

EXTENSION GRANTED TO 8/15/01

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2000**Department of the Treasury  
Internal Revenue Service

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

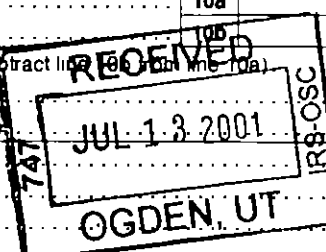
**Open to Public Inspection**

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

<b>A For the 2000 calendar year, or tax year period beginning</b>		<b>, 2000, and ending</b>		<b>, 20</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> AMERICANS FOR EFFECTIVE LAW ENFORC. INC 841 W. TOUHY AVE. PARK RIDGE, IL 60068-3351		<b>D</b> Employer identification number 36-6140171	
				<b>E</b> Telephone number	
				<b>F</b> Check <input type="checkbox"/> if application pending	
<b>G</b> Organization type (check only one) <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 527 OR <input type="checkbox"/> 4947(a)(1)					
<b>Note:</b> H and I are not applicable to section 527 orgs. <b>H(a)</b> Is this a group return filed for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> If "Yes," enter number of affiliates <b>▶</b> <b>H(c)</b> Are all affiliates included? (if "No," attach a list. See instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>H(d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>I</b> Enter 4-digit group exemption no. (GEN) <b>▶</b> <b>L</b> Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) <input checked="" type="checkbox"/>					
<b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>					
<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <b>▶</b>					
<b>K</b> Check here <input type="checkbox"/> if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. <b>Some states require a complete return.</b>					

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)									
REVENUE	<b>1</b> Contributions, gifts, grants, and similar amounts received:								
	<b>a</b> Direct public support								150
	<b>b</b> Indirect public support								
	<b>c</b> Government contributions (grants)								
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 150 noncash \$ )								150
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)								718,256
	<b>3</b> Membership dues and assessments								
	<b>4</b> Interest on savings and temporary cash investments								150,805
	<b>5</b> Dividends and interest from securities								
	<b>6a</b> Gross rents								
	<b>b</b> Less: rental expenses								
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)								
	<b>7</b> Other investment income (describe <b>▶</b> SEE STATEMENT 1 )								-550
	(A) Securities (B) Other								
	<b>8a</b> Gross amount from sales of assets other than inventory								
	<b>b</b> Less: cost or other basis and sales expenses								
	<b>c</b> Gain or (loss) (attach schedule)								
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))									
EXPENSES	<b>9</b> Special events and activities (attach schedule)								
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)								
	<b>b</b> Less: direct expenses other than fundraising expenses								
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)								
	<b>10a</b> Gross sales of inventory, less returns and allowances								
	<b>b</b> Less: cost of goods sold								
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)								
	<b>11</b> Other revenue (from Part VII, line 103)								9,512
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)								878,173
	ASSETS	<b>13</b> Program services (from line 44, column (B))							
<b>14</b> Management and general (from line 44, column (C))								119,765	
<b>15</b> Fundraising (from line 44, column (D))									
<b>16</b> Payments to affiliates (attach schedule)									
<b>17</b> Total expenses (add lines 16 and 44, column (A))								859,750	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)								18,423	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))								2,458,552	
<b>20</b> Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2								175,403	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)								2,652,378	

SCANNED JUL 25 '01



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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. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (att. sch.) (cash \$ _____ non cash \$ _____)	22				
23	Specific assistance to individuals (att. sch.)	23				
24	Benefits paid to or for members (att. sch.)	24				
25	Compensation of officers, directors, etc.	25	176,674	141,339	35,335	
26	Other salaries and wages	26	79,102	63,282	15,820	
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	13,256	10,605	2,651	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	21,090		21,090	
34	Telephone	34	11,618	11,618		
35	Postage and shipping	35	32,077	25,662	6,415	
36	Occupancy	36	30,958	24,766	6,192	
37	Equipment rental and maintenance	37				
38	Printing and publications	38	24,413	24,413		
39	Travel	39	13,998	13,998		
40	Conferences, conventions, and meetings	40	174,486	174,486		
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	15,153	12,122	3,031	
43	Other expenses (itemize): a STATEMENT 3	43a	266,925	237,694	29,231	
b		43b				
c		43c				
d		43d				
e		43e				
44	Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	859,750	739,985	119,765	0

**Reporting of Joint Costs.** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ 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 \$ \_\_\_\_\_.

