

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

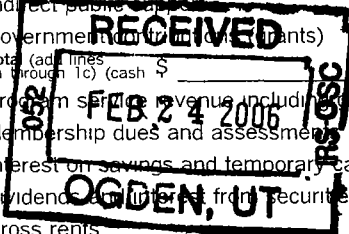
Department of the Treasury Internal Revenue Service

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

Form 990 header section A-M containing organization details like name (CIECA), address (220 N. ELDORADO ROAD), and EIN (38-3165926).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Main table with 21 rows detailing revenue (Total revenue: 301,110) and expenses (Total expenses: 242,962), resulting in a net asset of 58,148.



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**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b> Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>				
<b>23</b> Specific assistance to individuals (att sch)	<b>23</b>				
<b>24</b> Benefits paid to or for members (att sch)	<b>24</b>				
<b>25</b> Compensation of officers, directors, etc	<b>25</b>	122,590.		122,590.	
<b>26</b> Other salaries and wages	<b>26</b>	84,400.		84,400.	
<b>27</b> Pension plan contributions	<b>27</b>				
<b>28</b> Other employee benefits	<b>28</b>				
<b>29</b> Payroll taxes	<b>29</b>				
<b>30</b> Professional fundraising fees	<b>30</b>				
<b>31</b> Accounting fees	<b>31</b>	6,250.	6,250.		
<b>32</b> Legal fees	<b>32</b>	390.	390.		
<b>33</b> Supplies	<b>33</b>	1,445.	1,445.		
<b>34</b> Telephone	<b>34</b>	4,782.	4,782.		
<b>35</b> Postage and shipping	<b>35</b>	498.	498.		
<b>36</b> Occupancy	<b>36</b>				
<b>37</b> Equipment rental and maintenance	<b>37</b>				
<b>38</b> Printing and publications	<b>38</b>				
<b>39</b> Travel	<b>39</b>	6,097.	6,097.		
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	5,837.	5,837.		
<b>41</b> Interest	<b>41</b>				
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>				
<b>43</b> Other expenses not covered above (itemize)					
<b>a</b> WEB SITE	<b>43a</b>	272.	272.		
<b>b</b> BANK CHARGES	<b>43b</b>	0.	0.		
<b>c</b> CONFERENCE CALL SERVICE	<b>43c</b>	2,640.	2,640.		
<b>d</b> DUES & MEMBERSHIPS	<b>43d</b>	290.	290.		
<b>e</b> LODGING	<b>43e</b>	3,899.	3,899.		
<b>f</b> MEALS & ENTERTAINMENT	<b>43f</b>	2,463.	2,463.		
<b>g</b> See Other Expenses Stmt	<b>43g</b>	1,109.	1,109.		
<b>44</b> Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b>	242,962.	35,972.	206,990.	

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services

\$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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**Part III Statement of Program Service Accomplishments**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>SETTING INDUSTRY STANDARDS</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
<b>a</b> <u>EDUCATION: 107 MEMBERS AND MANY NON-MEMBERS VIA ISSUES OF EDUCATIONAL NEWSLETTER, BULLETINS, COMPREHENSIVE WEBSITE, PRESS RELEASES, MEDIA ARTICLES, AND PUBLIC PRESENTATIONS</u> ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	0.
<b>b</b> <u>PUBLISH INDUSTRY GUIDELINES FOR BEST PRACTICES FOR ELECTONIC COMMERCE, BETWEEN BUSINESS PARTNERS AND VENDORS</u> ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	0.
<b>c</b> <u>COMPLETED STANDARDS FOR ELECTRONIC COMMUNICATION BETWEEN INSURERS, PART SUPPLIERS, AND COLLISION REPAIR CENTERS</u> ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	0.
<b>d</b> _____ ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <input type="checkbox"/>	0.

