Form AG990-IL Revised 3/05

$\overline{}$	ice Use Only		E ORGANIZATION ANNI			Revised 3/0
PMT	· · · · · · · · · · · · · · · · · · ·			# 01003879		
			or, Chicago, Illinois 6060			Il items attached:
AMT		Report fo	or the Fiscal Period:	X		IRS Return
' ' ' '		rioport it	ine i local i cilca.	Make Checks X	1 2	Financial Statements
		Beginnin	g 01/01/2014	Payable to		Form IFC
INIT		_	<u></u>	the Illinois Charity		Annual Report Filing Fe
L		& Ending	12/31/2014	Bureau Fund		Late Report Filing Fee
Feder	al ID# 36-6140171		MO DAY YR			IO DAY YR
Are c	ontributions to the organization tax			te Organization was create	d:	03/31/1966
	LEGAL AMERICANS F		AW	Year-end		
	NAME ENFORCEMENT	r, INC.		amounts		<b>5</b> 4 4 . 0.00
	MAIL			A) ASSETS	A) \$	544,293
1	DDRESS 841 W. TOUR			B) LIABILITIES	B) \$	278,321
	STATE PARK RIDGE, PCODE 60068-3351	, 11		C) NET ASSETS	C) \$	265,972
<u>/</u>	SUMMARY OF ALL RE	VENUE ITEMS DUDIN	C THE VEAD.	PERCENTAGE		AMOUNT
<b>"</b> -	D) PUBLIC SUPPORT, CONTRIB			94.767%	D) \$	345,640
	E) GOVERNMENT GRANTS & M		LV. (GNOSS AIVITS.)	%	E) \$	343,040
	F) OTHER REVENUES	ILIVIDENSI III DOLO		5.233%	F) \$	19,087
	1) OTHERTHEVENOLO			3 7 2 3 3 70	1 , +	
	G) TOTAL REVENUE, INCOME A	AND CONTRIBUTIONS RECEIVED	(ADD D. E. & F)	100 %	G) \$	364,727
II.	SUMMARY OF ALL EX					
	H) OPERATING CHARITABLE PI	ROGRAM EXPENSE		%	H) \$	
	•					
	I) EDUCATION PROGRAM SER	VICE EXPENSE		94.033%	l) \$	376,148
	J) TOTAL CHARITABLE PROGR	RAM SERVICE EXPENSE (ADD H &	( l)	94.033%	J) \$	376,148
	J1) JOINT COSTS ALLOCATED T	O PROGRAM SERVICES (INCLUE	ED IN J): \$			
	K) GRANTS TO OTHER CHARITA	ARI E ORGANIZATIONS		%	K) \$	
	(A) CHANGE TO OTHER OFFICE	ABLE OHDANIZATIONS		/6	Κ) φ	
	L) TOTAL CHARITABLE PROGR	RAM SERVICE EXPENDITURE (AD	D J & K)	94.033%	L) \$	376,148
	M) MANAGEMENT AND GENERA	AI FXPENSE		5.967%	M) \$	23,868
	m) www.tacmett.rutb.action	LE LAN ENGL		0 1 0 0 1 70	Ι, ψ	
	N) FUNDRAISING EXPENSE			%	N) \$	
						400 016
	0) TOTAL EXPENDITURES THIS	• • • • •		100 %	0) \$	400,016
111.	SUMMARY OF ALL PA (Attach Attorney General Report of		CONSULTANT ACTIVITI n- Form IFC One for each PFR )	ES:		
	PROFESSIONAL FUNDRAISERS:		in Form in 0. One for each First,			
	P) TOTAL AMOUNT RAISED BY	PAID PROFESSIONAL FUNDRAIS	SERS	100 %	P) \$	0
	Q) TOTAL FUNDRAISERS FEES	AND EXPENSES		%	Q) \$	
	R) NET RECEIVED BY THE CHAI	RITY (P MINUS Q=R)		%	R) \$	
	PROFESSIONAL FUNDRAISING (	,				
	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS				S) \$	0
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:					
	T) NAME, TITLE: HELEN C. FINKEL, BUSINESS MANAGER  U) NAME, TITLE: WAYNE W. SCHMIDT, EXECUTIVE DIRECTOR				T) \$	34,452
					U) \$	30,000
	V) NAME, TITLE MELISSA				V) \$	20,359
٧.	CHARITABLE PROGRA	AM DESCRIPTION: CHA	RITABLE PROGRAM (3 HIGHEST BY \$ EXF E CATEGORIES	PENDED)	List on	back side of instructions CODE
01-14	W) DESCRIPTION: LAW EN	JEORCEMENT TEGA	L DEFENSE CENTER		W)#	090
498091 05-01-14		CURIAE PROGRA			X) #	090
49805			TICE ACTIVITIES		Y) #	090