**Part III** Statement of Program Service Accomplishments (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? ►

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.)

**Program Service Expenses**

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

a	SEE STATEMENT 4	(Grants and allocations \$ 0 )	739,985
b		(Grants and allocations \$ )	
c		(Grants and allocations \$ )	
d		(Grants and allocations \$ )	
e	Other program services (attach schedule)	(Grants and allocations \$ )	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		739,985

**Part IV Balance Sheets** (See Specific Instructions on page 23.)**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
<b>ASSETS</b>	<b>45</b> Cash – non-interest-bearing.....	22,397	<b>45</b>	49,174
	<b>46</b> Savings and temporary cash investments.....	1,118,872	<b>46</b>	999,894
	<b>47a</b> Accounts receivable.....	19,744		
	<b>b</b> Less: allowance for doubtful accounts.....		<b>47c</b>	19,744
	<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 sch).....		<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule).....			
	<b>b</b> Less: allowance for doubtful accounts.....	925,000	<b>51c</b>	
	<b>52</b> Inventories for sale or use.....		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges.....	36,204	<b>53</b>	22,112
	<b>54</b> Investments – securities (attach schedule) .STATEMENT .5..... <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		<b>54</b>	1,410,545
	<b>55a</b> Investments – land, buildings, and equipment: basis.....			
	<b>b</b> Less: accumulated depreciation (attach schedule).....		<b>55c</b>	
<b>56</b> Investments – other (attach schedule)..... SEE STATEMENT .6..	-170,785	<b>56</b>	-129,695	
<b>57a</b> Land, buildings, and equipment: basis.....	640,415			
<b>b</b> Less: accumulated depreciation (attach schedule) ..SMT .7..	54,755	<b>57c</b>	585,660	
<b>58</b> Other assets (describe ►.....)	770,318	<b>58</b>		
<b>59</b> <b>Total assets</b> (add lines 45 through 58) (must equal line 74).....	2,731,355	<b>59</b>	2,957,434	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses.....	99,576	<b>60</b>	159,425
	<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 ►SEE STATEMENT 8.....)	173,227	<b>65</b>	145,631
<b>66</b> <b>Total liabilities</b> (add lines 60 through 65).....	272,803	<b>66</b>	305,056	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted.....	2,458,552	<b>67</b>	2,652,378
	<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 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.....		<b>72</b>	
	<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21).....	2,458,552	<b>73</b>	2,652,378
	<b>74</b> <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73).....	2,731,355	<b>74</b>	2,957,434

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.

### Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

<p><b>a</b> Total expenses and losses per audited financial statements . . . . . ▶</p>		<p><b>a</b> 859,750</p>
<p><b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities . . . \$</p> <p>(2) Prior year adjustments reported on line 20, Form 990 . . . . . \$</p> <p>(3) Losses reported on line 20, Form 990 . . . . . \$</p> <p>(4) Other (specify):</p> <p>_____ \$</p> <p>_____ \$</p> <p>Add amounts on lines (1) through (4) . . . . . ▶</p>		
<p><b>c</b> Line <b>a</b> minus line <b>b</b> . . . . . ▶</p>		<p><b>c</b> 859,750</p>
<p><b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b>:</p> <p>(1) Investment expenses not included on line 6b, Form 990 . . . . . \$</p> <p>(2) Other (specify):</p> <p>_____ \$</p> <p>_____ \$</p> <p>Add amounts on lines (1) and (2) . . . . . ▶</p>		
<p><b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b>) . . . . . ▶</p>		<p><b>e</b> 859,750</p>

(List each one even if not compensated; see Specific Instructions on page 25.)

[illegible]

5 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? . . . . .  
If "Yes," attach schedule - see Specific Instructions on page 26.

