,904	2,566	1,473	33,356
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	846,579	855,294	878,868	884,857	904,998	4,370,596
14	First five years. If the Form 990 is for the c	-	econd, third, fourth	, or fifth tax year as	s a section 501(c)(3	)	
Sec	organization, check this box and stop here tion C. Computation of Public Su				<del></del>		
15	Public support percentage for 2009 (line 8,	<del>'</del>	*	<u>,                                     </u>		15	56.98%
16	Public support percentage from 2008 Scher	'''	•	"		16	45.30%
	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (lim			lumn (f))		17	1 %
18	Investment income percentage from 2008 S		=	```		18	1 %
19a	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bo	nization did not chec	k the box on line 1				▶ [X̄
b	33 1/3 % support tests—2008. If the organ						
	line 18 is not more than 33 1/3 %, check thi	s box and stop here	e. The organization	qualifies as a publ	licly supported orga	nızatıon	

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

Employer identification number Name of the organization Illinois Alcohol & Other Drug Abuse 36-3122841 Professional Cert Association, Inc. 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 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 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 charitable 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 Part II 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 Preservation of certified historic structure Protection of natural habitat 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 2b **b** Total acreage restricted by conservation easements 2с c Number of conservation easements on a certified historic structure included in (a) 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 the taxable year 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 Yes No violations, and enforcement of the conservation easements it holds? 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 Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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. Part III 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 Assets included in Form 990, Part X

		<u>lcohol &amp; Otl</u>	er Drug Ab	use 36-31	22841			P	<u>age 2</u>
Pa	rt III Organizations Maintaining C	ollections of Art, I	Historical Treasu	ures, or Other S	imilar Ass	ets (C	ontinue	d)	
3	Using the organization's acquisition, accession, accession, collection items (check all that apply)	and other records, check	any of the following	that are a significant	use of its				
a	Public exhibition	<b>d</b> Loan	or exchange program	ıs					
b	Scholarly research	e Other							
С	Preservation for future generations	- []				_			
4	Provide a description of the organization's collect	tions and explain how th	ey further the organiz	ation's exempt purpo	se in				
5	During the year, did the organization solicit or re- assets to be sold to raise funds rather than to be	ceive donations of art, hi	storical treasures, or e organization's colle	other similar			Ye	s	No
Pa	irt IV Escrow and Custodial Arran				res" to Fo	rm 990		• '	
•	IV, line 9, or reported an amo		-				, ,		
1-						<del></del>			
ıa	Is the organization an agent, trustee, custodian o	or other intermediary for	contributions of other	assets not			[ ' w-		3
	included on Form 990, Part X?						Ye	s  _	NO
þ	If "Yes," explain the arrangement in Part XIV and	complete the following	table				<u> </u>		
					<u> </u>		Amount	!	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				18				
f	Ending balance				1f				
	•	000 Day V Iva- 040							1
	Did the organization include an amount on Form	990, Part A, line 217					Ye	s L	No
	If "Yes," explain the arrangement in Part XIV	•		000 D4	N/ lim = 4/				
Pa	rt V Endowment Funds. Complet								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea	ars back	(e) Four	years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								_
	and losses			•	i				
d	Grants or scholarships								
	·								
Ð	Other expenditures for facilities				1				
	and programs				<del>                                     </del>				
f	Administrative expenses				ļ				
g	End of year balance			<u> </u>	<u> </u>		<u> </u>		
2	Provide the estimated percentage of the year en	d balance held as							
а	Board designated or quasi-endowment	<b>%</b>							
b	Permanent endowment > %								
С	Term endowment ▶ %								
	Are there endowment funds not in the possessio	n of the organization tha	t are held and admini	stered for the					
-		in or the organization tha	t are nele and damin	otered for the			[	Yes	No
	organization by						2-(1)	163	140
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		-
b	If "Yes" to 3a(II), are the related organizations list						3b		L
4	Describe in Part XIV the intended uses of the organic			<del> </del>					
Pa	rt VI Investments—Land, Building	s, and Equipment	. See Form 990	Part X, line 10		_			
	Description of investment	(a) Cost or other basis	(b) Cost or oth		cumulated		(d) Book	value	
		(investment)	basis (other	) depr	eciation				
1a	Land								
	Buildings	<del></del>							
	. •		<del></del>	<del></del>		+			
	Leasehold improvements		<del></del>			+			
	Equipment		<del></del>			+			
	Other		_L						
otal	. Add lines 1a through 1e (Column (d) must equa	i Form 990, Part X, colu	mn (B), line 10(c))		•	▶			

Schedule D (Form 990) 2009 Illinois Alcohol & Oth	ner Drug Abuse	36-3122841	Page 3
Part VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method of valua	
(including name of security)		Cost or end-of-year mark	ket value
Financial derivatives			
Closely-held equity interests			
Other			
	<u></u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 990	), Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valua	tion
		Cost or end-of-year mark	ket value
			<del></del>
	<del></del>		
	<del> </del>		
	<del> </del>		
Tatal (Oak as (b) as at a small a second Part V . I (D) (as 40)	-		<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15			
			/h\ Daalaaahaa
(a) Description			(b) Book value
DEFERRED COMPENSATION			102,035
			<del></del>
			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	102,035
Part X Other Liabilities. See Form 990, Part X, line 25	)		
1 (a) Description of liability	(b) Amount		
Federal income taxes			
	<del>                                     </del>		
	+		
Tatal (Calculation of a supplier of a suppli	<del>                                     </del>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	ation's financial statements th	and canada the	<del></del>

