

Form **990**

OMB No. 1545-0047

Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**2009**Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection**For the 2009 calendar year, or tax year beginning , 2009, and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instruc- tions.	C Americans For Effective Law Enforc., Inc 841 W. Touhy Ave. Park Ridge, IL 60068-3351	D Employer identification number 36-6140171 E Telephone number G Gross receipts \$ 1,458,666.
F Name and address of principal officer: WAYNE W. SCHMIDT Same As C Above		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ www.aele.org		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1966		M State of legal domicile: IL	

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>AMERICANS FOR EFFECTIVE LAW ENFORCEMENT, INC. IS A RESEARCH DRIVEN EDUCATIONAL ORGANIZATION THAT PRODUCES AND DISSEMINATES LEGAL INFORMATION THROUGH TRADITIONAL SEMINARS, VIA ELECTRONIC MEDIA AND DIRECT CONTACT.</u>			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
3	Number of voting members of the governing body (Part VI, line 1a).....	3		5
4	Number of independent voting members of the governing body (Part VI, line 1b).....	4		0
5	Total number of employees (Part V, line 2a).....	5		3
6	Total number of volunteers (estimate if necessary).....	6		11
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12.....	7a	-13,233.	
7b	Net unrelated business taxable income from Form 990-T, line 34.....	7b	-8,972.	
8	Contributions and grants (Part VIII, line 1h).....	8	397,430.	328,204.
9	Program service revenue (Part VIII, line 2g).....	9	-5,239.	-183,538.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	10	-623,982.	336,604.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	11	-231,791.	481,270.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	12		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	13	270,627.	232,477.
14	Benefits paid to or for members (Part IX, column (A), line 4).....	14		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	15		
16a	Professional fundraising fees (Part IX, column (A), line 11e).....	16a		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶.....	b		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....	17	566,834.	532,596.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	18	837,461.	765,073.
19	Revenue less expenses. Subtract line 18 from line 12.....	19	-1,069,252.	-283,803.
20	Total assets (Part X, line 16).....	20	1,367,863.	1,079,125.
21	Total liabilities (Part X, line 26).....	21	279,872.	274,936.
22	Net assets or fund balances. Subtract line 21 from line 20.....	22	1,087,991.	804,189.

Part II Signature Block

Sign Here	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.	July 15, 2010
Paid Preparer's Use Only	Signature of officer ▶ Helen Finkel, Business Manager	Date 6/23/10
	Preparer's signature ▶ Peter A. Sweeney	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Lerman Sweeney & Co LLP ▶ 5215 Old Orchard Road, Ste 525 Skokie, IL 60077-1035	Preparer's identifying number (see instructions) N/A
		EIN ▶ N/A Phone no. ▶ (847) 966-6696

May the IRS discuss this return with the preparer shown above? (see instructions)..... ☒ Yes ☐ No**BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**

TEEA0113L 12/29/09

Form **990** (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

AMERICANS FOR EFFECTIVE LAW ENFORCEMENT, INC. IS A RESEARCH DRIVEN EDUCATIONAL ORGANIZATION THAT PRODUCES AND DISSEMINATES LEGAL INFORMATION THROUGH TRADITIONAL SEMINARS, VIA ELECTRONIC MEDIA AND DIRECT CONTACT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 602,211. including grants of \$) (Revenue \$)

THE ORGANIZATION MAINTAINS A LAW ENFORCEMENT LEGAL DEFENSE CENTER TO ASSIST LAW ENFORCEMENT AGENCIES THAT HAVE BEEN SUED, TO OPERATE A NATIONAL LEGAL RESEARCH CENTER 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 MAJOR COURTS IN SUPPORT OF THE LAW ENFORCEMENT ISSUES AS WELL AS PROVIDING PUBLIC INFORMATION SERVICES ON CRIMINAL JUSTICE ISSUES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 602,211.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	X	
4 a	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)?		X
4 b	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from other members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		

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Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body.....	5			
b Enter the number of voting members that are independent.....				
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?.....				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.....				X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?.....				X
5 Did the organization become aware during the year of a material diversion of the organization's assets?.....				X
6 Does the organization have members or stockholders?.....				X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....				X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?.....				X
b Each committee with authority to act on behalf of the governing body?.....				X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.....				X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?.....		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?.....		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?.....	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13.....	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.....	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. See Schedule O.....	X	
13 Does the organization have a written whistleblower policy?.....	X	
14 Does the organization have a written document retention and destruction policy?.....	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official.....	X	
b Other officers of key employees of the organization. See Schedule O.....	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.....	X	
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?.....	X	

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ► HELEN FINKEL 841 W. TOUHY PARK RIDGE IL 60068-3351 847-685-0700

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **current** key employees. See instructions for definition of 'key employees.'

