Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For tl	he 2005 calend	lar year, c	r tax year beginning	, 2005, a	nd endii	ng		,	
В	Check	if applicable:					D E	mployer Ide	ntification Number	
	Ad	ddress change	Please use IRS label	AWERI CANS FOR EFFEC	CTIVE LAW ENFORC	. INC	; ;	36-614	0171	
	-	ame change	or print or type.	841 W. TOUHY AVE.				elephone nu		
	-	itial return	See specific	PARK RIDGE, IL 6006	8-3351					
	-	nal return	instruc-				F A	ccounting nethod:	Cash X	Accrual
	-		tions.				l' n			Acciual
		mended return		501()(0)	10.17(.)(1)	1			pecify) G	
	Ap	oplication pending	? Section	on 501(c)(3) organizations and a able trusts must attach a comp	4947(a)(1) nonexempt		d I are not applicable to		· —	V
			(Form	1 990 or 990-EZ).	neted Serieddie A	,	a) Is this a group retu			X No
G	Web	site: G www.	ael e. o	ra		,	O) If 'Yes,' enter number			
				- 3		H (d	C) Are all affiliates inc		<u> </u>	No
J	Orga	nization type ck only one)	G	X 501(c) 3 H (insert no	.) 4947(a)(1) or 5	527	(If 'No,' attach a lis	t. See instru	ictions.)	
K				nization's gross receipts are nor		H (d	d) Is this a separate re	eturn filed by	y an	_
K				eed not file a return with the IRS			organization covere	d by a group	o ruling? Yes	X No
	choo	ses to file a re	turn, be s	ure to file a complete return. S	ome states require a	1	Group Exempt	on Numb	er G	
	com	plete return.				М	Check G X if	the organiz	ration is not require	d d
L	Gross	s receipts: Add	l lines 6b,	8b, 9b, and 10b to line 12 G 2	2, 084, 820.		to attach Schedule	B (Form 99	0, 990-EZ, or 990-P	F) .
Pa	rt I			ises, and Changes in Ne		alance	S (See Instruction	าร)		
	1		-	ants, and similar amounts recei			,	<u> </u>		
	а				i .	1a				
					-	1b				
		•		ns (grants)	-	1c				
	d	Total (add lines 1a through 1c) (ca	. \$	noncash	_	,		1d		0.
	2			ue including government fees a		_) / lipo (03)	2	604	231.
	2			assessments		/II, IIIIe	73)	3	004,	231.
	3					-11		-	2.2	412
	4		-	I temporary cash investments.				4	33,	613.
	5			from securities				5		
						6a		_		
			•			6b				
	С		-	oss) (subtract line 6b from line	6a)			6с		
R	7	Other investm	nent incon	ne (describe		See	Statement 1) 7	13,	654.
R E V E N U	8a	Gross amount	t from sal	es of assets other	(A) Securities		(B) Other			
E N		than inventory			1, 433, 322.	8a				
U E	b	Less: cost or	other bas	is and sales expenses	1, 327, 512.	8 b				
	С	Gain or (loss) (at	tach schedul	e)Statement.2	105, 810.	8c				
	d	Net gain or (lo	oss) (com	bine line 8c, columns (A) and (B))			8d	105,	810.
	9	Special event	s and act	ivities (attach schedule). If any	amount is from gaming,	check h	ereG			
	а	Gross revenue	e (not inc	luding \$	of contributions		<u>—</u>			
						9a				
	b	Less: direct e	xpenses (other than fundraising expenses	3	9b				
			•	om special events (subtract line	<u> </u>			9с		
				y, less returns and allowances.	· I	10 a				
				d	F	10 b				
			-	les of inventory (attach schedule) (subti	<u> </u>			10c		
	11	· ·		art VII, line 103)				 		
									757	308.
	12			s 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1						
Ě	13	-		n line 44, column (B))						090.
P	14	•	•	ral (from line 44, column (C)).					194,	903.
N	15 Fundraising (from line 44, column (D))						-			
EXPENSES	16								22.	000
S	17			nes 16 and 44, column (A))						993.
Α	18			he year (subtract line 17 from li					-179,	
A N S E T T	19			nces at beginning of year (fron					2, 216,	
ΤĘ	20	Other change:	s in net a	ssets or fund balances (attach	explanation)	See	.Statement.	.3 20		304.
Ś	21	Net assets or	fund bala	nces at end of year (combine I	ines 18, 19, and 20)			21	2, 155,	701.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising				
22 Grants and allocations (att sch)									
(cash \$									
non-cash \$)									
If this amount includes									
foreign grants, check here G	22								
23 Specific assistance to individuals (att sch)	23								
24 Benefits paid to or for members (att sch)	24	202 055	1/2 2/4	40 F01					
25 Compensation of officers, directors, etc	25	202, 955. 47, 908.	162, 364. 38, 326.	40, 591. 9, 582.	0.				
26 Other salaries and wages	26 27	47, 900.	30, 320.	9, 362.					
27 Pension plan contributions									
28 Other employee benefits	28	12 040	11, 095.	2 774					
29 Payroll taxes	29	13, 869.	11, 093.	2, 774.					
30 Professional fundraising fees	30								
31 Accounting fees	31								
32 Legal fees	32	0.1/0		0.110					
33 Supplies	33	9, 160.		9, 160.					
34 Telephone	34	7, 633.	7, 633.						
35 Postage and shipping	35	20, 817.	16, 654.	4, 163.					
36 Occupancy	36	6, 512.	5, 210.	1, 302.					
37 Equipment rental and maintenance	37								
38 Printing and publications	38	30, 977.	30, 977.						
39 Travel	39	5, 648.	5, 648.						
40 Conferences, conventions, and meetings	40	225, 861.	180, 689.	45, 172.					
41 Interest	41								
42 Depreciation, depletion, etc (attach schedule)	42	25, 908.	20, 726.	5, 182.					
43 Other expenses not covered above (itemize):									
aSee Statement 4	43 a	339, 745.	262, 768.	76, 977.					
b	43 b	·	OFIL						
c	43 c								
d	43 d								
	43e	DY							
e	43 f	11							
'	43 q	<i></i>							
44 Total functional expenses. Add lines 22 through	439								
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	936, 993.	742, 090.	194, 903.	0.				
Joint Costs. Check. G if you are following SOP 98-2.									
Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?									
If 'Yes,' enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services									
\$; (iii) the amount al	located	to Management and ger			e amount allocated				
to Fundraising \$									

