

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 1/01/06
& Ending 12/31/06
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 # 36-6140171Are contributions to the organization tax deductible? ☒ Yes ☐ No

Date Organization was created: MO DAY YR

LEGAL NAME AMERICANS FOR EFFECTIVE LAW ENFORC. INC	Year-end amounts	
MAIL ADDRESS 841 W. TOUHY AVE.	A ASSETS	A\$ 2,474,508.
CITY, STATE PARK RIDGE, IL 60068-3351	B LIABILITIES	B\$ 290,256.
	C NET ASSETS	C\$ 2,184,252.
I SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REVENUE (GROSS AMOUNTS)	65.19 %	D\$ 642,688.
E GOVERNMENT GRANTS AND MEMBERSHIP DUES	0.09 %	E\$ 900.
F OTHER REVENUES See Statement 1	34.72 %	F\$ 342,294.
G TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, AND F)	100 %	G\$ 985,882.
II SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H OPERATING CHARITABLE PROGRAM EXPENSE	78.34 %	H\$ 749,996.
I EDUCATION PROGRAM SERVICE EXPENSE	%	I\$
J TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H AND I)	78.34 %	J\$ 749,996.
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 AND K)	78.34 %	L\$ 749,996.
M MANAGEMENT AND GENERAL EXPENSE	21.66 %	M\$ 207,336.
N FUNDRAISING EXPENSE	%	N\$
O TOTAL EXPENDITURES THIS PERIOD (ADD L, M, AND N)	100 %	O\$ 957,332.
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\$
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\$
IV COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T NAME, TITLE: WAYNE SCHMIDT, EXEC. DIRECTOR	T\$	170,664.
U NAME, TITLE: MELISSA TAKI, SUPERVISOR	U\$	49,805.
V NAME, TITLE: HELEN FINKEL, VP & BUS MGR	V\$	36,238.
V CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	See instructions for list 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?		X
2 HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		X
3 DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		X
4 HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
5 IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X
6 DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		X
7a DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
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?		X
9 HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
10 WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		X
11 LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>See Statement 2</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.

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Robert J. Vladem8/02/07

PREPARER (PRINT NAME)

SIGNATURE

DATE

Vladem Lerman Sweeney & Co LLP
5215 Old Orchard Road, Ste 525
Skokie, IL 60077-1035

Statement 1
Form AG990-IL, Page 1, Line F
Other Revenues

GAIN ON SECURITY SALES.....	\$	294,124.
REAL ESTATE PARTNERSHIP.....		3,263.
DIVIDEND AND INTEREST.....		44,907.
Total	\$	<u>342,294.</u>

Statement 2
Form AG990-IL, Page 2, Question 11
Name and Account Number of Institutions Holding Three Largest Accounts

WILLIAM BLAIR
CHICAGO, IL
148-62344

WILLIAM BLAIR
CHICAGO, IL
671-659665

THE NORTHERN TRUST COMPANY
SCHAUMBURG, IL
9903695

**** COPY ****



Illinois Department of Revenue

2006 Form IL-990-T

or fiscal year beginning 1/01, 2006, ending 12/31, 20 06

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.

Do not write above this line.

AMERICANS FOR EFFECTIVE LAW ENFORC. INC

36-6140171

Name

Federal employer identification number (FEIN)

HELEN FINKEL

C/O or name of trust's fiduciary

841 W. TOUHY AVE.

Mailing address

PARK RIDGE, IL 60068-3351

City

State

ZIP

Illinois business tax (IBT) number

Check all that apply. ☐ Name or address change ☐ First return☐ Final return, enter the date discontinued

or sold

Indicate if you are taxed as a: ☒ Corporation ☐ Trusts

Nature of unrelated trade or business:

Check the box if you attached Schedule 1299-D,
Income Tax Credits. ☐

Part I	1	Unrelated business taxable income or loss (See instructions.)	1	1,208.
	2	Illinois income and replacement tax deducted in arriving at Line 1 above.	2	
	3	Base income or loss. Add Lines 1 and 2. If base income or loss is derived solely inside Illinois or the trust is an Illinois resident, enter this amount on Part III, Line 1; otherwise, continue to Part II	3	1,208.
Part II	1	Trust, estate, or non-unitary partnership business income or loss included in Part I, Line 3. (See instructions.)	1	
	2	Business income or loss. Subtract Line 1 from Part I, Line 3.	2	
	3	Business income apportionment formula		
	a	Total sales everywhere	3a	
	b	Total sales within Illinois.	3b	
	c	Apportionment factor. Divide Line 3b by Line 3a. (Carry to six decimal places.)	3c	
	4	Base income or net loss apportionable to Illinois. Multiply Line 2 by Line 3c	4	
	5	Trust, estate, or non-unitary partnership business income or loss apportionable to Illinois (See instructions.)	5	
	6	Base income or net loss allocable to Illinois. Add Lines 4 and 5. Enter here and on Part III, Line 1	6	
Part III	1	Base income or loss from Part I, Line 3 or Part II, Line 6	1	1,208.
	2a	Replacement tax. Corporations should multiply Line 1 by 2.5%; otherwise 1.5%	2a	30.
	b	Recapture of investment credits from Schedule 4255 (See instructions.)	2b	
	3	Total replacement tax before investment credits. Add Lines 2a and 2b	3	30.
	4	Investment credits from IL-477, Part I, Line 11 (Attach Form IL-477, see instructions.)	4	
	5	Net replacement tax. Subtract Line 4 from Line 3 (cannot be less than zero)	5	30.
Part IV	1a	Income tax. Corporations should multiply Part III, Line 1 by 4.8%; otherwise 3%	1a	58.
	b	Recapture of investment credits from Schedule 4255 (See instructions.)	1b	
	2	Total income tax before credits. Add Lines 1a and 1b	2	58.
	3	Enter the total amount of income tax credits from Schedule 1299-D. (Attach Schedule 1299-D.)	3	
	4	Net income tax. Subtract Line 3 from Line 2 (cannot be less than zero)	4	58.
	5	Total net income and replacement tax. Add Part III, Line 5 and Part IV, Line 4	5	88.
	6a	Estimated tax payments. Include any 2005 overpayment credited to 2006 tax	6a	644.
	b	Tax paid with Form IL-505-B	6b	
	7	Total payments and credit. Add Lines 6a and 6b	7	644.
	8	Overpayment. Subtract Line 5 from Line 7	8	556.
	a	Enter the amount of overpayment to be credited to 2007	8a	
	9	Tax due. Subtract Line 7 from Line 5. This is your balance of tax due (see instructions). Pay in full if \$1 or more	9	0.

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.

Do not write in this box.

Signature of authorized officer

Date

Phone

Robert J. Vladem

8/02/07

P00105967

Signature of preparer

Date

Preparer's SSN, FEIN, or PTIN

Preparer firm's name
(or preparer if self-employed)
and Address

Vladem Lerman Sweeney & Co LLP

5215 Old Orchard Road, Ste 525

Skokie, IL 60077-1035

Check if self-employed ☐

(847) 966-6696

Phone

Mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

NS TS ME IM BE DE FI XX PB PZ AL DR ID

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. This form has been approved by the Forms Management Center. IL-492-0076