▶ ☐ Yes ☒ No

**Part VI Other Information** (See Specific Instructions on page 26.)

	N/A	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.			X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.			X
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			X
<b>b</b> If "Yes," enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
<b>81a</b> Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 <u>81a</u> 0			
<b>b</b> Did the organization file Form 1120-POL for this year?			X
<b>82a</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 for reporting in Part III.) <u>82b</u> N/A			
<b>83a</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>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?			X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A	
<b>85</b> 501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?		N/A	
<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, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A	
<b>c</b> Dues, assessments, and similar amounts from members	<u>85c</u>	N/A	
<b>d</b> Section 162(e) lobbying and political expenditures	<u>85d</u>	N/A	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<u>85e</u>	N/A	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<u>85f</u>	N/A	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	<u>85g</u>	N/A	
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<u>85h</u>	N/A	
<b>86</b> 501(c)(7) organizations. Enter:			
<b>a</b> Initiation fees and capital contributions included on line 12	<u>86a</u>	N/A	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<u>86b</u>	N/A	
<b>87</b> 501(c)(12) organizations. Enter:			
<b>a</b> Gross income from members or shareholders	<u>87a</u>	N/A	
<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.)	<u>87b</u>	N/A	
<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 30.7701-3? If "Yes," complete Part IX.			X
<b>89a</b> 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>			
<b>b</b> 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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<u>89b</u>		X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <u>0</u>			
<b>d</b> Enter: Amount of tax in 89c, above, reimbursed by the organization. <u>0</u>			
<b>90a</b> List the states with which a copy of this return is filed <u>ILLINOIS</u>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2000 (See instructions.) <u>90b</u> 4			
<b>91</b> The books are in care of <u>HELEN FINKEL</u> Telephone no. <u>847-685-0700</u> Located at <u>841 W. TOUHY, PARK RIDGE, IL</u> ZIP code <u>60068-3351</u>			
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <u>N/A</u> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u> <u>N/A</u>			

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30.)

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 PUBLICATIONS					269,172
b WORKSHOPS					449,084
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments			14	150,805	
96 Dividends and 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 personal property					
99 Other investment income	531120	-550			
100 Gain/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 MISCELLANEOUS					9,512
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-550		150,805	727,768
105 Total (add line 104, columns (B), (D), and (E))					878,023

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 Specific Instructions on page 31.)

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).
	SEE STATEMENT 9

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31.)

(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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 31.)

(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).

**Please** 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. (Important: See General Instruction W on page 14.)

Date	14 6/25/01	Type or print name and title.	Helen C. Fintel, Vice Pres.
Date	6/25/01	Check if self-	Preparer's SSN or PTIN
			2-105017

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2000**

**Supplementary Information – (See separate instructions.)**

► **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

AMERICANS FOR EFFECTIVE LAW ENFORC. INC

Employer identification number

36-6140171

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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				
Total number of other employees paid over \$50,000 ►		0		

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 1 of the instructions. List each one (whether individuals or firms.) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BERNARD J. FARBER		
1126 W. WOLFRAM-REAR, CHICAGO, IL 60657	PUBLICATION WRITING	74,712
Total number of others receiving over \$50,000 for professional services ►		0

**Part III** Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? . . . . . If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. ► \$ <u>N/A</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property? . . . . .	2a	X
b Lending of money or other extension of credit? . . . . .	2b	X
c Furnishing of goods, services, or facilities? . . . . .	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE FORM 990, PART V. . . . .	2d	X
e Transfer of any part of its income or assets? . . . . . If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? . . . .	3	X
4a Do you have a section 403(b) annuity plan for your employees? . . . . .	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