BAA Form 990 (2005)

Dart III	Statement of Program Service Accomplishments
Part III	I Statement of Program Service Accombishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular	
organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.	re,
What is the organization's primary exempt purpose? G Program Service Expe	oenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of (Required for 501(c)(3) (4) organizations and concise manner.	3) and
clients served, publications issued, etc. discuss achievements that are not measurable. (Section 501(C)(3) and (4) organ- 1 4947(a)(1) trusts: bu	but
	S.)
a See Statement 5	
742.00	200
(Grants and allocations \$) If this amount includes foreign grants, check here G 742, 09	<i>J</i> 90.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here G	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here G	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here G	
e Other program services	
(Grants and allocations \$) If this amount includes foreign grants, check here G	
f Total of Program Service Expenses (should equal line 44, column (B), Program services))90.

BAA Form 990 (2005) Part IV Balance Sheets (See Instructions)

Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45 Cash ' non-interest-bearing	43, 724.	45	20, 397.
	46 Savings and temporary cash investments	317, 978.	46	143, 330.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts	14, 567.	47 c	15, 990.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48 c	
	49 Grants receivable		49	
A S S E T S	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
S E	51 a Other notes & loans receivable (attach sch)			
T S	b Less: allowance for doubtful accounts		51 c	
	52 Inventories for sale or use.		52	
	53 Prepaid expenses and deferred charges	42, 716.	53	47, 114.
	54 Investments ' securities (attach schedule)	1, 769, 973.	54	1, 914, 966.
	55 a Investments ' land, buildings, & equipment: basis. 55 a			
	b Less: accumulated depreciation			
	(attach schedule)		55 c	
	56 Investments ' other (attach schedule)	-175, 190.	56	-162, 231.
	57 a Land, buildings, and equipment: basis			
	b Less: accumulated depreciation			
	(attach schedule)Statement .6 57b 205, 163.	486, 523.	57 c	465, 330.
	58 Other assets (describe G	IKV	58	
	59 Total assets (must equal line 74). Add lines 45 through 58	2, 500, 291.	59	2, 444, 896.
	60 Accounts payable and accrued expenses	204, 558.	60	188, 655.
L	61 Grants payable		61	
A B	62 Deferred revenue		62	
L	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
T	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
1	b Mortgages and other notes payable (attach schedule)		64 b	
E S	65 Other liabilities (describe G See Statement 7)	79, 651.	65	100, 540.
	66 Total liabilities. Add lines 60 through 65	284, 209.	66	289, 195.
N	Organizations that follow SFAS 117, check here G X and complete lines 67			
N E T	through 69 and lines 73 and 74.	0.047.000		0 455 704
A	67 Unrestricted	2, 216, 082.	67	2, 155, 701.
ASSETS	68 Temporarily restricted		68	
	69 Permanently restricted		69	
o R	Organizations that do not follow SFAS 117, check here G and complete lines			
	70 through 74.			
F U N D	70 Capital stock, trust principal, or current funds.		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund.		71	
A L	72 Retained earnings, endowment, accumulated income, or other funds		72	
BALANCES	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	2 24/ 202		0 155 704
E S		2, 216, 082.	73	2, 155, 701.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2, 500, 291.	74	2, 444, 896.

	rt IV-A Reconciliation of Revenu	rective LAW ENFORC. le per Audited Financia		Revenue per Retu	
	instructions.)				470 405
a	Total revenue, gains, and other support		nts	a	672, 435.
b	Amounts included on line a but not on Pa		61		
	1 Net unrealized gains on investments 2 Donated services and use of facilities			_	
	3 Recoveries of prior year grants				
	Add lines b1 through b4			b	
С	Subtract line b from line a			 	672, 435.
d	Amounts included on Part I, line 12, but				
	1 Investment expenses not included on Pa	rt I, line 6b	d1		
	2 Oth on (on a site.)				
	Coo C+m 0		-1.0	84, 873.	
	Add lines d1 and d2			d	84, 873.
е	Total revenue (Part I, line 12). Add lines	c and d		G e	757, 308.
Pa	rt IV-B Reconciliation of Expens	ses per Audited Financi	al Statements with	n Expenses per Re	turn
а	Total expenses and losses per audited fi	nancial statements		a	936, 993.
b	Amounts included on line a but not on Pa				
	1 Donated services and use of facilities		b1		
	2Prior year adjustments reported on Part	I, line 20	b2		
	3Losses reported on Part I, line 20		b3		
	4 Other (specify):				
			b4		
	Add lines b1 through b4			<u>b</u>	
С	Subtract line b from line a			<u>C</u>	936, 993.
d	Amounts included on Part I, line 17, but		511		
	1 Investment expenses not included on Pa	rt I, line 6b	d1		
	2Other (specify):	OX:			
		• () () ()	d2		
	Add lines d1 and d2			_ + -	22/ 222
е	Total expenses (Part I, line 17). Add line				936, 993.
Pa	rt V-A Current Officers, Directo or key employee at any time du	rs, Trustees, and Key E ing the year even if they were	mployees (List eacle not compensated.) (Se	n person who was an of ee the instructions.)	ficer, director, trustee,
		(B) Title and average hours	(C) Compensation	(D) Contributions to	(E) Expense
	(A) Name and address	per week devoted to position	(if not paid, enter -0-)	employee benefit plans and deferred	account and other allowances
		·	,	compensation plans	
-	YNE_WSCHMIDT	EXEC. DIR.	168, 821.	0.	0.
	<u>1 W. TOUHY AVE.</u>	40			
_	RK RIDGE, IL 60068-3351			_	_
	LEN_CFINKEL	BUSI NESS MGR	-	0.	0.
	1 W. TOUHY AVE.	20			
	RK RIDGE, IL 60068-3351				
SE	<u>E_STATEMENTS_9_AND_10</u>		0.	0.	0.
		0			
		-			
BAA	4	TEEA0105L 1	0/17/05	1	Form 990 (2005