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

[illegible]

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns.....	1 a				
	b Membership dues.....	1 b				
	c Fundraising events.....	1 c				
	d Related organizations.....	1 d				
	e Government grants (contributions).....	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above.....	1 f				
	g Noncash contribns included in lns 1a-1f:	\$				
	h Total. Add lines 1a-1f.....					
PROGRAM SERVICE REVENUE	Business Code					
	2 a WORKSHOPS.....		327,924.	327,924.		
	b PUBLICATIONS.....		280.	280.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f.....		328,204.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts).....		5,158.		-13,233.	18,391.
	4 Income from investment of tax-exempt bond proceeds.....					
	5 Royalties.....					
	6 a Gross Rents.....	(i) Real (ii) Personal				
	b Less: rental expenses.....					
	c Rental income or (loss).....					
	d Net rental income or (loss).....					
	7 a Gross amount from sales of assets other than inventory.....	(i) Securities (ii) Other	788,700.			
	b Less: cost or other basis and sales expenses.....		977,396.			
	c Gain or (loss).....		-188,696.			
	d Net gain or (loss).....		-188,696.	-188,696.		
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.....	a				
	b Less: direct expenses.....	b				
	c Net income or (loss) from fundraising events.....					
	9 a Gross income from gaming activities. See Part IV, line 19.....	a				
	b Less: direct expenses.....	b				
	c Net income or (loss) from gaming activities.....					
	10 a Gross sales of inventory, less returns and allowances.....	a				
	b Less: cost of goods sold.....	b				
	c Net income or (loss) from sales of inventory.....					
Miscellaneous Revenue		Business Code				
11 a UNREALIZED GAIN (LOSS).....		336,604.	336,604.			
b						
c						
d All other revenue.....						
e Total. Add lines 11a-11d.....		336,604.				
12 Total revenue. See instructions.....		481,270.	476,112.	-13,233.	18,391.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	141,362.	113,090.	28,272.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	75,953.	60,762.	15,191.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	15,162.	12,130.	3,032.	
11 Fees for services (non-employees).				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees.				
g Other.				
12 Advertising and promotion.				
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	6,010.	4,808.	1,202.	
17 Travel.	7,611.	7,611.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	194,883.	155,906.	38,977.	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	15,140.	12,112.	3,028.	
23 Insurance.				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a INSURANCE	103,613.	82,890.	20,723.	
b PROFESSIONAL FEES	70,277.	58,652.	11,625.	
c OUTSIDE SERVICES	35,399.	35,399.		
d TAXES AND SERVICE CHARGES	31,622.		31,622.	
e Postage and Shipping	20,553.	16,442.	4,111.	
f All other expenses.	47,488.	42,409.	5,079.	
25 Total functional expenses. Add lines 1 through 24f.	765,073.	602,211.	162,862.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	27,097.	1	46,927.
	2 Savings and temporary cash investments	96,819.	2	61,131.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,650.	4	10,530.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	33,884.	9	27,708.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 670,497.		
	b Less: accumulated depreciation	10b 282,010.		
	11 Investments — publicly-traded securities	403,623.	10c	388,487.
	12 Investments — other securities. See Part IV, line 11	953,739.	11	711,524.
	13 Investments — program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	-153,949.	14	-167,182.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,367,863.	15	1,079,125.	
LIABILITIES	17 Accounts payable and accrued expenses	213,624.	16	219,994.
	18 Grants payable		17	
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities. Complete Part X of Schedule D	66,248.	24	54,942.
	26 Total liabilities. Add lines 17 through 25	279,872.	25	274,936.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	1,087,991.	26	804,189.
	28 Temporarily restricted net assets		27	
	29 Permanently restricted net assets		28	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		29	
	31 Paid-in or capital surplus, or land, building, and equipment fund		30	
	32 Retained earnings, endowment, accumulated income, or other funds		31	
	33 Total net assets or fund balances	1,087,991.	32	804,189.
	34 Total liabilities and net assets/fund balances.	1,367,863.	33	1,079,125.