**Part IV** Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  
►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., functions--subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) . . . . .	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .			500	650	1,150
<b>16</b> Membership fees received . . . . .					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose . . . . .	804,227	668,733	726,087	660,906	2,859,953
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	184,125	218,756	170,563	180,172	753,616
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
<b>22</b> Other income. Attach a sch. Do not include gain or (loss) from sale of capital assets . . . . .					
<b>23</b> Total of lines 15 through 22 . . . . .	988,352	887,489	897,150	841,728	3,614,719
<b>24</b> Line 23 minus line 17 . . . . .	184,125	218,756	171,063	180,822	754,766
<b>25</b> Enter 1% of line 23 . . . . .	9,884	8,875	8,972	8,417	
<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24 . . . . .					<b>26a</b> 15,095
<b>b</b> Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts . . . . .					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . .					<b>26c</b> 754,766
<b>d</b> Add: Amounts from column (e) for lines: <b>18</b> 753,616 <b>19</b> . . . . .					<b>26d</b> 753,616
<b>e</b> Public support (line 26c minus line 26d total) . . . . .					<b>26e</b> 1,150
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . .					<b>26f</b> 0.15%
<b>27 Organizations described on line 12:</b> <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: N/A . . . . .					
(1999) (1998) (1997) (1996)					
<b>b</b> For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year: . . . . .					
(1999) (1998) (1997) (1996)					
<b>c</b> Add: Amounts from column (e) for lines: <b>15</b> <b>16</b> . . . . .					
<b>17</b> <b>20</b> <b>21</b> . . . . .					
<b>d</b> Add: Line 27a total . . . . . and line 27b total . . . . .					<b>27c</b>
<b>e</b> Public support (line 27c total minus line 27d total) . . . . .					<b>27d</b>
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e) . . . . .					<b>27e</b>
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . .					<b>27g</b> %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). . . . .					<b>27h</b> %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

**Part V Private School Questionnaire** (See page 5 of the instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	<b>32d</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....	<b>33a</b>	
<b>b</b> Admissions policies? .....	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? .....	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? .....	<b>33d</b>	
<b>e</b> Educational policies? .....	<b>33e</b>	
<b>f</b> Use of facilities? .....	<b>33f</b>	
<b>g</b> Athletic programs? .....	<b>33g</b>	
<b>h</b> Other extracurricular activities? .....	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation. ....	<b>35</b>	

**Part VI-A****Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check here ☐ **a** if the organization belongs to an affiliated group.Check here ☐ **b** if you checked "a" above and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .		
Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000 . . . . .		
Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000 . . . . .	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000 . . . . .		
Over \$17,000,000 . . . . . \$1,000,000 . . . . .		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B****Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (add lines c through h) . . . . .			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**STATEMENT 1**  
**FORM 990, PART I, LINE 7**  
**OTHER INVESTMENT INCOME**

REAL ESTATE PARTNERSHIP .....	\$	-550
TOTAL	\$	<u>-550</u>

**STATEMENT 2**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED GAINS ON INVESTMENTS .....	\$	175,403
TOTAL	\$	<u>175,403</u>

**STATEMENT 3**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
AMICUS BRIEFS	\$ 13,615	13,615		
COMPUTER EXPENSE	8,758	7,006	1,752	
INSURANCE	66,592	53,274	13,318	
LAW LIBRARY/DUES	22,348	22,348		
LITIGATION	-17,709	-17,709		
MISCELLANEOUS	870		870	
OUTSIDE SERVICES	38,926	38,926		
PROFESSIONAL FEES	120,234	120,234		
REPAIRS & MAINTENANCE	2,299		2,299	
TAXES AND SERVICE CHARGES	10,992		10,992	
TOTAL	\$ <u>266,925</u>	<u>237,694</u>	<u>29,231</u>	<u>0</u>

**STATEMENT 4**  
**FORM 990, PART III, LINE A**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
THE ORGAN. MAINTAINS A LAW ENFORC. LEGAL DEFENSE CENTER TO ASSIST LAW ENFORC. AGENCIES THAT HAVE BEEN SUED, TO OPERATE A NATIONAL LEGAL RESEARCH CNTR TO ASSIST IN DEFENSE OF SUCH SUITS, AND TO PROVIDE PUBLICATIONS DEALING WITH THE INCIDENCE OF AND DEFENSE OF SUCH SUITS. IT ALSO FILES AMICUS CURIAE BRIEFS IN THE US SUPREME COURT AND OTHER		

STATEMENT 4 (CONTINUED)  
FORM 990, PART III, LINE A  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
MAJOR COURTS IN SUPPORT OF THE LAW ENFORCEMENT ISSUES AS WELL AS PROVIDING PUBLIC INFORMATION SERVICES ON CRIMINAL JUSTICE ISSUES.	\$ 0	739,985
	\$ 0	739,985

STATEMENT 5  
FORM 990, PART IV, LINE 54  
INVESTMENTS - SECURITIES

OTHER PUBLICLY TRADED SECURITIES	VALUATION METHOD	AMOUNT	TOTAL
DONALDSON, LUFKIN, & JENRETTE - 2F1-6002	MARKET VALUE	\$ 882,937	
DONALDSON, LUFKIN, & JENRETTE - 2F1-810	MARKET VALUE	527,608	
			\$ 1,410,545
	TOTAL		\$ 1,410,545