Form 990 (2005) AMERI CANS FOR EFFECTI	VF LAW ENFORC	LNC	36-6140)171	F	Page
Part V-A Current Officers, Directors, Tr				, , , ,	Yes	No
75 a Enter the total number of officers, directors, and trustees	-				103	1,0
b Are any officers, directors, trustees, or key er listed in Schedule A, Part I, or highest compe A, Part II-A or II-B, related to each other thro identifies the individuals and explains the rela	nployees listed in Form nsated professional and ugh family or business r	990, Part V-A, or highes I other independent con elationships? If 'Yes,' a	st compensated employer tractors listed in Schedu ttach a statement that	le		X
c Do any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compe A, Part II-A or II-B, receive compensation fror to this organization through common supervis	ployees listed in form 9 nsated professional and n any other organization ion or common control?	90, Part V-A, or highest I other independent con ns, whether tax exempt	compensated employee	es Ne		X
Note. Related organizations include section 50						
If 'Yes,' attach a statement that identifies the other organization(s), and describes the comprelated organization	individuals, explains the pensation arrangements,	relationship between the including amounts paid	nis organization and the d to each individual by ea	ach		
d Does the organization have a written conflict of	of interest policy?			75 d	Χ	
Part V-B Former Officers, Directors, Transport Benefits (If any former officer, directoring the year, list that person below the instructions.)	ustees, and Key Er tor, trustee, or key empl and enter the amount o	mployees That Red loyee received compens f compensation or other	ceived Compensati sation or other benefits (benefits in the appropri	on or Otl described k ate column	elow) . See	
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	account	xpense and ot vances	ther
	<u> </u> 					
	<u> </u> 					
		SFIL	ED			
C	DP4-1					
Part VI Other Information (See the instruc	ctions.)				Yes	No
76 Did the organization engage in any activity no attach a detailed description of each activity.	t previously reported to	the IRS? If 'Yes,'		76		X
77 Were any changes made in the organizing or	governing documents be	ut not reported to the IR	S?	77		Χ
If 'Yes,' attach a conformed copy of the chang	jes.					
78 a Did the organization have unrelated business	gross income of \$1,000	or more during the yea	r covered by this return?	P 78 a		
b If 'Yes,' has it filed a tax return on Form 990-7	for this year?			78b	Χ	
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement				79		X
80 a Is the organization related (other than by assomembership, governing bodies, trustees, office				80a		X

0.

b If 'Yes,' enter the name of the organization G N/A

and check whether it is exempt or

Form 990 (2005) AMERICANS FOR EFFECTIVE LAW ENFORC. INC	36-6140171	F	Page 7			
Part VI Other Information (continued)		Yes	No			
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no cha substantially less than fair rental value?	rge or at	!a	Х			
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as						
revenue in Part I or as an expense in Part II. (See instructions in Part III.)	N/A ions?83	a X				
83a Did the organization comply with the public inspection requirements for returns and exemption applications?						
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		_				
84a Did the organization solicit any contributions or gifts that were not tax deductible?		a	Х			
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions not tax deductible?	s or gifts were		/A			
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?			/A			
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	 	b N.	/A			
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organiza waiver for proxy tax owed for the prior year.	ition received a					
c Dues, assessments, and similar amounts from members	N/A					
d Section 162(e) lobbying and political expenditures	N/A					
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A					
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A					
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		ig N.	/A			
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate dues allocable to nondeductible lobbying and political expenditures for the following tax year?	e of	ih N.	/A			
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on						
line 12	N/A					
b Gross receipts, included on line 12, for public use of club facilities	N/A					
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A					
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).	N/A					
At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or an entity disregarded as separate from the organization under Regulations sections 301,7701.2 and If 'Yes,' complete Part IX	or partnership, 301.7701-3?		X			
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		,				
section 4911 G O. ; section 4912 G O. ; section 4955 G	0.					
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit t during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attacexplaining each transaction.			.,			
explaining each transaction	89	b	Χ			
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			0.			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.			
90 a List the states with which a copy of this return is filed GIL		-+	-			
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)			0			
91 a The books are in care of G HELEN FINKEL Telephone number G Located at G 841 W. TOUHY, PARK RIDGE, IL,	847-685-0700					
Located at G 841 W. TOUHY, PARK RIDGE, TL,	ZIP + 4 G <u>60068 - 3</u>					
b At any time during the calendar year, did the organization have an interest in or a signature or other au financial account in a foreign country (such as a bank account, securities account, or other financial account.	uthority over a count)?91	yes b	X			
If 'Yes,' enter the name of the foreign country $G_{____}$						
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba Financial Statements			Х			
c At any time during the calendar year, did the organization maintain an office outside of the United States?						
If 'Yes,' enter the name of the foreign country $G_{____}$						
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 ' Check here		I/A	G 🗌			
and enter the amount of tax-exempt interest received or accrued during the tax year	G 92		N/A			

TEEA0107L 02/03/06

Form 990 (2005)

