



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2011

**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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.*

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning _____, **2011, and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Institutional Locksmith Association	D Employer identification number 26-2419016
	Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. BOX 9560	E Telephone number (630) 726-8729
	City or town, state or country, and ZIP + 4 NAPERVILLE IL 60567-0560	F Group Exemption Number ►
	G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____	

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► **N/A**

J Tax-exempt status (ck only one) — 501(c)(3) 501(c) (**6**) ◀(insert no) 4947(a)(1) or 527

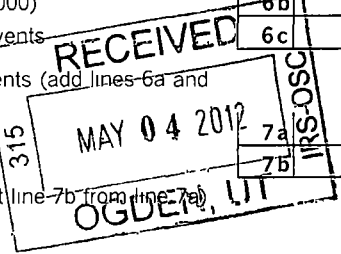
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **56,152.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	21,993.
	3 Membership dues and assessments	3	30,985.
	4 Investment income	4	
	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 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a	3,174.	
b Less cost of goods sold	7b	1,501.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,673.	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	54,651.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	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	4,782.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	54.
	16 Other expenses (describe in Schedule O)	16	43,788.
	17 Total expenses. Add lines 10 through 16	17	48,624.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,027.	
NET ASSETS	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	5,492.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	11,519.



BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

SCANNED JUN 04 2012

17

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0. 22	11,519.
23 Land and buildings	0. 23	0.
24 Other assets (describe in Schedule O)	0. 24	0.
25 Total assets	25	11,519.
26 Total liabilities (describe in Schedule O)	0. 26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,492. 27	11,519.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? LOCKSMITH ORGANIZATION	Expenses
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and 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)
28 ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOHN TRUEMPY 1614 42ND STREET PENNSAUKEN NJ 08110	PRESIDENT 0.00	0.	0.	0.
DALE BOWMAN 2251 EISENHOWER AVE ALEXANDRIA VA 22314	SECRETARY 0.00	0.	0.	0.
TARA WILLIAMS 6919 FOX HAVEN PLACE RALEIGH NC 27616	VICE PRESIDENT 0.00	0.	0.	0.
KURT KLOECKNER 10S348 ALMA LANE NAPERVILLE IL 60564	TREASURER 0.00	0.	0.	0.
LEE RINK 3245 GRAND OAK NEW HILL NC 27562	DIRECTOR 0.00	0.	0.	0.
DONALD O SHALL 12S LEE STREET BEVERLY HILLS FL 34465	DIRECTOR 0.00	0.	0.	0.
DANIEL F MCGLYNN 119 WORDEN AVE PERTH AMBOY NJ 08861	DIRECTOR 0.00	0.	0.	0.
STEVE ENGEN 7619 SUMMERWOOD LANE CHARLOTTE NC 27270	DIRECTOR 0.00	0.	0.	0.
WAI KIN 5-26A 115TH STREET COLLEGE POINT NY 11356	DIRECTOR 0.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____ 0.		
37b Did the organization file Form 1120-POL for this year?		X
38a 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 tax year covered by this return?		X
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
39a Initiation fees and capital contributions included on line 9		
39b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		
40c 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 ▶ _____		
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e 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		X
41 List the states with which a copy of this return is filed ▶ _____		

42a The organization's books are in care of NAPERVILLE IL Telephone no (000) 000-0000
 Located at P.O. BOX 9560 NAPERVILLE IL ZIP + 4 60567-0560

	Yes	No
42b 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)? If 'Yes,' enter the name of the foreign country ▶ _____		X
42c See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | _____

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44c Did the organization receive any payments for indoor tanning services during the year?		X
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
----	--	--

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
-----	--	--

b If 'Yes,' was the related organization a section 527 organization?

49b		
-----	--	--

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

e 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

e Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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.

Sign Here
 Signature of officer: Kurt Kloeckner Date: 4/30/12
 Type or print name and title: KURT KLOECKNER TREASURER

Paid Preparer Use Only
 Print/Type preparer's name: RICHARD PANUSH Preparer's signature: RICHARD PANUSH Date: 04/27/12
 Check if self-employed PTIN: P00949811
 Firm's name: P.M. TAX SERVICE, INC. Firm's EIN: 36-3618794
 Firm's address: 411 JANE AVENUE LEMONT IL 60439 Phone no: (630) 257-5628

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

COLLECTION AND BANK CHARGES	1,015.
CONFERENCE COSTS	34,388.
MEETING COSTS	1,005.
ORGANIZATIONAL DUES	5,285.
SUPPORT FUND	2,095.
Total	43,788.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compensation
Business <input type="checkbox"/> Person <input type="checkbox"/> RONALD G FREI 1150 N BUFFALO DRIVE LAS VEGAS NV 89128 Foreign City _____ Foreign Country _____	0.00	0.	0.	0.
Title DIRECTOR Hours/Week				
Business <input type="checkbox"/> Person <input type="checkbox"/> PETER E DINSCHEL 4713 ELM STREET LISLE IL 60532 Foreign City _____ Foreign Country _____	0.00	0.	0.	0.
Title DIRECTOR Hours/Week				
Business <input type="checkbox"/> Person <input type="checkbox"/> JIM SWIFT 8507 W LISBON MILWAUKEE WI 53222 Foreign City _____ Foreign Country _____	0.00	0.	0.	0.
Title DIRECTOR Hours/Week				

Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
2010 CONFERENCE	125.
2011 CONFERENCE	17,320.
OSNC REPAYMENT	200.
BCC REPAYMENT	250.
GLC GOLF	1,165.
DON SUPPORT	1,970.
NYAIL	248.
REPAYMENTS	715.
Total	<u>21,993.</u>

Supporting Statement of:

Form 990-EZ/Line 3

Description	Amount
DUES-IND	20,085.
DUES-CORP	10,900.
Total	<u>30,985.</u>

Supporting Statement of:

Form 990-EZ/Line 7a

Description	Amount
STUDY GUIDES	957.
TESTING	1,150.
HATS, PATCHES, DECALS	541.
OSNC CLASSES	526.
Total	<u>3,174.</u>

Supporting Statement of:

Form 990-EZ/Line 7b

Description	Amount
NEWSLETTER	967.
STUDYGUIDES	534.
Total	<u>1,501.</u>

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
LAWYER	3,432.
CORP FILING	25.
IRS FILING FOR EXEMPT STATUS	850.
ACCOUNTING	475.
Total	<u>4,782.</u>

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
WEBSITE	54.
Total	<u>54.</u>

Supporting Statement of:

Form 990-EZ/Line 16, Amount-1

Description	Amount
COLLECTION	530.
BANK	485.
Total	<u>1,015.</u>

Supporting Statement of:

Form 990-EZ/Line 16, Amount-2

Description	Amount
AMERICAN EXPRESS PAYMENTS	25,262.
ILCP COSTS	1,172.
CONFERENCE REIMBURSEMENTS	175.
CONFERENCE EXPENSE	7,424.
AWARDS	355.
Total	<u>34,388.</u>

Supporting Statement of:

Form 990-EZ/Line 16, Amount-3

Description	Amount
MEETING REIMBURSEMENTS	1,005.
Total	<u>1,005.</u>

Supporting Statement of:

Form 990-EZ/Line 16, Amount-4

Description	Amount
BCC SHARE	300.
DVC SHARE	775.
GLC SHARE	3,115.
MINK SHARE	500.
ONSC SHARE	595.
Total	<u>5,285.</u>