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

BAA

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Americans For Effective Law Enforc., Inc

Employer identification number

36-6140171

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III— Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11 g (i)**
- (ii) a family member of a person described in (i) above? **11 g (ii)**
- (iii) a 35% controlled entity of a person described in (i) or (ii) above? **11 g (iii)**

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)		900.	400.			1,300.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.	604,231.	642,688.	572,987.	397,430.	328,204.	2,545,540.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	604,231.	643,588.	573,387.	397,430.	328,204.	2,546,840.
7a Amounts included on lines 1, 2, 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						2,546,840.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.	604,231.	643,588.	573,387.	397,430.	328,204.	2,546,840.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	33,613.	44,907.	41,298.	37,963.	18,391.	176,172.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	33,613.	44,907.	41,298.	37,963.	18,391.	176,172.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (add lines 9, 10c, 11, and 12.)						2,723,012.
14 First five years. 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 type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	93.5 %
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	93.8 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	6.5 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	6.2 %

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 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. ▶ ☐

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Americans For Effective Law Enforc., Inc

Employer identification number

36-6140171

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year).....		
3 Aggregate grants from (during year).....		
4 Aggregate value at end of year.....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?..... ☐ Yes ☐ No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?..... ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1..... ► \$ _____

(ii) Assets included in Form 990, Part X..... ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1..... ► \$ _____

b Assets included in Form 990, Part X..... ► \$ _____

Pages with transaction details have been deleted from the online edition.

William Blair & Company, L.L.C.
AMERICANS FOR EFFECTIVE LAW ENFORCEMENT - WOOD ASSET MGMT
REALIZED GAINS AND LOSSES

sch5-9665 RR#: 19S

From 01-01-09 Through 12-31-09

Open Date	Close Date	Quantity	Security	Unit Cost	Cost Basis	Amort. or Accretion	Unit Price	Proceeds	Gain Or Loss	
									Short Term	Long Term
TOTAL GAINS									20,431.03	8,450.56
TOTAL LOSSES									-98,371.44	-59,482.84
									578,369	0
TOTAL REALIZED GAIN/LOSS									-128,972	

(DOMESTIC INVESTMENTS)

	<u>PROCEEDS</u>	<u>COST BASIS</u>	<u>GAIN (LOSS)</u>
SHORT TERM	\$ 255,962	\$ 333,903	(77,940)
LONG TERM	\$ 193,434	\$ 244,460	(51,032)
	<u>\$ 449,396</u>	<u>\$ 578,369</u>	<u>(128,972)</u>

William Blair & Company, L.L.C.
AMERICANS FOR EFFECTIVE LAW ENFORCEMENT - WB INT'L ADR
REALIZED GAINS AND LOSSES

148-62344-10 RR#: SP6

From 01-01-09 Through 12-31-09

Open Date	Close Date	Quantity	Security	Unit Cost	Cost Basis	Amort. or Accretion	Unit Price	Proceeds	Gain Or Loss	
									Short Term	Long Term
TOTAL GAINS									16,095.16	20,202.46
TOTAL LOSSES									-49,438.92	-46,581.04
					399,027	0		339,305	-33,343.76	-26,378.57
TOTAL REALIZED GAIN/LOSS									-59,722	

(INTERNATIONAL INVESTMENTS)

	<u>Proceeds</u>	<u>Cost basis</u>	<u>Gain (Loss)</u>
Short Term	\$ 199,364	\$ 232,708	(33,344)
Long term	<u>139,940</u>	<u>\$ 166,319</u>	<u>(26,379)</u>
	\$ 339,305	\$ 399,027	\$ 59,723

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
 b Permanent endowment _____ %
 c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings		565,638.	177,151.	388,487.
c Leasehold improvements				
d Equipment		104,859.	104,859.	0.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **388,487.**

BAA

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	481,270.
2	Total expenses (Form 990, Part IX, column (A), line 25)	765,073.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-283,803.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-283,803.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	481,270.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	481,270.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	481,270.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	765,073.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	765,073.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	765,073.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

36-6140171

Americans For Effective Law Enforc., Inc

Form 990, Part VI, Line 11 - Form 990 Review Process

A copy of Form 990 and 990-T is provided to Wayne Schmidt - Executive Director, who reads thru the document before signing. If any questions or concerns are noted, they are discussed with preparer and appropriate changes are made and then re-submitted to Wayne for approval.

After all necessary changes are agreed upon, Wayne Schmidt signs and files the returns.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

For each interest disclosed, the Board will determine whether to: (a) take no action; (b) assure full disclosure to AELE's accountants; (c) ask the person to recuse from participation in related discussions or decisions; or (d) ask the person to resign from his or her position.