BAA

Part VII	Analysis of income-Producing	ACTIVITIES (S	ee the instructions.)			
Notal Entar	aroos amounto unlos		business income	,	ction 512, 513, or 514	(E)
otherwise ir	gross amounts unless ndicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Pro	gram service revenue:	Business code	Amount	Excitation code	, unount	Tariotion income
	BLI CATI ONS					172, 993.
b WO	RKSH0PS					431, 238.
С						
d						
e	dicare/Medicaid payments					
		-				
_	& contracts from government agencies					
	mbership dues and assessments.	-		14	33, 613.	
	est on savings & temporary cash invmnts dends & interest from securities	+		14	33, 013.	
	rental income or (loss) from real estate:					
	t-financed property					
	debt-financed property					
	rental income or (loss) from pers prop					
	er investment income	531120	13, 654.			
	n or (loss) from sales of assets					105 010
	er than inventory					105, 810.
	ncome or (loss) from special events					
	s profit or (loss) from sales of inventory er revenue: a					
b	er revenue. a					
c						
d						
104 Subt	otal (add columns (B), (D), and (E))		13, 654.	,	33, 613.	710, 041.
105 Tota	al (add line 104, columns (B), (D), a	nd (E))			G	757, 308.
	105 plus line 1d, Part I, should equa					
Part VIII	Relationship of Activities t					
Line No.	Explain how each activity for which of the organization's exempt purpo	income is rep	orted in column (E) of	Part VII contribu	ted importantly to the	accomplishment
F						
93(A)	PUBLICATIONS AND WORK					
	INFORM LAW ENFORCEMEN				ENERAL PUBLIC	OF THE NEEDS
22 (2)	AND REQUIREMENTS FOR	FFECTI VE	LAW ENFORCEME	NT.		
93(B)						
Part IX	Information Regarding Tax	1				
	(A)	(B)	(C)	(D)	(E)
	address, and EIN of corporation,	Percentage of		activities	_. Total	End-of-year
	nership, or disregarded entity	ownership inte			income	assets
N/A			<u>%</u> %			
			%			
			%			
Part X	Information Regarding Tra	nsfers Asso		onal Renefit	Contracts (See the	instructions)
	organization, during the year, receive any fur					Yes X No
	ne organization, during the year, receive any run		3. 1 31	•		Yes X No
	'Yes' to (b), file Form 8870 and For		J .	a personal bene	iii comiact:	. Tes Mino
Note. II		•	,	schedules and stater	ments, and to the hest of mivil	nowledge and helief it is
	Under penalties of perjury, I declare that I have true, correct, and complete. Declaration of pro-	eparer (other than o	fficer) is based on all informa	ation of which prepare	er has any knowledge.	thowleage and belief, it is
Please	G					
Sign	Signature of officer				Date	
Here	G					
	Type or print name and title.					
Paid	Preparer's			Date	Check if PG	reparer's SSN or PTIN (See eneral Instruction W)
Pre-	signature G Robert J. VI	adem				I/A
parer's	Firm's name (or VI adem Lerma	n Sweeney	& Co LLP			
Üse	yours if self- employed), address and 5215 Old Onc				EIN G N/A	
Only	address, and Skokie, IL 6	0077-1035			Phone no. G (84	7) 966-6696

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information ' (See

(See separate instructions.)

G MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

2005

OMB No. 1545-0047

Name of the organization	Employer identification number				
AMERICANS FOR EFFECTIVE LAW ENFOR		36-6140171			
Part I Compensation of the Five Hig (See instructions. List each one. If the	hest Paid Employees Ot re are none, enter 'None.')	ther Than Officer	s, Directors, ar	nd Trustees	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances	
None					
Total number of other employees paid over \$50,000		0			
Part II ' A Compensation of the Five Hig (See instructions. List each one (wheth	phest Paid Independent (her individuals or firms). If there	Contractors for Pe are none, enter 'Nor	rofessional Se ne.')	rvices	
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type	of service	(c) Compensation	
BERNARD J. FARBER 1126 W. WOLFRAM-REAR, CHICAGO, IL	60657	PUBLI CATI ON	WRITING	90, 320.	
			WKI TING	70, 020.	
	164				
Total number of others receiving over \$50,000 for professional services		0			
Part II ' B Compensation of the Five Hig			ther Services		
(List each contractor who performed so enter 'None.' See instructions.)	· •			there are none,	
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type (of service	(c) Compensation	
None		. –			
Table week and other contact					
Total number of other contractors receiving over \$50,000 for other services		0			

Sche	dule	A (Form 990 or 990-EZ) 2005 AMERI CANS FOR EFFECTI VE LAW ENFORC. I NC 36-614017	1	Р	age 2		
Par	t III	Statements About Activities (See instructions.)		Yes	No		
1	to ir	ing the year, has the organization attempted to influence national, state, or local legislation, including any attempt of the public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid neurred in connection with the lobbying activities G \$ N/A					
	•	st equal amounts on line 38, Part VI-A, or line i of Part VI-B.).	1		X		
	orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the bying activities.					
2	2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)						
â	Sale	e, exchange, or leasing of property?	2a		Χ		
k	Len	ding of money or other extension of credit?	2b		Χ		
(Furr	nishing of goods, services, or facilities?	2c		Χ		
C	l Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Χ		
ϵ	Tran	nsfer of any part of its income or assets?	2e		Χ		
3 a	Do	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an					
ł		lanation of how you determine that recipients qualify to receive payments.)			X		
		ing the year, did the organization receive a contribution of qualified real property interest under section 170(h)?			X		
4 8	Did on t	you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?	4a		Χ		
k	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4 b		Χ		
Par	t IV	Reason for Non-Private Foundation Status (See instructions.)					
5 6 7 8 9		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's rand state G An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general purpose section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	170(b)		 (iv).		
11 k)	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)					
12	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions 'subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)						
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organ described in: (1) lines 5 through 12 above; or (2) section $501(c)(4)$, (5), or (6), if they meet the test of section $509(a)(2)$ box that describes the type of supporting organization: G Type 1 Type 2 Type 3	nizatioı). Chec	ns k the			
Provide the following information about the supported organizations. (See instructions.)							
(a) Name(s) of supported organization(s) (b)							
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)					
14		The organization organization and operation to test for public safety. Section 307(a)(4), (See Instituctions.)					

	t IV-A Support Schedule (: You may use the worksheet in th			· · · · · · · · · · · · · · · · · · ·		nting.
	, and the second		<u> </u>			/)
begi	ndar year (or fiscal year nning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1, 644.				1, 644.
16	Membership fees received					0.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	653, 873.	562, 011.	785, 359.	738, 812.	2, 740, 055.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	31, 985.	30, 734.	32, 909.	57, 462.	153, 090.
19	Net income from unrelated business activities not included in line 18			<u> </u>		0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22				-11 8	O	0.
23	Total of lines 15 through 22	687, 502.	592, 745.	818, 268.	796, 274.	2, 894, 789.
24	Line 23 minus line 17	33, 629.	30, 734.	32, 909.	57, 462.	154, 734.
25	Enter 1% of line 23	6, 875.	5, 927.	8, 183.	7, 963.	
26	Organizations described on lines			* *		3, 095.
b	Prepare a list for your records to show the supported organization) whose total gifts for return. Enter the total of all these excess a	or 2001 through 2004 exceed	buted by each person (other led the amount shown in lir	ne 26a. Do not file this list	with your	
C	Total support for section 509(a)(1) test: Enter line 24, c	olumn (e)		G 26c	154, 734.
C	Add: Amounts from column (e) fo	r lines: 18	153, 090.	19		
		22		26 b	26 d	•
	Public support (line 26c minus line					
f	Public support percentage (line 2		d by line 26c (denom	inator))	G 26f	1.06 %
21 a	Organizations described on line 1 For amounts included in lines 15, name of, and total amounts received such amounts for each year:	16, and 17 that were ved in each year from				
	(2004)	(2003)	(2002)		_ (2001)	
	For any amount included in line 1 to show the name of, and amount \$5,000. (Include in the list organiz After computing the difference be differences (the excess amounts)	rations described in li tween the amount rec for each year:	nes 5 through 11b, as seived and the larger a	well as individuals.) amount described in	Do not file this list wi (1) or (2), enter the su	th your return. Im of these
_	· Add: Amounts from column (e) fo	r lines 15	(2002) _		_ (2001)	
	(2004) Add: Amounts from column (e) fo 17 Add: Line 27a total	20		21	27.0	
r	I Add: Line 27a total	20 <u></u> ar	nd line 27b total	- ·	27 d	
E	: Public support (line 27c total minu	ıs line 27d total)			GI 27 e	
f	Total support for section 509(a)(2)) test: Enter amount f	rom line 23, column (e)G 27 f		
C	Public support percentage (line 2	7e (numerator) divide	d by line 27f (denomi	nator))	G 27a	%
h	Investment income percentage (li	ne 18, column (e) (nu	merator) divided by li	ne 27f (denominator))G 27h	%
	Unusual Grants: For an organizat					ab 2004 propers s