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE			
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		Х
	ANT THING OF TALL OF THE OTHER THE COMMENCE THE COMMENT	٥.		
1	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
٦.	·	4		Х
	THAN 10% OF THE OUTSTANDING SHARES?	4.		Λ
_	LO ANNUADO DE TUE OD ANNUATION LIEU DEN TUE NAME OF OD ANNUAL ED MITH THE DE OPEDIT OF ANNUATUED DEPOSIT			
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			77
	OR ORGANIZATION?	5.		Х
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х
7b.	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 \$			
	, the (v) the timoon the some for one into the timo			
ρ	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
0.	THE OTIGNICATION EXITEND TO RESTRICTED FORDS FOR FOR SOLO STREET THAN TESTRICTED FOR SOLO:	0.		
0	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
9.		_		Х
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Λ
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Х
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
	THREE LARGEST ACCOUNTS:			
	WILLIAM BLAIR & CO, LLC, 222 W. ADAMS ST, CHICAGO, IL 60606			
	THE NORTHERN TRUST COMPANY, 7801 S. STATE ST, CHICAGO, IL 606	19		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <b>HELEN FINKEL</b> 847-685-0700			
ALI	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

### BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

#### HELEN FINKEL

PRESIDENT OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

#### CHERYL K. ROHLFS, CPA

498101 05-01-14

# 2014 Form IL-990-T

## **Exempt Organization Income and Replacement Tax Return**

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

		_
If this return is not for calendar year 2014, enter your fiscal tax year here.	Enter the amount you are paying.	
Tax year beginning 20 year , ending 20 month day 20 year		
For tax years ending <b>on</b> or <b>after</b> December 31, 2014. For prior years, use the form for that year.	\$	
Step 1: Identify your exempt organization	<b>D</b> Enter your federal employer identification no. (FEIN).	
A Enter your complete legal business name.	36-6140171	
If you have a name change, check this box.		
AMERICANS FOR EFFECTIVE LAW	E Check if you are taxed as a corporation.	
Name: ENFORCEMENT, INC.	_	
	F Check if you are taxed as a trust.	
B Enter your mailing address.		
If you have an address change or this is a first return, check this box.	G Provide the nature of your unrelated trade or	
C/O: HELEN FINKEL	business. SEE STATEMENT 1	
Mailing address: 841 W. TOUHY AVENUE	U Chaolathia han Karanata at a turi	
IVIAIIIING AUGRESS: UTI W. IOURI AVENUE	H Check this box if you attached Illinois	
City: PARK RIDGE State: IL ZIP: 60068-3351	Schedule 1299-D, Income Tax Credits.	
State. <u>11</u> ZIP: 00000-3331	I Enter your North American Industry Classification	
C Check the applicable box if one of the following applies.	System (NAICS) Code, if applicable. See instructions	3.
First return Final return (If final, enter the date.	531120	٠.
mm dd yyyy		
Attach a copy of Page 1 of your U.S. Form 990-T.  2 Illinois income and replacement tax and surcharge deducted in arriving at Line 1  3 Base income or loss. Add Lines 1 and 2.  A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resifrom Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must B If any portion of the amount on Line 3 is derived outside Illinois, check this box	3 2,070 sident trust, check this box and enter the amount st leave Step 3, Lines 4 through 11 blank.)	.00
See instructions.  Step 3: Figure your income allocable to Illinois (Complete only if you ch	necked the box on Line B, above.)	
Trust, estate, or non-unitary partnership business income or loss included in Line	,	ገቦ
<ul> <li>4 Trust, estate, or non-unitary partnership business income or loss included in Line</li> <li>5 Business income or loss. Subtract Line 4 from Line 3.</li> </ul>		<u>00</u> 00
<ul><li>6 Total sales everywhere. This amount cannot be negative.</li></ul>	5 <u></u>	<del></del>
<ul><li>7 Total sales everywhere. This amount cannot be negative.</li></ul>	7	
8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).	8.	
<ul><li>9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.</li></ul>		00
10 Trust, estate, or non-unitary partnership business income or loss apportionable to		00
11 Base income or loss allocable to Illinois. Add Lines 9 and 10.		00
	<u></u> -	_
Step 4: Figure your net replacement tax		
▼ 12 Net income or loss from Line 3 or Line 11.	12 2,070	ָחר
12 Net income or loss from Line 3 or Line 11.  13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts multiple 14 Recapture of investment credits. Attach Schedule 4255.  15 Replacement tax before investment credits. Add Lines 13 and 14.  16 Investment credits. Attach Form IL-477.  17 Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative		
14 Recapture of investment credits. Attach Schedule 4255.	14	.00
15 Replacement tax before investment credits. Add Lines 13 and 14.	15 52	.00
6 16 Investment credits. Attach Form IL-477.	16	.00
7 Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative		.00
7 A		

