

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 01/01/2016

& Ending 12/31/2016
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. 175 OLDE HALF DAY ROAD, NO. 220 LINCOLNSHIRE, IL 60069	Year-end amounts	
		A) ASSETS	A) \$ 485,519.
		B) LIABILITIES	B) \$ 213,798.
		C) NET ASSETS	C) \$ 271,721.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:		PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		96.642%	D) \$ 358,323.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES		%	E) \$
F) OTHER REVENUES		3.358%	F) \$ 12,450.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)		100 %	G) \$ 370,773.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:			
H) OPERATING CHARITABLE PROGRAM EXPENSE		%	H) \$
I) EDUCATION PROGRAM SERVICE EXPENSE		84.502%	I) \$ 332,592.
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)		84.502%	J) \$ 332,592.
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)		84.502%	L) \$ 332,592.
M) MANAGEMENT AND GENERAL EXPENSE		15.498%	M) \$ 60,998.
N) FUNDRAISING EXPENSE		%	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)		100 %	O) \$ 393,590.
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) \$	34,940.
U) NAME, TITLE: BERNARD FARBER		U) \$	33,648.
V) NAME, TITLE: MELISSA TAKI, SUPERVISOR		V) \$	22,275.
V. CHARITABLE PROGRAM DESCRIPTION:		List on back side of instructions	
CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		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 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 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 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 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 checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		<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 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 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 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 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>			
<u>VILLAGE BANK & TRUST, 234 W. NORTHWEST HWY, ARLINGTON HEIGHTS, IL 60004</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
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TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
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CHERYL K. ROHLFS, CPA

PREPARER (PRINT NAME)	SIGNATURE	DATE
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IL-1120-ES

2017

Step 1: Complete the Estimated Tax Worksheet.

Complete this worksheet to compute your 2017 estimated tax. Keep this record for your files.

Note ➔ If your income changes during the year, complete the amended worksheet in the instructions.

1 Enter the amount of Illinois net income expected in 2017.	1	8,976.
2 Multiply Line 1 by your applicable rate, and enter the result. (See rates on pages 2 and 3.) If you completed Schedule SA (IL-1120), enter the result from the Specific Accounting Line 2 Formula (page 3).	2	775.
3 Enter the amount of recapture of investment credits expected in 2017.	3	
4 Enter the amount of Compassionate Use of Medical Cannabis Pilot Program Act surcharge expected in 2017. See the Form IL-1120, Step 8, Line 56 instructions for more information.	4	
5 Add Lines 2 through 4 and enter the result.	5	775.
6 Enter the amount of Illinois tax credits expected in 2017 as calculated on the corresponding Form IL-477 or Schedule 1299-D.	6	
7 Enter the amount of pass-through withholding payments expected to be made on your behalf in 2017 on any Schedule K-1-P or Schedule K-1-T you receive.	7	
8 Enter the amount of any Illinois gambling withholding shown on any 2017 Form W-2G you received.	8	
9 Add Lines 6 through 8 and enter the result.	9	
10 Subtract Line 9 from Line 5 and enter the result. If \$400 or less, stop . You do not have to make estimated tax payments. If more than \$400, continue to Line 11.	10	775.
11 Subtract Line 6 from Line 5 and enter the result.	11	775.
12 Divide Line 11 by 4. This is the amount of each of your estimated tax payments.	12	194.

➔ You may use pass-through withholding payments made on your behalf on any Schedule K-1-P or K-1-T you received to reduce the estimated tax payment for the quarter in which the tax year shown on the Schedule K-1-P or K-1-T falls and any subsequent tax payment until the entire credit is used.

ADJUSTED TO: 776.

➔ You may use Illinois gambling withholding shown on any 2017 Form W-2G you received to reduce the estimated tax payment for the quarter in which the gambling winnings were received and any subsequent tax payment until the entire credit is used.

➔ If you made the election to credit a prior year overpayment to 2017 and **OVERPAYMENT APPLIED** 37.

- the election was made **on or before** the extended due date of that prior year return, use the credit to reduce the first estimated tax payment and any subsequent tax payments until the entire credit is used.