²⁸ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Pal	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	-		
	Does the organization maintain the following:	-		
	a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 a		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
	d Copies of all material used by the organization or on its behalf to solicit contributions?	+		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
33	ASTI			
	a Students' rights or privileges?	33 a		
	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33 e		
	f Use of facilities?	33 f		
	g Athletic programs?	33 g		
	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
21	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
	b Has the organization's right to such aid ever been revoked or suspended?	34 b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		

Par	Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) N/A									
Chec	ck G a	if the organiz	ation belongs to an affi	iliated group. Check	(G b	if you che	cked 'a' and '	limited	contro	ol' provisions apply.
		L	imits on Lobbying	Expenditures			(Affiliate	a) ed arou	aı	(b) To be completed
	(The term 'expenditures' means amounts paid or incurred.) totals for ALL electing organizations									
36	Total lo	obbying expenditu	res to influence public	opinion (grassroots lob	bying)		5			
37	Total lo	obbying expenditu	ires to influence a legis	lative body (direct lobby	ying)		7			
38	Total lo	obbying expenditu	ires (add lines 36 and 3	37)			3			
39	Other	exempt purpose e	xpenditures			3	9			
40	Total e	exempt purpose ex	kpenditures (add lines 3	38 and 39)		40)			
41	Lobbyi	ng nontaxable am	nount. Enter the amount	t from the following tab	le '					
	If the a	mount on line 40	is' The	lobbying nontaxable a	mount is '					
	Not ov	er \$500,000	20%	of the amount on line	40					
	Over \$50	00,000 but not over \$1,	000,000 \$100,	000 plus 15% of the excess of	over \$500,000					
			1,500,000 \$175,	•			1			
			17,000,000 \$225,	•						
			\$1,0							
42			amount (enter 25% of lin	,						
43	Subtra	ct line 42 from lin	e 36. Enter -0- if line 42	2 is more than line 36.		4:	3			
44	Subtra	ct line 41 from lin	e 38. Enter -0- if line 41	1 is more than line 38.		4	1			
	Cautio	n: If there is an a	mount on either line 43	or line 44, you must fi	le Form 472	20.				
	4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)									
	Lobbying Expenditures During 4 -Year Averaging Period									
	(or fisc	lar year cal year ning in) G	(a) 2005	(b) 2004	C 2	(c) 003		(d) 002		(e) Total
45	Lobbyi amoun	ng nontaxable t		01-1	19					
46	Lobbying (150% d	g ceiling amount of line 45(e))	C_{i})r ,						
47	Total lo	obbying ditures								
48		oots non- e amount								
49	Grassroo (150% c	ts ceiling amount of line 48(e))								
	expend	oots lobbying ditures								
	Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions.) N/A									
Durir atter	ng the y npt to ir	ear, did the orgar ofluence public op	nization attempt to influe inion on a legislative m	ence national, state or atter or referendum, th	local legisla rough the u	ation, inclu ise of:	ding any	Yes	No	Amount
а	a Volunt	eers								
k	Paid s	taff or manageme	nt (Include compensation	on in expenses reporte	d on lines o	through I	ո.)			
								-		
			gislators, or the public.							
			ed or broadcast stateme							
		•	tions for lobbying purpo							
_		=	lators, their staffs, gove		-	=				
			seminars, conventions	·	-					
i			ires (add lines c throug							
	If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.									

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	e reporting organization of	lirectly or in	directly engage in any of the following	g with any other organization described ng to political organizations?	in section	501(d	c)		
			o a noncharitable exempt organization		ļ	Yes	No		
		•		· · · · · · · · · · · · · · · · · · ·	51 a (i)		X		
					a (ii)		Χ		
	transactions:				```				
(i) Sa	ales or exchanges of asse	ets with a no	oncharitable exempt organization		b (i)		Χ		
(ii) Purchases of assets from a noncharitable exempt organization									
(iii) Re	ental of facilities, equipme	ent, or other	r assets		b (iii)		Χ		
(iv) Re	eimbursement arrangeme	nts			b (iv)		Χ		
(v) Lo	oans or loan guarantees				b (v)		Χ		
(vi) Pe	erformance of services or	membershi	ip or fundraising solicitations		b (vi)		Χ		
c Sharir	ng of facilities, equipment	, mailing list	ts, other assets, or paid employees.		С		Χ		
d If the a the go any tra	answer to any of the aboup oods, other assets, or servansaction or sharing arra	ve is 'Yes,' (vices given naement, sh	complete the following schedule. Colu by the reporting organization. If the c how in column (d) the value of the go	umn (b) should always show the fair ma organization received less than fair mark ods, other assets, or services received:	rket value cet value i	of n			
(a) Line no.	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and s			s		
N/A						J			
IN/ A									
			1 13						
			av - h						
		_	OPI						
			U						
52a Is the descri	organization directly or ir bed in section 501(c) of t	ndirectly affi he Code (ot	liated with, or related to, one or more her than section 501(c)(3)) or in section	tax-exempt organizations on 527?(G Ye	s X	No		
b If 'Yes	s,' complete the following	schedule:							
	(a) Name of organization		(b) Type of organization	(c) Description of relation	ship				
N/A	- Hame or organization		. The or organization	2000					
11,71									
			<u> </u>						

2005

Federal Statements

Page 1

AMERICANS FOR EFFECTIVE LAW ENFORC. INC

1, 433, 322. 1, 327, 512.

