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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form  
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)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2009****Open to Public  
Inspection****A** For the 2009 calendar year, or tax year beginning **04/01/09**, and ending **03/31/10****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C** Name of organization**ISA, WILL-DUPAGE SECTION**

Number and street (or P O box, if mail is not delivered to street address)

**3509 CRICKET AVE**

Room/suite

City or town, state or country, and ZIP + 4

**NEW LENOX****IL 60451****D** Employer identification number**36-3820910****E** Telephone number**815-474-7087****F** Group Exemption

Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method ☒ Cash ☐ Accrual  
Other (specify) ▶**I** Website: ▶ **WWW.ISA.ORG****J** Tax-exempt status (check only one) — ☒ 501(c) ( **3** ) (insert no ) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **47,934****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	<b>2,562</b>
	4	Investment income	4	<b>487</b>
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	<b>43,655</b>
	b	Less direct expenses other than fundraising expenses	6b	<b>28,592</b>
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<b>15,063</b>	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ <b>SEE STATEMENT 2</b> )	8	<b>1,230</b>	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<b>19,342</b>	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	<b>2,101</b>
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ <b>SEE STATEMENT 3</b> )	16	<b>12,444</b>
	17	<b>Total expenses.</b> Add lines 10 through 16	17	<b>14,545</b>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>4,797</b>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<b>52,443</b>
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<b>57,240</b>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<b>52,443</b>	<b>57,240</b>
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 <b>Total assets</b>	<b>52,443</b>	<b>57,240</b>
26 <b>Total liabilities</b> (describe ▶ _____)	<b>0</b>	<b>0</b>
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>52,443</b>	<b>57,240</b>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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**ISA, WILL-DUPAGE SECTION****36-3820910**

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**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)****Expenses**

What is the organization's primary exempt purpose?

SEE STATEMENT 4

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

<b>28</b> TABLETOP SHOW - NETWORKING AND PRODUCT DEMONSTRATIONS LOCAL EXHIBITORS SHOWCASED THEIR PRODUCTS. 62 COMPANIES EXHIBITED WITH 198 PEOPLE REPRESENTING THOSE COMPANIES, 252 ATTENDEES. (Grants \$ ) If this amount includes foreign grants, check here	28a	12,453
<b>29</b> GOLF OUTING 136 GOLFERS, GREAT NETWORKING. (Grants \$ ) If this amount includes foreign grants, check here	29a	16,139
<b>30</b> MONTHLY MEETINGS EDUCATION FOR MEMBERS THROUGH DIFFERENT AUTOMATION PRESENTATIONS. APPROXIMATELY 35 PEOPLE ATTEND EACH MEETING. (Grants \$ ) If this amount includes foreign grants, check here	30a	12,444
<b>31</b> Other program services (attach schedule) <b>SEE STATEMENT 5</b> (Grants \$ <b>2,101</b> ) If this amount includes foreign grants, check here	31a	2,101
<b>32</b> Total program service expenses (add lines 28a through 31a)	32	43,137

**Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)**

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ALCORN, LUKE I-55 & E ARSENAL ROAD	JOLIET IL 60434	PROGRAM CHAIR 1.00	0	0
BOYES, WALTER 837 SUNCREST DRIVE	AURORA IL 60506	PROGRAM CHAIR 1.00	0	0
BURKE, BRIAN 4N 070 SWIFT	ADDISON IL 60101	SECRETARY 1.00	0	0
DESALVO, DINO 3509 CRICKET AVE	NEW LENOX IL 60451	TREASURER 3.00	0	0
FREER, DAN 7156 W 127ST #154	PALOS HEIGHTS IL 60463	WEBMASTER 1.00	0	0
HENDRICK, BILL 524 PEACOCK COURT	NAPERVILLE IL 60565	VICE PRESIDENT 1.00	0	0
KING, BEN 4839 W 128TH PLACE	ALSIP IL 60803	WEBMASTER 1.00	0	0
LEINHAUSER, MIKE 6418 BLACKHAWK TRAIL	INDIAN HEAD PARK IL 60525	EXHIBIT CHAIR 1.00	0	0
MEYERS, ED 135TH STREET & NEW AVE	LEMONT IL 60439	PRESIDENT 2.00	0	0
OLSON, STEVE 8805 N TABLER RD	MORRIS IL 60450	MEMBERSHIP CHAIR 1.00	0	0
PAZ, BRIAN 1776 COMMERCE DRIVE	ELK GROVE VILLAGE IL 60007	EDUCATION CHAIR 1.00	0	0
RIOJAS, DAVID 23563 W MAIN STREET	P IL 60544	EXHIBIT CHAIR 1.00	0	0
SABATH SR., JAY 4373 WOODLAND AVENUE	WESTERN SPRINGS IL 60558	PAST PRESIDENT 1.00	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		<b>X</b>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instr <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40a</b> , section 4955 <b>40a</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 <b>40b</b>		<b>X</b>
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T <b>40e</b>		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <b>41</b> <b>NONE</b>		
<b>42a</b> The organization's books are in care of <b>42a</b> <b>DINO DESALVO</b> Telephone no <b>42a</b> <b>815-474-7087</b> <b>3509 CRICKET AVE</b> Located at <b>42a</b> <b>NEW LENOX, IL</b> ZIP + 4 <b>42a</b> <b>60451</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <b>42b</b>		<b>X</b>
If "Yes," enter the name of the foreign country <b>42b</b>		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? <b>42c</b>		<b>X</b>
If "Yes," enter the name of the foreign country <b>42c</b>		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <b>43</b> <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44</b>		<b>X</b>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>45</b>		<b>X</b>