AELE's executive director and business manager will monitor proposed or ongoing transactions for conflicts of interest and disclose them to the Board of Directors in order to deal with potential or actual conflicts, whether discovered before or after the transaction has occurred.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

The compensation of the person is reviewed and approved by the board of directors, provided that persons with conflicts of interest with respect to the compensation arrangement at issue are not involved in this review and approval.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

All governing documents, policies and financial statements are available on American For Effective Law Enforcement, Inc.'s website.

AMENDED RETURNForm **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2009Department of the Treasury
Internal Revenue ServiceFor calendar year 2009 or other tax year beginning , and
ending ▶ See separate instructions.Open to Public Inspection
for 501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) C Book value of all assets at end of year 1,079,125	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Americans For Effective Law Enforcement, Inc. Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. 841 W. Touhy Avenue City or town, state, and ZIP code Park Ridge IL 60068-3351	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 36-6140171 E Unrelated business activity codes (See instructions for Block E on page 9.) 531120	F Group exemption number (See instructions for Block F on page 9.) ▶ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
---	--	---	---

H Describe the organization's primary unrelated business activity.▶ **Unrelated debt-financed income**
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of ▶ **Helen Finkel** Telephone number ▶ **847-685-0700**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7	126,690	139,922
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See page 10 of the instructions; attach schedule.)		12		
13 Total. Combine lines 3 through 12		13	126,690	139,922

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		(A) Income	(B) Expenses	(C) Net
14 Compensation of officers, directors, and trustees (Schedule K)				
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule)		18		
19 Taxes and licenses		19		
20 Charitable contributions (See page 13 of the instructions for limitation rules.)		20		
21 Depreciation (attach Form 4562)		21	22,267	
22 Less depreciation claimed on Schedule A and elsewhere on return		22a	22,267	0
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25		
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule)		28		
29 Total deductions. Add lines 14 through 28		29		
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		-13,232
31 Net operating loss deduction (limited to the amount on line 30)		31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32		-13,232
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)		33		1,000
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34		-13,232

AMENDED RETURN

Form 990-T (2009) **Americans For Effective**Page **2****Part III Tax Computation**

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3) \$	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ (2) Additional 3% tax (not more than \$100,000) \$	
c Income tax on the amount on line 34	35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36
37 Proxy tax. See page 16 of the instructions	37
38 Alternative minimum tax	38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see page 16 of the instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other	42	
43 Total tax. Add lines 41 and 42	43	0
44a Payments: A 2008 overpayment credited to 2009	44a	864
b 2009 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	44f	
45 Total payments. Add lines 44a through 44f	45	864
46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	864
49 Enter the amount of line 48 you want: Credited to 2010 estimated tax 864 Refunded	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.	Yes	No
		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional sec. 263A costs (attach sch.)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer's Use Only**

Preparer's signature

Craig D. Johnson

Date

05/27/11

Check if self-employed ☐

Preparer's SSN or PTIN

P00921408

Firm's name (or yours if self-employed), address, and ZIP code

Sullivan and Johnson, Ltd.
1420 Renaissance Dr Ste 205
Park Ridge, IL 60068-1342

EIN

26-3917917

Phone no.

847-759-6100

Form 990-T (2009)

AMENDED RETURN

Form 990-T (2009) **Americans For Effec**Page **3****Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions on page 18)

1. Description of property

(1) **N/A**

(2)

(3)

(4)

2. Rent received or accrued

(a) From personal property (If the percentage of rent for personal property is more than 10% but not more than 50%)

(b) From real and personal property (If the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

(1)

(2)

(3)

(4)

Total

Total

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B) ▶

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

Schedule E – Unrelated Debt-Financed Income (see instructions on page 19)

1. Description of debt-financed property

2. Gross income from or allocable to debt-financed property

3. Deductions directly connected with or allocable to debt-financed property **See Stmt 1**

(a) Straight line depreciation (attach schedule)

(b) Other deductions (attach schedule)

(1) **Spectrum LLC****126,690****22,267****117,655**

(2)

(3)

(4)

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

5. Average adjusted basis of or allocable to debt-financed property (attach schedule)

6. Column 4 divided by column 5

7. Gross income reportable (column 2 x column 6)

8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))

(1) **1,671,643****1,661,470****100.00 %****126,690****139,922**

(2)

(3)

(4)

Enter here and on page 1, Part I, line 7, column (A).