36-6140171

Statement 1 Form 990, Part I, Line 7 Other Investment Income

REAL ESTATE PARTNERSHIP.....

13, 654. 13, 654. Total

Statement 2 Form 990, Part I, Line 8 Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: Cost or Other Basis:

> Total Gain (Loss) Publicly Traded Securities \$ 105, 810.

Total Net Gain (Loss) From Noninventory Sales \$ 105, 810.

Y-AS FILET Statement 3 Form 990, Part I, Line 20 Other Changes in Net Assets or Fund Balances

BOOK/TAX COST BASIS DIFFERENCE UNREALIZED GAIN ON INVESTMENTS

-84, 873. 204, 177.

119, 304. Total \$

Statement 4 Form 990, Part II, Line 43 Other Expenses

		(A)	(B)	(C)	(D)
	_	Total	Program Services	Management & General	Fundrai si ng
AMI CUS BRI EFS COMPUTER EXPENSE I NSURANCE LAW LI BRARY/DUES MI SCELLANEOUS		2, 711. 7, 256. 92, 218. 24, 293. 1, 548.	2, 711. 5, 805. 73, 774. 24, 293.	1, 451. 18, 444. 1, 548.	
OUTSIDE SERVICES PROFESSIONAL FEES REPAIRS & MAINTENANCE TAXES AND SERVICE CHARGES	Total <u>\$</u>	34, 231. 143, 385. 2, 429. 31, 674. 339, 745.	34, 231. 120, 011. 1, 943. \$ 262, 768.	23, 374. 486. 31, 674. \$ 76, 977.	\$ 0.

Federal Statements

Page 2

AMERICANS FOR EFFECTIVE LAW ENFORC. INC

36-6140171

Statement 5 Form 990, Part III, Line a Statement of Program Service Accomplishments

Description

Grants and Allocations

Program Service Expenses

THE ORGAN. MAINTAINS A LAW ENFORC. LEGAL DEFENSE CENTER TO ASSIST LAW ENFORC. AGENCIES THAT HAVE BEEN SUED, TO OPERATE A NATIONAL LEGAL RESEARCH CNTR TO ASSIST IN DEFENSE OF SUCH SUITS, AND TO PROVIDE PUBLICATIONS DEALING WITH THE INCIDENCE OF AND DEFENSE OF SUCH SUITS. IT ALSO FILES AMICUS CURIAE BRIEFS IN THE US SUPREME COURT AND OTHER MAJOR COURTS IN SUPPORT OF THE LAW ENFORCEMENT ISSUES AS WELL AS PROVIDING PUBLIC INFORMATION SERVICES ON CRIMINAL JUSTICE ISSUES.

Includes Foreign Grants: No

Tota

742, 090.

0. \$ 742,090.

Statement 6 Form 990, Part IV, Line 57 Land, Buildings, and Equipment

s, and Equipment

Category

____Basis

Book Val ue

Machi nery and Equi pment Buildings 104, 859. 565, 634. 670, 493. 98, 602. \$ 106, 561. 205, 163. \$ 6, 257. 459, 073. 465, 330.

Statement 7 Form 990, Part IV, Line 65 Other Liabilities

\$ 99, 637.

Total \$

903. 100, 540.

Statement 8 Form 990, Part IV-A, Line d(2) Other Amounts

BOOK/TAX COST DIFFERENCE....

...... \$ 84, 873. Total \$ 84, 873.

Exempt Organization Business

OMB	Nο	1545-068
OIVID	INO.	1343-000

Form 990-T		Income Tax Return (a			(022(=))	-	OIVID NO. 1343-0007
Form //O-I	F						
	For calendar year 2005 or other tax year beginning, 2005						2005
Department of the Treasury	partment of the Treasury and ending,						
A Check box if		G See sepa		nstructions. e changed and see instruction	0)		
A Check box if address changed		(Lineck box	ппат	e changed and see instruction	5.)	D En	nployer identification number mployees' trust, see structions for Block D.)
B Exempt under Section	n	AMEDICANO FOR FEFFO	T	E LAW ENEODO	LNO		
X 501(C)(3)	Print or	AMERICANS FOR EFFEC	ΙΙV	E LAW ENFORC.	INC		6-6140171
408(e) 220		841 W. TOUHY AVE. PARK RIDGE, IL 6006	8_3	351		E Ne	w unrelated business tivity codes (See instructions
408A 530	(a)	ARK RIBGE, TE GOOD	0-5	331			tivity codes (See instructions Block E.)
529(a)						5	31120
C Book value of all assets a	F Grou	exemption number (see instruc					
		k organization type G X	501(c	c) corporation 50°	1(c) trust 4	01(a) t	rust Other trust
	•	y unrelated business activity.					
G UNRELATED DEE							
I During the tax year, v	was the corpo	ration a subsidiary in an affiliate	d gro	up or a parent-subsidia	ary controlled grou	p?	. G Yes X No
If 'Yes,' enter the nar	me and identif	fying number of the parent corpo	ratio				
J The books are in care	e of G HELE	N FINKEL		٦	Telephone number	G 84	7-685-0700
Part I Unrelated	Trade or E	Business Income		(A) Income	(B) Expense	:S	(C) Net
1a Gross receipts or s	ales						
b Less returns and allowar	nces	c Balance. G	1c				
2 Cost of goods sold	(Schedule A,	line 7)	2				
•	-	ı line 1c	3				
		Schedule D)	4a				
• =		7) (attach Form 4797)	4 b				
•			4 c				
5 Income (loss) from			70				
(attach statement)			5				
6 Rent income (Sche	dule C)		6		-0		
		(Schedule E)	7	95, 769.	86,	142.	9, 627.
8 Interest, annuities,	royalties, and	rents from controlled	8				
•		(0) or (17) appropriation (Cab C)	8	0 KIV			
		, (9), or (17) organization (Sch G)	10				
	-	(Schedule I)	10				
11 Advertising income			iji.				
12 Other income (see	instructions '	attach schedule)					
			12	05.7/0	0/ /	1.40	0 (07
13 Total. Combine line			13	95, 769.	86, 1	142.	9, 627.
Part II Deduction	1S NOT Take	en Elsewhere (See instruction deductions must be directly controlled in the controll	ns fo	r limitations on deducti	ons.)		
14 Compensation of o	fficers, directo	ors, and trustees (Schedule K)				14	
15 Salaries and wages	8					15	
16 Repairs and mainte	enance					16	
17 Bad debts						17	
18 Interest (attach sch	iedule)					18	
19 Taxes and licenses						19	
20 Charitable contribut	tions (see inst	ructions for limitation rules)				20	
21 Depreciation (attac	h Form 4562).			21	15, 495.		
22 Less depreciation of	laimed on Sc	hedule A and elsewhere on retu	rn	22 a	15, 495.	22 b	
23 Depletion						23	
· ·		nsation plans				24	
	•					25	
		dule I)				26	
	•	лане ту				27	
· .	•	le)				28	
,		rough 28				29	
		ne before net operating loss dec				30	9, 627.
		, ,					7, 027.
·		nited to the amount on line 30)				31	9, 627.
32 Unrelated business	taxable incor	ne before specific deduction. Su	มแลต	i iiile 3 i 110M line 30		32	9,027.