STATEMENT 6  
FORM 990, PART IV, LINE 56  
INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
SPECTRUM OFFICES PARTNERSHIP	COST	\$ -129,695
	TOTAL	\$ -129,695

STATEMENT 7  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

ASSET	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 77,212	49,348	27,864
BUILDINGS	563,203	5,407	557,796
TOTAL	\$ 640,415	54,755	585,660

AMERICANS FOR EFFECTIVE LAW ENFORC. INC

36-6140171

**STATEMENT 8  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES**

	<u>ENDING</u>
DEFERRED INCOME .....	\$ 145,631
TOTAL	<u>\$ 145,631</u>

**STATEMENT 9  
FORM 990, PART VIII  
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

LINE #	EXPLANATION OF ACTIVITIES
93 (A)	PUBLICATIONS AND WORKSHOPS ARE THE PRINCIPAL METHODS USED BY THE ORGANIZATION TO INFORM LAW ENFORCEMENT AGENCIES, THE COURTS, AND THE GENERAL PUBLIC OF THE NEEDS AND REQUIREMENTS FOR EFFECTIVE LAW ENFORCEMENT.
93 (B)	

AMERICANS FOR EFFECTIVE LAW ENFORCEMENT, INC.

36-6140171

STATEMENT 10

FORM 990, PART V

SCHEDULE OF 2000 COMPENSATION FOR WAYNE SCHMIDT:

<u>YEAR</u>	<u>SALARY</u>	<u>BONUS</u>	<u>RETIREMENT SUPPLEMENT</u>	<u>TOTAL</u>
2000	130,200.00	0.00	9,960.00	140,160.00
1999	<u>0.00</u>	<u>9,000.00</u>	<u>689.00</u>	<u>9,689.00</u>
TOTAL	<u>130,200.00</u>	<u>9,000.00</u>	<u>10,649.00</u>	<u>149,849.00</u>

TOTAL 2000 COMPENSATION IS COMPRISED OF SALARY AND RETIREMENT SUPPLEMENT IN LIEU OF A RETIREMENT PLAN. IN ADDITION, THERE WAS THE PAYMENT OF THE 1999 BONUS AUTHORIZED BY THE BOARD OF DIRECTORS.



**AMERICANS FOR EFFECTIVE LAW ENFORCEMENT, INC. 36-6140171**

STATEMENT 11  
FORM 990, PART V  
AELE Officers and business addresses 2000

Daniel B. Hales  
President  
200 E. Randolph Street - #7300  
Chicago, IL 60601

Arthur H. Daniels  
Treasurer  
1400 Ocean Drive, Apt 402-B  
Corpus Christi, TX 78404-2110

Wayne W. Schmidt  
Secretary & Executive Director  
841 W. Touhy Ave.  
Park Ridge, IL 60068-3351

Helen C. Finkel  
Staff Vice President & Business Manager  
841 W. Touhy Ave.  
Park Ridge, IL 60068-3351

Bernard J. Farber  
Asst. Secretary-Treasurer  
1126 W. Wolfram - Rear  
Chicago, IL 60657-4330

James P. Manak  
Asst. Secretary-Treasurer  
421 Ridgewood Ave.  
Glen Ellyn, IL 60137-4900

Form **8868**

(December 2000)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time to File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.****Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)****Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only** ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer Identification Number
	AMERICANS FOR EFFECTIVE LAW ENFORC. INC		36-6140171
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions		
	841 W. TOUHY AVE.		
City, Town or Post Office. For a foreign address, see instructions.			State ZIP Code
PARK RIDGE, IL 60068-3351			

**Check type of return to be filed** (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 8/15, 20 01, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 20 00 or▶ ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_ 0

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_ 0

**Signature and Verification**

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, and that I am authorized to prepare this form.

Signature ▶

Title ▶

CPA

Date ▶

5/14/01

KFA For Paperwork Reduction Act Notice, see instructions.

Form **8868** (12-2000)

MAY 15 2001

MORTON GROVE, IL