Note ➔ If all or a portion of the credit results from payments made after the due date of your first estimated tax installment of that prior year return, that portion of your credit is considered to be paid on the date you made the payment. If that payment date is on or before an estimated payment due date, you may use that portion of the credit to reduce that estimated tax payment and any subsequent tax payments until the entire credit is used.

- the election was made **after** the extended due date of that prior year return, the credit will be treated as paid on the date you submitted the election. If that payment date is on or before an estimated payment due date, you may use the credit to reduce that estimated tax payment and any subsequent tax payments until the entire credit is used.

Step 2: Complete the estimated tax voucher. (Fiscal year filers see "When are estimated payments due?")

- Enter your federal employer identification number (FEIN).
- Enter your name, C/O information (if applicable), address, and phone number.
- Enter the month and year your tax year ends.
- Enter the amount you are paying from Step 1, Line 12, or Step 4, Line 16 or Line 18, if you amended your original estimated tax.
- Detach the voucher and enclose a check or money order for the amount you are paying.
 - Write your FEIN, tax year ending, and "IL-1120-ES" on your payment.
 - Make your check or money order payable to "Illinois Department of Revenue."
 - Mail your completed voucher and payment to the address shown on the voucher.
 - Complete Step 3 below for your records.

Step 3: Record your estimated tax payments.

Voucher amount	Voucher date	Check or money order number
Total		

ESTIMATE INSTALLMENT DUE DATES:	
04/18/17	157.
06/15/17	194.
09/15/17	194.
12/15/17	194.

IL-1120-ES**2017****Step 4: Complete the amended worksheet if a change occurs in your original estimated tax.**

- 1 Enter the amount of Illinois net income expected in 2017. 1 _____
- 2 Multiply Line 1 by your applicable rate, and enter the result. (See rates on pages 2 and 3.) If you completed Schedule SA (IL-1120), enter the result from the Specific Accounting Line 2 Formula (page 3). 2 _____
- 3 Enter the amount of recapture of investment credits expected in 2017. 3 _____
- 4 Enter the amount of Compassionate Use of Medical Cannabis Pilot Program Act surcharge expected in 2017. See the Form IL-1120, Step 8, Line 56 instructions for more information. 4 _____
- 5 Add Lines 2 through 4 and enter the result. 5 _____
- 6 Enter the amount of Illinois tax credits expected in 2017 as calculated on the corresponding Form IL-477 or Schedule 1299-D. 6 _____
- 7 Enter the amount of pass-through withholding payments expected to be made on your behalf in 2017 on any Schedule K-1-P or Schedule K-1-T you receive. 7 _____
- 8 Enter the amount of any Illinois gambling withholding shown on any 2017 Form W-2G you received. 8 _____
- 9 Add Lines 6 through 8 and enter the result. 9 _____
- 10 Subtract Line 9 from Line 5 and enter the result. If \$400 or less, **stop**. You do not have to make estimated tax payments. If more than \$400, continue to Line 11. 10 _____
- 11 Subtract Line 6 from Line 5 and enter the result. 11 _____
- 12 Divide Line 11 by 4. 12 _____
- 13 Enter the amount of estimated tax payments made with 2017 Forms IL-1120-ES, including any timely prior year overpayments applied to tax year 2017, timely pass-through withholding made on your behalf, or timely Illinois gambling withholding shown on any 2017 Form W-2G you received. 13 _____

Note → See the Step 1, Line 12, instructions to determine if your credit for a prior year overpayment or withholding amount is considered timely.
- 14 Multiply Line 12 by the number of previously due estimated payments. 14 _____
- 15 Subtract Line 13 from Line 14 and enter the result. This amount may be negative. 15 _____
- 16 Add Lines 12 and 15 and enter the result. If positive, this is the amount due on your next payment due date. If zero or negative, the amount due on your next payment due date is zero. If Line 16 is negative, continue to Line 17. Otherwise, stop here. 16 _____
- 17 If Line 16 is negative, enter that amount as a positive number. 17 _____
- 18 Subtract Line 17 from Line 12 and enter the result. This is the amount due on the following due date, if applicable. 18 _____

Illinois Department of Revenue
2017 IL-1120-ES (R-12/16)

**Estimated Income and Replacement
Tax Payment for Corporations**

Official use only

ID: 2BX

Mail to Illinois Department of Revenue,
P.O. Box 19045, Springfield, IL 62794-9045

FEIN: 36-6140171 000 5

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending **12 17**
Month Year

AMERICANS FOR EFFECTIVE LAW
ENFORCEMENT, INC.
175 OLDE HALF DAY ROAD, NO. 220
LINCOLNSHIRE, IL 60069

\$ 157.00

Enter your payment amount on this line.