the smaller of zero or line 32.

33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)..... Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter

1, 000.

8,627.

33

34

Part III	Tax Computation					
35 Orga	nizations Taxable as Corporations. S	See instructions for tax comp	outation.			
Contr	rolled group members (sections 1561	and 1563) 'check here	. See instruction	ons and:		
a Enter	r your share of the \$50,000, \$25,000	, and \$9,925,000 taxable inc	come brackets (in	that order):		
(1)	\$ (2) \$	(3)	\$			
	r organization's share of: (1) Addition	al 5% tax (not more than \$1	1,750) \$	<u> </u>		
	dditional 3% tax (not more than \$100				1	
	me tax on the amount on line 34				35 c	1, 294.
	ts Taxable at Trust Rates. See instru					, , , , , , , , , , , , , , , , , , , ,
		or Schedule D (For			36	
	y tax. See instructions					
-	native minimum tax				38	
	I. Add lines 37 and 38 to line 35c or 3					1, 294.
	Tax and Payments	o, whichever applies			37	1,274.
	ign tax credit (corporations attach Fo	rm 1110, trusts attach Form	1116) 40 a	1		
	r credits (See instructions)				-	
	,				1 1	
	eral business credit ' Check here an		10 -			
	Form 3800 Form(s) (specify) G		40 c		-	
	it for prior year minimum tax (attach				40.	0
	I credits. Add lines 40a through 40d.				40 e	0. 1, 294.
	ract line 40e from line 39				41	1, 294.
	r taxes. Check if from: Form 42				40	
	Other (attach schedule)				42	1 204
	I tax. Add lines 41 and 42				43	1, 294.
	nents: A 2004 overpayment credite				4	
	estimated tax payments				4	
	deposited with Form 8868			·	1 1	
	ign organizations' Tax paid or withl				1 1	
	up withholding (see instructions)		44 e			
	r credits and payments:	Form 2439		1 VV		
	Form 4136(Other	Total G 44f		<u> </u>	
45 Total	I payments. Add lines 44a through 44	f			45	2, 612.
	nated tax penalty (See instructions).					
	due. If line 45 is less than the total of				47	
	payment. If line 45 is larger than the					1, 318.
49 Enter	r the amount of line 48 you want: Cre				49	0.
Part V	Statements Regarding Cert					
	ny time during the 2005 calendar yea			=	-	
	icial account in a foreign country (suc					X
If 'Ye	es,' the organization may have to file	Form TD F 90-22.1. If 'Yes,	enter the name of	of the foreign country he	re	
G						
2 Durin	ng the tax year, did the organization	receive a distribution from, o	or was it the grant	or of, or transferor to, a	foreign	trust? X
If 'Ye	es,' see the instructions for other form	ns the organization may hav	e to file.			
	r the amount of tax-exempt interest r			0.		
Schedul	e A ' Cost of Goods Sold '	Enter method of inventory	valuation G			
1 Inver	ntory at beginning of year	1	6 Inventory	at end of year	6	
	hases		7 Cost of a	oods sold. Subtract		
	of labor	3		m line 5. Enter here		
		3	and on P	art I, line 2	7	
4 a Auuilli	onal section 263A costs (attach schedule)	1.1				Yes No
b Other		4a	8 Do the ru	les of section 263A (wit	h rosno	et to
b Other o (attach		4 b	property	produced or acquired fo	r re sale) apply
5 Total	I. Add lines 1 through 4b	5	to the org	janization?		X
	Under penalties of perjury, I declare that I have correct, and complete. Declaration of preparer	e examined this return, including acc	companying schedules a	and statements, and to the best reparer has any knowledge.	of my kn	owledge and belief, it is true,
Sign				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	May the I	RS discuss this return with
	_		_		ividy tric i	
Here	G	Dato	$G_{\frac{\text{Title}}{}}$		the prepa	arer shown below (see
Here		Date	Title	T	the prepa instructio	ns)? X Yes No
Here Paid	G Signature of officer Preparer's		Title	Check if self-	the prepa instructio	arer shown below (see ns)? X Yes No parer's SSN or PTIN
Paid Pre-	$G_{\frac{\text{Signature of officer}}{\text{Signature}}}$ Preparer's Signature of Robert J. VI	adem	Date	self- employed	the preparinstruction	parer shown below (see ns)? X Yes No
Paid Pre- parer's	G Signature of officer Preparer's Signature G Robert J. VI Firm's name (or VI adem Lerma	adem n Sweeney & Co LL	Date	self- employed	the prepa instructio	parer shown below (see ns)? X Yes No
Paid Pre- parer's Use	Firm's name (or yours if self-employed), address and G	adem n Sweeney & Co LL hard Road, Ste 52	Date	self- employed	the preparinstruction	parer shown below (see ns)? X Yes No
Paid Pre- parer's	G Signature of officer Preparer's signature G Robert J. VI Firm's name (or yours if self-employed), address and defease and	adem n Sweeney & Co LL	Date	self- employed	the preparinstruction	arer shown below (see ns)? X Yes No No parer's SSN or PTIN 00105967