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**Part IV Balance Sheets** (See Instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	<b>45</b> Cash – non-interest-bearing	21,992.	<b>45</b>	94,599.
	<b>46</b> Savings and temporary cash investments		<b>46</b>	
	<b>47a</b> Accounts receivable			
	<b>b</b> Less allowance for doubtful accounts		<b>47c</b>	
	<b>48a</b> Pledges receivable			
	<b>b</b> Less allowance for doubtful accounts		<b>48c</b>	
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
	<b>51a</b> Other notes & loans receivable (attach sch)			
	<b>b</b> Less allowance for doubtful accounts		<b>51c</b>	
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>	
	<b>54</b> Investments – securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54</b>	
	<b>55a</b> Investments – land, buildings, & equipment basis			
	<b>b</b> Less accumulated depreciation (attach schedule)		<b>55c</b>	
	<b>56</b> Investments – other (attach schedule)		<b>56</b>	
	<b>57a</b> Land, buildings, and equipment: basis			
	<b>b</b> Less accumulated depreciation (attach schedule)		<b>57c</b>	
	<b>58</b> Other assets (describe ▶ _____)		<b>58</b>	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58	21,992.	<b>59</b>	94,599.	
LIABILITIES	<b>60</b> Accounts payable and accrued expenses	12,600.	<b>60</b>	27,058.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>	
	<b>65</b> Other liabilities (describe ▶ _____)		<b>65</b>	
	<b>66 Total liabilities.</b> Add lines 60 through 65	12,600.	<b>66</b>	27,058.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted		<b>67</b>	
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds	9,392.	<b>72</b>	67,541.
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	9,392.	<b>73</b>	67,541.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	21,992.	<b>74</b>	94,599.	

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Part VI Other Information (continued)

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
<b>b</b>	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
<b>82 b</b>			
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
<b>83 b</b>			
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84 a</b>			
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>84 b</b>			
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?		X
<b>85 a</b>			
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	X	
<b>85 b</b>			
<b>c</b>	Dues, assessments, and similar amounts from members		
<b>85 c</b>			
<b>d</b>	Section 162(e) lobbying and political expenditures		
<b>85 d</b>			
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>85 e</b>			
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>85 f</b>			
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<b>85 g</b>			
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
<b>85 h</b>			
<b>86</b>	<b>501(c)(7) organizations</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12		
<b>86 a</b>			
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
<b>86 b</b>			
<b>87</b>	<b>501(c)(12) organizations</b> Enter: <b>a</b> Gross income from members or shareholders		
<b>87 a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>87 b</b>			
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
<b>88</b>			
<b>89 a</b>	<b>501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		
<b>89 b</b>			
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
<b>90 a</b>	List the states with which a copy of this return is filed ▶ <u>ILLINOIS</u>		
<b>90 b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		0
<b>91 a</b>	The books are in care of ▶ <u>RAYMOND BERTA</u> Telephone number ▶ <u>(309) 664-6929</u> Located at ▶ <u>220 N. ELDORADO ROAD, SUITE C, BLOOMINGTON, IL</u> ZIP + 4 ▶ <u>61704-3544</u>		
<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)? If 'Yes,' enter the name of the foreign country ▶ _____		
<b>91 b</b>			
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶ _____		
<b>91 c</b>			
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>92</u>		<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities** (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please Sign Here:   
 Signature of officer: Paul Krauss, RB Date: 2-18-06  
 Type or print name and title: PAUL KRAUSS, CHAIRMAN

Paid Preparer's Use Only:   
 Preparer's signature: Raymond M. Berta Date: 02/18/06 Check if self employed:    
 Firm's name (or yours if self-employed), address, and ZIP + 4: RAYMOND M. BERTA, ACCOUNTANT   
220 N. ELDORADO ROAD, SUITE C   
BLOOMINGTON IL 61704-7714   
 Preparer's SSN or PTIN (See General Instruction W):   
 EIN:   
 Phone no: (309) 664-6929

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize).	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<u>MISCELLANEOUS</u>	6.	6.		
<u>INSURANCE</u>	1,098.	1,098.		
<u>ANNUAL CORP FEES</u>	5.	5.		
Total	<u>1,109.</u>	<u>1,109.</u>		