Enter here and on page 1, Part I, line 7, column (B).

126,690**139,922**

Totals ▶

Total dividends-received deductions included in column 8 ▶

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

1. Name of controlled organization

2. Employer identification number

Exempt Controlled Organizations

3. Net unrelated income (loss) (see instructions)

4. Total of specified payments made

5. Part of column 4 that is included in the controlling organization's gross inc.

6. Deductions directly connected with income in column 5

(1) **N/A**

(2)

(3)

(4)

Nonexempt Controlled Organizations

7. Taxable income

8. Net unrelated income (loss) (see instructions)

9. Total of specified payments made

10. Part of column 9 that is included in the controlling organization's gross income

11. Deductions directly connected with income in column 10

(1)

(2)

(3)

(4)

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

DAA

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1) N/A				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals				

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals						

Schedule J – Advertising Income (see instructions on page 21)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) N/A						
(2)						
(3)						
(4)						
(5) Totals from Part I						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Statement 1 - Form 990-T, Schedule E, Column 3b - Other Deductions

<u>Description</u>	<u>Deduction</u>
Spectrum LLC See Attached	<u>117,655</u>
Total	<u>117,655</u>

Americans for Effective Law Enforcement, Inc.
Form 990-T Attachment
2009

Page 3 - Schedule E - Unrelated Debt-Financed Income

Line 2 - Gross Income

Gross Income	911,567
Partner's Percent	13.898%
	<u>126,690</u>

Line 3(A) Straight-Line Depreciation

Property and Equipment Cost at 12/31/09	3,590,541
2009 Straight-Line Depreciation	160,217
Partner's Percent	13.898%
	<u>22,267</u>

Line 3(B) Other Deductions

Legal and Professional	25,796
Insurance	7,031
Maintenance and Repairs	130,562
Utilities	103,384
Other Administrative	398,823
Interest Expense	134,038
Taxes	46,926
Total	846,560
Partner's Percent	13.898%
	<u>117,655</u>

Line 4 - Acquisition Debt

Debt at 1/1/09	1,030,192
Debt at 12/31/09	2,313,093
Average	<u>1,671,643</u>

Line 5 - Average Basis

Net Property at 1/1/09	1,582,615
Net Property at 12/31/09	1,740,325
Average	<u>1,661,470</u>

Americans for Effective Law Enforcement, Inc.
841 W. Touhy Avenue
Park Ridge, IL 60068-3351
Form 990-T
2009

**ELECTION TO FORGO THE TWO-YEAR NET OPERATING LOSS
CARRYBACK PERIOD**

Taxpayer incurred a net operating loss in the tax year ended December 31, 2009, and is entitled to a two-year carryback of the loss under IRC Sec. 172(b)(1)(A). Pursuant to IRC Sec. 172(b)(3), taxpayer hereby elects to relinquish the entire carryback period with respect to any regular and AMT net operating loss.



Illinois Department of Revenue
2009 IL-990-T-X Amended Exempt Organization
Income and Replacement Tax Return
 For tax years ending ON or AFTER December 31, 2009

Do not write in this box.

Indicate what tax year you are amending: Tax year beginning ____/____/____, ending ____/____/____



If you are filing an amended return for tax years ending **before December 31, 2009**, you cannot use this form. For prior years, use the amended return form for that year.

Write the amount you are paying.

\$ _____

Step 1: Identify your exempt organization

A Write your exempt organization name and mailing address.

If you have a change, check this box. ☐

Americans for Effective Law Enforcement, Inc.

Name

C/O

841 W. Touhy Avenue

Mailing address

Park Ridge IL 60068

City State Zip

B Check this box if Schedule 1299-D is attached. ☐

C Write your federal employer identification number (FEIN).

36 - 6140171

D Check the applicable box for the type of change being made.

☐ State change ☒ Federal change:

If a federal change, check one: ☐ Partial agreed ☒ Finalized

If finalized, write the finalization date: 06 / 15 / 2011
 Month Day Year

E Check this box if you are filing a "corrected" return. ☒

F Check this box if you are taxed as a corporation. ☒

G Check this box if you are taxed as a trust. ☐

Step 2: Explain the changes on this return

To correctly report unrelated business taxable income from U.S. Form 990-T and include 2008 overpayment applied to 2009.

Attach remittance payable to "Illinois Department of Revenue" here.

Step 3: Figure your base income or loss

1 Unrelated business taxable income or loss

from U.S. Form 990-T, Line 34.