1 Description of property (1) (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 not more than 50%) (b) From real and personal property with the income in columns 2(a) and (attach schedule) (c) (d) (a) Expressional property is more than 10% but not more than 50%) (b) From real and personal property is more than 50% or personal property exceeds 50% or if the rent is based on profit or income)	d d 2(b)	
(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 not more than 50%) (b) From real and personal property with the income in columns 2(a) and (attach schedule) (1) (2)	d d 2(b)	
(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 Deductions directly connected with the income in columns 2(a) and (attach schedule) (1) (2)	d d 2(b)	
(a) From personal property (if the percentage of rent for personal property si 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) (1) (2) 3 Deductions directly connected with the income in columns 2(a) and (attach schedule)	d d 2(b)	
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) (1) (2) 3 Deductions directly connected with the income in columns 2(a) and (attach schedule)	d d 2(b)	
(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) (a) From real and personal property with the income in columns 2(a) and (attach schedule) (b) From real and personal property with the income in columns 2(a) and (attach schedule)	d d 2(b)	
(if the percentage of rent for personal property is more than 10% but not more than 50%) (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	d 2(b)	
(2)		
(3)		
Total Total Total Total Total Total Total deductions. Enter 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)		
2 Gross income from or allocable to 2 Gross income from or allocable to	cable to St 1	
debt-financed property (a) Straight line depreciation (attach sch) (b) Other deduction (attach scholar)	dule)	
	1, 116.	
(2)		
acquisition debt on or or allocable to debt-financed divided by reportable (column 6 x to	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
	ó, 142.	
(2) %		
(3) %		
(4) %		
Totals	n page 1, Imn (B) 6, 142.	
Schedule F ' Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)		
Exempt Controlled Organizations (see instructions)		
Organization Identification income (loss) payments made that is included connected with	connected with income in column 5	
(1)		
(2)		
_(4) Nonexempt Controlled Organizations		
	octly	
	11 Deductions directly connected with income in column 10	
(1)		
(2)		
(4) Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. here and on page 1, pa		

Schedule G ' Investment Inco	ome of a Sectio	n 501	(c)(7), (9	9), or (17) Orga	anization (See	instructi	ons.)	
1 Description of income	2 Amount of inco	ome	3 Deductions directly connected (attach schedule)			4 Set-asides (attach schedule)		deductions and ides (column 3 s column 4)
(1)								
(2)								
(3)								
(4)								
.,	Enter here and on part I, line 9, colur	page 1, nn (A).					Enter her Part I, lin	re and on page 1, ne 9, column (B).
Totals G								
Schedule I ' Exploited Exemp		ne Ot	her Tha	an Advertisino	Income (See i	nstructio	nns)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Ex dir con with pr of un bus	penses rectly nected roduction nrelated siness come	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Gross income from activity	6 Ex	penses utable to umn 5	7 Excess exempt expenses (column 6, but not more than column 4)
(1)	ļ							
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, column (A)	on p Part I	here and page 1, , line 10, mn (B).					Enter here and on page 1, Part II, line 26.
	G omo (Saa kaataatka							
Schedule J ' Advertising Inco) I! -	data d Dania		—		
Part I Income From Period	icais Reported	on a c	onsolic					
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Circulation income		adership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)	U							
(3)								
(4)								
Totals (carry to Part II,	G							
Part II Income From Period through 7 on a line-by-line	icals Reported basis.)	on a S	Separate	e Basis (For eac	h periodical listed	l in Part	II, fill in c	olumns 2
(1)								
(2)	1							
(3)	1							
(4)	1					t		
(5) Totals from Part I	.							
	Enter here and on page 1, Part I, line 11, column (A).	on p	here and page 1, , line 11, mn (B).					Enter here and on page 1, Part II, line 27.
Schedule K ' Compensation		octors	and Tr	TISTERS (See inc	tructions)			
1 Name	or officers, bire	201013	, and n	2 Title	3 Percent of time devote to busines	ed 4		ation attributable ated business
					to busines			
						%		
						%		
						%		
						%		
Total ' Enter here and on page 1, Par	t II, line 14					. G		

2005

Federal Statements

Page 1

AMERICANS FOR EFFECTIVE LAW ENFORC. INC

36-6140171

Statement 1 Form 990-T, Schedule E, Line 3b Other Deductions Allocable to Debt-Financed Property

SPECTRUM L. L. C. SEE ATTACHED SCHED.

Total \$ 111, 116.

COPY-AS FILED

36-6140171

AMERICANS FOR EFFECTIVE LAW ENFORC. INC

PAGE 3 - SCHEDULE E (PARTNERSHIPS) LINE 3(A) STRAIGHT-LINE DEPRECIATION	
PROPERTY AND EQUIPMENT COST AT 12/31/05 2005 STRAIGHT-LINE DEPRECIATION PARTNER'S PERCENT	(1) 3, 166, 544 111, 489 13. 898%
	15, 495
LINE 3(B) OTHER DEDUCTIONS	
LEGAL AND PROFESSIONAL I NSURANCE	4, 212 7, 954
MAINTENANCE AND REPAIRS UTILITIES	62, 338 77, 435
OTHER ADMINISTRATIVE INTEREST EXPENSE TAXES	448, 455 149, 088 50, 030
TOTAL: PARTNER' S PERCENT	799, 512 13. 898%
	111, 116
LINE 2 - GROSS INCOME	
GROSS RENTS PARTNER' S PERCENT LI NE 4 - ACQUI SI TI ON DEBT DEBT AT 1/1/05 DEBT AT 12/31/05	1, 012, 814 13. 898%
COPI	140, 761
LINE 4 - ACQUISITION DEBT	
DEBT AT 1/1/05 DEBT AT 12/31/05	1, 256, 264 1, 175, 237
AVERAGE:	1, 215, 751
LINE 5 - AVERAGE BASIS	
NET PROPERTY AT 1/1/05 NET PROPERTY AT 12/31/05	1, 827, 119 1, 746, 693
AVERAGE:	1, 786, 906