

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01003879

Report for the Fiscal Period:

Beginning 01/01/2014

& Ending 12/31/2014
MO DAY YR

Make Checks
Payable to
the Illinois
Charity
Bureau Fund



Check all items attached:

Copy of IRS Return

Audited Financial Statements

Copy of Form IFC

\$15.00 Annual Report Filing Fee

\$100.00 Late Report Filing Fee

Federal ID # 36-6140171

Are contributions to the organization tax deductible?



Yes



No

Date Organization was created:

MO DAY YR

03/31/1966

LEGAL NAME MAIL ADDRESS CITY, STATE ZIP CODE	AMERICANS FOR EFFECTIVE LAW ENFORCEMENT, INC. 841 W. TOUHY AVENUE PARK RIDGE, IL 60068-3351	Year-end amounts	
		A) ASSETS	A) \$ 544,293.
		B) LIABILITIES	B) \$ 278,321.
		C) NET ASSETS	C) \$ 265,972.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:		PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		94.767%	D) \$ 345,640.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES		%	E) \$
F) OTHER REVENUES		5.233%	F) \$ 19,087.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)		100 %	G) \$ 364,727.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		%	H) \$
H) OPERATING CHARITABLE PROGRAM EXPENSE			
I) EDUCATION PROGRAM SERVICE EXPENSE		94.033%	I) \$ 376,148.
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)		94.033%	J) \$ 376,148.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS		%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)		94.033%	L) \$ 376,148.
M) MANAGEMENT AND GENERAL EXPENSE		5.967%	M) \$ 23,868.
N) FUNDRAISING EXPENSE		%	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)		100 %	O) \$ 400,016.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
PROFESSIONAL FUNDRAISERS:			
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS		100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES		%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)		%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:			
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		T) \$	34,452.
U) NAME, TITLE: WAYNE W. SCHMIDT, EXECUTIVE DIRECTOR		U) \$	30,000.
V) NAME, TITLE: MELISSA TAKI, SUPERVISOR		V) \$	20,359.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE	
W) DESCRIPTION: LAW ENFORCEMENT LEGAL DEFENSE CENTER		W) #	090
X) DESCRIPTION: AMICUS CURIAE PROGRAM		X) #	090
Y) DESCRIPTION: GENERAL CRIMINAL JUSTICE 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 \$			
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
<u>WILLIAM BLAIR & CO, LLC, 222 W. ADAMS ST, CHICAGO, IL 60606</u>			
<u>THE NORTHERN TRUST COMPANY, 7801 S. STATE ST, CHICAGO, IL 60619</u>			
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>HELEN FINKEL 847-685-0700</u>			

ALL 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 or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

CHERYL K. ROHLFS, CPA

PREPARER (PRINT NAME)

SIGNATURE

DATE

Exempt Organization Income and Replacement Tax Return

Step 5: Figure your net income tax (see instructions)

18	Net income or loss from Line 12.	18	2,070 .00
19	Income Tax. Fiscal filers - See instructions. Corporations: multiply Line 18 by 7% (.07). Trusts: multiply Line 18 by 5% (.05).	19	145 .00
20	Recapture of investment credits. Attach Schedule 4255.	20	.00
21	Income tax before credits. Add Lines 19 and 20.	21	145 .00
22	Income tax credits. Attach Schedule 1299-D.	22	.00
23	Net income tax. Subtract Line 22 from Line 21. If the amount is negative, enter "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 Program Act surcharge. See instructions.	26	.00
27	Total net income and replacement taxes and surcharge. Add Lines 24, 25, and 26.	27	197 .00
28	Payments		
a	Credit from prior year overpayments.	28a	.00
b	Total estimated payments.	28b	1,175 .00
c	Form IL-505-B (extension) payment.	28c	.00
d	Pass-through withholding payments. Attach Schedule(s) K-1-P or K-1-T.	28d	.00
e	Gambling withholding. Attach Form(s) W-2G.	28e	.00
29	Total payments. Add Lines 28a through 28e.	29	1,175 .00
30	Overpayment. If Line 29 is greater than Line 27, subtract Line 27 from Line 29.	30	978 .00
31	Amount to be credited to a subsequent period. See instructions.	31	200 .00
32	Refund. Subtract Line 31 from Line 30. This is the amount to be refunded.	32	778 .00

33 Complete to direct deposit your refund

Routing Number _____ ☐ Checking or ☐ Savings
Account Number _____

34 Tax Due. If Line 27 is greater than Line 29, subtract Line 29 from Line 27. This is the amount you owe. **34** .00

► If you owe tax on Line 34, complete a payment voucher, Form IL-990-T-V, make your check payable to "Illinois Department of Revenue" and attach them to the first page of this form. ◀

Special Note → Enter the amount of your payment on the top of Page 1 in the space provided.

Step 7: 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	Date	VICE PRESIDENT	847-685-0700	<div>Check this box if the Department may discuss this return with the preparer shown in this step. <input type="checkbox"/></div>
Signature of preparer	Date	P01387972	Preparer's Social Security number or firm's FEIN	
CHERYL ROHLFS & ASSOCIATES, L		NORTHBROOK, IL 60062	847-753-9200	
Preparer'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**

498022 01-16-15

FORM IL-990-T	NATURE OF TRADE OR BUSINESS	STATEMENT	1
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UNRELATED DEBT-FINANCED INCOME.

TO FORM IL-990-T, PAGE 1