1 0.00

1 -13,232.00

2 Illinois income and replacement tax deducted in arriving at Line 1.

2 .00

2 .00

3 Base income or loss. Add Lines 1 and 2.

3 0.00

3 -13,232.00

If the amount on Line 3 is derived only from inside Illinois or if you are an Illinois resident trust, skip Step 4 and go to Step 5; otherwise complete Step 4.

Step 4: Figure your income allocable to Illinois

4 Trust, estate, and non-unitary partnership business income or loss included in Line 3.

4 .00

4 .00

5 Business income or loss. Subtract Line 4 from Line 3.

5 .00

5 .00

6 Total sales everywhere. This amount cannot be negative.

6 .00

6 .00

7 Total sales inside Illinois. This amount cannot be negative.

7 .00

7 .00

8 Apportionment Factor. Divide Line 7 by Line 6.

8 .

8 .

9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.

9 .00

9 .00

10 Trust, estate, and non-unitary partnership business income or loss apportionable to Illinois.

10 .00

10 .00

11 Base income or net loss allocable to Illinois. Add Lines 9 and 10.

11 .00

11 .00





A

As most recently
reported or adjusted

B

Corrected amount .

Step 5: Figure your net replacement tax

12	Base income or net loss from Line 3 or Line 11.	12	0.00	12	-13,232.00
13	Replacement tax. Corporations multiply Line 12 by 2.5% (.025); trusts 1.5% (.015).	13	0.00	13	0.00
14	Recapture of investment credits (Schedule 4255).	14	.00	14	.00
15	Replacement tax before investment credits. Add Lines 13 and 14.	15	0.00	15	0.00
16	Investment credits (Form IL-477).	16	.00	16	.00
17	Net replacement tax. Subtract Line 16 from Line 15. If negative, write "0."	17	0.00	17	0.00

Step 6: Figure your net income tax

18	Net income or loss from Line 12.	18	0.00	18	-13,232.00
19	Income tax. Corporations: multiply Line 18 by 4.8% (.048); trusts: multiply Line 18 by 3% (.03).	19	0.00	19	0.00
20	Recapture of investment credits (Schedule 4255).	20	.00	20	.00
21	Income tax before credits. Add Lines 19 and 20.	21	0.00	21	0.00
22	Income tax credits (Schedule 1299-D).	22	.00	22	.00
23	Net income tax. Subtract Line 22 from Line 21. If the amount is negative, write "0."	23	0.00	23	0.00

Step 7: Figure your refund or balance due

24	Net replacement tax from Line 17.	24	0.00	24	0.00
25	Net income tax from Line 23.	25	0.00	25	0.00
26	Total net income and replacement taxes. Add Lines 24 and 25.	26	0.00	26	0.00
27	Payments				
a	Credit from prior year overpayment	a	200.00		
b	Total estimated payments	b	.00		
c	Form IL-505-B (extension) payment	c	.00		
d	Gambling withholding (Form W-2G)	d	.00		
28	Total payments. Add Lines 27a through 27d.	28		200.00	
29	Tax paid with original return (do not include penalties and interest).	29		0.00	
30	Subsequent tax payments made since the original return.	30		.00	
31	Total tax paid. Add Lines 28, 29, and 30.	31		200.00	
32	Total amount previously refunded and/or credited for the year being amended.	32		.00	
33	Net tax paid. Subtract Line 32 from Line 31.	33		200.00	
34	Refund. Subtract Line 26 from Line 33.	34		200.00	
35	Tax due. Subtract Line 33 from Line 26.	35		.	
36	Penalty (See instructions.)	36		.00	
37	Interest (See instructions.)	37		.00	
38	Total balance due. Add Lines 35 through 37.	38		.	

▶ **Make your check payable to "Illinois Department of Revenue".** ◀**Special Note** Write the amount of your payment on the top of Page 1 in the space provided.**Step 8: Sign here**

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signature of authorized officer	_____/_____/_____ Month Day Year	Title	(_____)_____ Phone
Signature of preparer	_____/_____/_____ Month Day Year	26-3917917 Preparer's Social Security Number or firm's FEIN	
Sullivan and Johnson, Ltd.	1420 Renaissance Dr., Ste 205, Park Ridge, IL 60068	(847) 759-6100	
Preparer firm's name (or yours, if self-employed)	Address	Phone	

▶ **Mail this return to: Illinois Department of Revenue, P.O. Box 19016, Springfield, IL 62794-9016** ◀