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**ISA, WILL-DUPAGE SECTION****36-3820910**Page **4**

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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		<b>X</b>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		<b>X</b>
<b>b</b> If "Yes," was the related organization a section 527 organization?		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

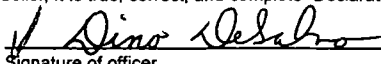

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000 ▶

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 ▶

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <b>6-5-10</b>	
	<b>DINO DESALVO</b> Type or print name and title		<b>TREASURER</b>	
<b>Paid Preparer's Use Only</b>	Preparer's signature	 <b>DONALD M DESALVO SR</b>	Date	<b>05/24/10</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4	<b>DONALD M. DESALVO, LTD.</b> <b>625 PLAINFIELD RD STE 130</b> <b>WILLOWBROOK, IL 60527</b>		Check if self-employed <input type="checkbox"/>
	Preparer's Identifying Number (See instr)		<b>P00105620</b>	
	EIN		<b>36-2785932</b>	
	Phone		<b>630-789-8782</b>	
May the IRS discuss this return with the preparer shown above? See instructions <span style="float: right;">▶ <input type="checkbox"/> Yes <input type="checkbox"/> No</span>				

Form **990-EZ** (2009)

DAA

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,845	2,680	2,373	2,453	2,562	12,913
<b>2</b> 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	44,941	36,120	42,655	44,953	43,655	212,324
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	47,786	38,800	45,028	47,406	46,217	225,237
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	47,786	38,800	45,028	47,406	46,217	225,237
<b>b</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 amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b	47,786	38,800	45,028	47,406	46,217	225,237
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	47,786	38,800	45,028	47,406	46,217	225,237
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		448	478	494	487	1,907
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b		448	478	494	487	1,907
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	608	910	1,430	905	1,230	5,083
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	48,394	40,158	46,936	48,805	47,934	232,227
<b>14 First five years.</b> 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 <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

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



**Part IV** **Supplemental 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**

MEETING INCOME \$ 5,083



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	<b>NONE</b> (total number)	
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				▶
11 Net income summary Combine line 3, column (d), and line 10				▶	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
Revenue	1 Gross revenue			43,655	43,655	
Direct Expenses	2 Cash prizes					
	3 Noncash prizes					
	4 Rent/facility costs					
	5 Other direct expenses			28,592	28,592	
	6 Volunteer labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	7 Direct expense summary Add lines 2 through 5 in column (d)				▶	28,592
	8 Net gaming income summary Combine line 1, column d, and line 7				▶	15,063

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities		
a Is the organization licensed to operate gaming activities in each of these states?	9a	X
b If "No," Explain		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," Explain		
11 Does the organization operate gaming activities with nonmembers?	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	X

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility		
<b>b</b>	An outside facility		
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► <b>DINO DESALVO</b>			
3509 CRICKET AVE			
Address ► <b>NEW LENOX</b>			
IL 60451			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$		
	and the amount of gaming revenue retained by the third party ► \$		
<b>c</b>	If "Yes," enter name and address of the third party		
Name ►			
Address ►			
<b>16</b>	Gaming manager information		
Name ►			
Gaming manager compensation ► \$			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

**Federal Statements****Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
MEMBER REBATES	\$ 2,562
TOTAL	\$ 2,562

**Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
MEETING INCOME	\$ 1,230
TOTAL	\$ 1,230

**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
EXPENSES	\$
	935
	324
CREDIT CARD CHARGES	1,148
MONTHLY MEETINGS	4,640
REGIONAL MEETINGS	3,403
BOARD MEETINGS	1,631
TAXES	13
MISCELLANEOUS	350
TOTAL	\$ 12,444

**Federal Statements****Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

TO PROMOTE PROFESSIONAL DEVELOPMENT IN AUTOMATION  
AND NETWORKING THROUGH MONTHLY MEETINGS, SEMINARS,  
TABLETOP SHOW AND GOLF OUTING.

**Statement 5 - Form 990-EZ, Part III, Line 31 - Statement of Program Service  
Accomplishments****Description**

TO PROMOTE PROFESSIONAL DEVELOPEMENT IN AUTOMATION AND NETWORKING.  
ISA DISTRICT 6 STUDENT COMPETITION FUND.