498021 01-30-15

NS DR

Step	5: Figure your net income tax (see instr	uctions)					
18 19	Net income or loss from Line 12. Income Tax. <b>Fiscal filers</b> - See instructions. <b>Corporations:</b> multiply Line 18 by 7% (.07).				18	2,070 .00	
	Trusts: multiply Line 18 by 5% (.05).				19	145 .00	
20	Recapture of investment credits. Attach Schedule	<b>1</b> 255.			20	.00	
21	Income tax before credits. Add Lines 19 and 20.				21	145 .00	
22	Income tax credits. <b>Attach</b> Schedule 1299-D.				22	.00	
23	Net income tax. Subtract Line 22 from Line 21. If the	ne amount is negative, en	ter "0."		23	145 .00	
Step	6: Figure your refund or balance due						
24	Net replacement tax from Line 17.				24	52 .00	
25	Net income tax from Line 23.				25	145 .00	
26	Compassionate Use of Medical Cannabis Pilot Prog	ram Act surcharge. See i	nstructions.		26 .0		
27	Total net income and replacement taxes and sur	charge. Add Lines 24, 25	i, and 26.		27	197 .00	
28	Payments						
	a Credit from prior year overpayments.		28a	4 4 5 5	<u>00</u>		
	b Total estimated payments.		28b	т,т/э.	<u>00</u> 00		
	<ul><li>c Form IL-505-B (extension) payment.</li><li>d Pass-through withholding payments. Attach Sch</li></ul>	adula(e) K-1-D or K-1-T	28d		00 00		
	e Gambling withholding. Attach Form(s) W-2G.	ledule(s) (C11 Of (C11)	28e		00		
29	Total payments. Add Lines 28a through 28e.			.,	<u>29</u>	1,175 .00	
30	Overpayment. If Line 29 is greater than Line 27, sul	btract Line 27 from Line 2	29.		30	978 .00	
31	Amount to be credited to a subsequent period. Se			•	31	200 .00	
32	Refund. Subtract Line 31 from Line 30. This is the a	mount to be refunded.		•	32	778 .00	
33	Complete to direct deposit your refund						
	Routing Number	Che	cking or	Savings			
	Account Number						
34	Tax Due. If Line 27 is greater than Line 29, subtract	: Line 29 from Line 27. Th	is is the amoun	t you owe.	34	.00	
)	If you owe tax on Line 34, complete a payment v	oucher, Form IL-990-T-			'Illinois Depart	ment of	
	Special Note -> Enter the amount				ovided.		
Step	7: Sign here						
-	penalties of perjury, I state that I have examined this	return and, to the best of	my knowledge	, it is true, correct,	and complete.		
		VICE PRESIDE	ท  847-	-685-0700	Check this		
Signati	ure of authorized officer Date	Title	Phone			s return with	
-		P01387972			the prepare this step.		
Signati	ure of preparer Date	Preparer's Social Securit	ty number or fir	m's FEIN	uns step.		
CHE	RYL ROHLFS & ASSOCIATES, L	NORTHBROOK,	IL 60062	2	847-75	53-9200	
Prepar	er's firm name (or yours, if self-employed)	Address			Phone		

- ▶ If a payment is not enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009
- If a payment is enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

FORM IL-990-T NATURE OF TRADE OR BUSINESS STATEMENT 1

UNRELATED DEBT-FINANCED INCOME.

TO FORM IL-990-T, PAGE 1