Write your FEIN, tax year ending, and "IL-1120-ES"
on your check or money order and make it payable
to "Illinois Department of Revenue."

Preparer's phone number **847-753-9200**

112061217 9 366140171 000 5

Illinois Department of Revenue
2017 IL-1120-ES (R-12/16)

**Estimated Income and Replacement
Tax Payment for Corporations**

Official use only

ID: 2BX

Mail to Illinois Department of Revenue,
P.O. Box 19045, Springfield, IL 62794-9045

FEIN: 36-6140171 000 5

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending **12 17**
Month Year

AMERICANS FOR EFFECTIVE LAW
ENFORCEMENT, INC.
175 OLDE HALF DAY ROAD, NO. 220
LINCOLNSHIRE, IL 60069

\$ 194.00

Enter your payment amount on this line.

Write your FEIN, tax year ending, and "IL-1120-ES"
on your check or money order and make it payable
to "Illinois Department of Revenue."

Preparer's phone number **847-753-9200**

112061217 9 366140171 000 5

Illinois Department of Revenue
2017 IL-1120-ES (R-12/16)

**Estimated Income and Replacement
Tax Payment for Corporations**

Official use only

ID: 2BX

Mail to Illinois Department of Revenue,
P.O. Box 19045, Springfield, IL 62794-9045

FEIN: 36-6140171 000 5

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending **12 17**
Month Year

AMERICANS FOR EFFECTIVE LAW
ENFORCEMENT, INC.
175 OLDE HALF DAY ROAD, NO. 220
LINCOLNSHIRE, IL 60069

\$ 194.00

Enter your payment amount on this line.

Write your FEIN, tax year ending, and "IL-1120-ES"
on your check or money order and make it payable
to "Illinois Department of Revenue."

Preparer's phone number **847-753-9200**

112061217 9 366140171 000 5

Illinois Department of Revenue
2017 IL-1120-ES (R-12/16)

**Estimated Income and Replacement
Tax Payment for Corporations**

Official use only

ID: 2BX

Mail to Illinois Department of Revenue,
P.O. Box 19045, Springfield, IL 62794-9045

FEIN: 36-6140171 000 5

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending **12 17**
Month Year

AMERICANS FOR EFFECTIVE LAW
ENFORCEMENT, INC.
175 OLDE HALF DAY ROAD, NO. 220
LINCOLNSHIRE, IL 60069

\$ 194.00

Enter your payment amount on this line.

Write your FEIN, tax year ending, and "IL-1120-ES"
on your check or money order and make it payable
to "Illinois Department of Revenue."

Preparer's phone number **847-753-9200**

112061217 9 366140171 000 5

Illinois Department of Revenue

2016 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 2016, enter your fiscal tax year here.

Tax year beginning _____ 20____, ending _____ 20____
month day year month day year

For tax years ending on or after December 31, 2016. For prior years, use the form for that year.

Enter the amount you are paying.

\$ _____

Step 1: Identify your exempt organization

A Enter your complete legal business name.

If you have a name change, check this box. ☐

AMERICANS FOR EFFECTIVE LAW

Name: ENFORCEMENT, INC.

B Enter your mailing address.

Check this box if either of the following apply:

- this is your **first return**, or
- you have an **address change**. ☒

C/O: HELEN FINKEL

Mailing address: 175 OLDE HALF DAY ROAD, NO. 220

City: LINCOLNSHIRE State: IL ZIP: 60069

C Check the applicable box if one of the following applies.

☐ First return ☐ Final return (If final, enter the date. _____)
mm dd yyyy

D Enter your federal employer identification no. (FEIN).