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 Illinois Alcohol & Other		122841	Page 4
Pa	nt 🗓 Reconciliation of Change in Net Assets from Form	990 to Audited Financial	Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	904,998
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	815,989
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	89,009
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	-33,016
9	Total adjustments (net) Add lines 4 through 8		9	-33,016
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	10	55,993
$\overline{}$	rt XII Reconciliation of Revenue per Audited Financial S		per Return	
1	Total revenue, gains, and other support per audited financial statements		1	904,998
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 .	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV )	2d	<del></del>	
6	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1		3	904,998
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	) [	-	000,000
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b	40	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	904,998
	rt XIII Reconciliation of Expenses per Audited Financial			302/333
1	Total expenses and losses per audited financial statements	otatomonto min un pondo	1	849,005
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		<del> </del>	
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	<del>  </del>	
C	Other losses	2c	<del> </del>	
			3,016	
d	Other (Describe in Part XIV )	20 3.	20	33,016
9	Add lines 2a through 2d		3	815,989
3 4	Subtract line 2e from line 1	) [		013,303
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 40		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del></del>	
D	Other (Describe in Part XIV )	4b	<del></del>	
	Add lines 4a and 4b		4c	815,989
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			813,969
	nt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3, and 9, and 9			
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Par	t XIII, lines 2d and 4b. Also complet	e	
-	art to provide any additional information	Other		
_ P3	art XI, Line_8Reconcilation_of Chang	des - Oruer		
DI	EPRECIATION		_ <b>\$</b> 3	3,016
_Pa	art XIII, Line 2d - Expense Amounts In	cluded in Financi	alsOther	
DI	EPRECIATION			3,016
_				
			_ <del>_</del>	<del>_</del>

Schedule D (Fo	orm 990) 2 <u>00</u> 9	Ill e	inois	Alcoh	ol &	Other	Drug	<u>Abuse</u>	36-31	22841	_	Page <b>5</b>
Part XIV	Supplem	ental Inf	ormation	(continue	ed)							
					~	:						
_												
											·	
								_	_			
					_							
						`						
					_							
												<b>-</b>
											. <u></u> .	
				. <u> </u>								~ _
				. <b>–</b> – -								
				. <del>-</del>								

SCHEDULE J.

(Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

**Compensation Information** 

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Illinois Alcohol & Other Drug Abuse Professional Cert Association, Inc.

Employer identification number

36-3122841

Pa	rt I Questions Regarding Compensation				
				Yes	No
		41. 41			
1a	Check the appropriate box(es) if the organization provided any c				
	990, Part VII, Section A, line 1a Complete Part III to provide any				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a is checked, did the organization fo	illow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described a	above? If "No," complete Part III to			
	explain		1b		
2	Did the organization require substantiation prior to reimbursing of	or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, reg		2		
3	Indicate which, if any, of the following the organization uses to e	stablish the compensation of the			
	organization's CEO/Executive Director Check all that apply				
	Compensation committee	X Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Sec	ction A, line 1a, with respect to the filing			
	organization or a related organization				
а	Receive a severance payment or change-of-control payment?		4a		X
	Participate in, or receive payment from, a supplemental nonqual	lified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compe		4c_		X
	If "Yes" to any of lines 4a-c, list the persons and provide the app				
	Only section 501(c)(3) and 501(c)(4) organizations must cor	mplete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did t	the organization pay or accrue any			
	compensation contingent on the revenues of				
а	The organization?		5a		X
b	Any related organization?		5b		X
	If "Yes" to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did t	the organization pay or accrue any			
	compensation contingent on the net earnings of		1		
а	The organization?		6a		X
b	Any related organization?		6b		X
	If "Yes" to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did t	the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Pa	art III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accru				
	subject to the initial contract exception described in Regs section				1
	in Part III	• • • •	8		_X_
9	If "Yes" to line 8, did the organization also follow the rebuttable p	presumption procedure described in			
•	Pagulations section 53 4958-6(c)?	• •	ا و ا		

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

Schedule J (Form 990) 2009

Part II

Page 2

Illinois Alcohol & Other Drug Abuse 36-3122841

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Schedule J (Form 990) 2009

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)—(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdown	of W-2 and/or 1099-MISC		(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name	(i) Base compensation	(i) Base (II) Bonus & Incentive (III) Othe compensation compensation compensation	- a 5	other deferred compensation	benefits	(B)(ı)+(D)	reported in prior Form 990 or Form 990-EZ
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(a) (b)					•		
(0)					,		
(0)							
(0)							
(n) (1)					•		
(0)							
(i)							
(D)							
(o)							
(n) (t)							
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(n) (n)	0			•	,		
(0)			•		•		
						Sched	Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 2009

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.

Open to Public Inspection

Name of the organization

Illinois Alcohol & Other Drug Abuse Professional Cert Association, Inc.

Employer identification number 36-3122841

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

The 990 is prepared by a CPA, reviewed by management and provided to the Board of Directors for review.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation based on performance

Form 990, Part VI, Line 15b - Compensation Process for Officers Compensation based on performance.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are made available upon request.