36-6140171

E Check if you are taxed as a corporation. ☒F Check if you are taxed as a trust. ☐

G Provide the nature of your unrelated trade or business. SEE STATEMENT 2

H Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits. ☐

I Enter your North American Industry Classification System (NAICS) Code, if applicable. See instructions. 531120

Step 2: Figure your base income or loss

(Whole dollars only)

1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 34.

Attach a copy of Page 1 of your U.S. Form 990-T.

1 8,976 .00

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

2 .00

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

3 8,976 .00

STOP

A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 4 through 11 blank.) ☒B If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete all lines of Step 3. See instructions. ☐

Step 3: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

4 Business income or loss included in Line 3 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.

4 .00

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

5 .00

6 Total sales everywhere. This amount cannot be negative.

6

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

7

8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).

8 .

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

9 .00

10 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.

10 .00

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

11 .00

Step 4: Figure your net replacement tax

Attach your payment and Form IL-990-T-V here.

12 Net income or loss from Line 3 or Line 11.

12 8,976 .00

13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts multiply by 1.5% (.015).

13 224 .00

14 Recapture of investment credits. Attach Schedule 4255.

14 .00

15 Replacement tax before investment credits. Add Lines 13 and 14.

15 224 .00

16 Investment credits. Attach Form IL-477.

16 .00

17 Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative, enter "0."

17 224 .00



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

18	Net income or loss from Line 12.	18	8,976 .00
19	Income Tax. Fiscal filers - See instructions. Corporations: multiply Line 18 by 5.25% (.0525). Trusts: multiply Line 18 by 3.75% (.0375).	19	471 .00
20	Recapture of investment credits. Attach Schedule 4255.	20	.00
21	Income tax before credits. Add Lines 19 and 20.	21	471 .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	471 .00

Step 6: Figure your refund or balance due

24	Net replacement tax from Line 17.	24	224 .00
25	Net income tax from Line 23.	25	471 .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	695 .00
28	Payments. See instructions.		
a	Credit from prior year overpayments.	28a	.00
b	Total estimated payments.	28b	732 .00
c	Form IL-505-B (extension) payment.	28c	.00
d	Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	28d	.00
e	Illinois gambling withholding. Attach Form(s) W-2G.	28e	.00
29	Total payments. Add Lines 28a through 28e.	29	732 .00
30	Overpayment. If Line 29 is greater than Line 27, subtract Line 27 from Line 29.	30	37 .00
31	Amount to be credited forward . See instructions.	31	37 .00
32	Refund. Subtract Line 31 from Line 30. This is the amount to be refunded.	32	.00

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. Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front 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 paid preparer shown in this step. <input type="checkbox"/></div>
Signature of paid preparer	Date	P01387972		
CHERYL ROHLFS & ASSOCIATES, L		Paid preparer's PTIN		
Paid preparer's firm name		NORTHBROOK, IL 60062	847-753-9200	
		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**

698022 08-15-17



This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

ID: 2BX

IL-990-T Page 2 of 2 (R-07/17)

IL-1120-ES	APPORTIONED ESTIMATED INCOME TAX RATE FORMULA	STATEMENT	1
1	NUMBER OF DAYS IN ESTIMATED TAX YEAR BEFORE 07/01/2017 / TOTAL NUMBER OF DAYS IN THE TAX YEAR * 5.25% (.0525) =	.026034	
2	NUMBER OF DAYS IN ESTIMATED TAX YEAR AFTER 06/30/2017 / TOTAL NUMBER OF DAYS IN THE TAX YEAR * 7% (.07) =	.035288	
3	ADD LINES 1 AND 2. THIS IS YOUR BLENDED INCOME TAX RATE. REPLACEMENT TAX RATE	.061322 .025000	
4	ADD LINES 3 AND REPLACEMENT TAX TO BE TOTAL BLENDED TAX RATE.	.086322	

FORM IL-990-T	NATURE OF TRADE OR BUSINESS	STATEMENT	2
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UNRELATED DEBT-FINANCED INCOME.

TO FORM IL-990-T, PAGE 1