For Office Use Only		E ORGANIZATION ANNU			Form AG990-IL
PMT #		al LISA MADIGAN State of			Revised 3/05
		st Bureau, 100 West Rando or, Chicago, Illinois 60601		3879	
AMT		•	00 #0100		items attached:
	Report for	the Fiscal Period:	X	Copy of IRS	S Return
	Beginning	01/01/2012	Make Checks		nancial Statements
INIT	Dog. I III ig	<u> </u>	Payable to the Illinois Charity	Copy of Fo	
	Ending	12/31/2012	Charity A Bureau Fund		nual Report Filing Fee te Report Filing Fee
Federal ID # 36-61401		MO DAY YR		*******	MO DAY YR
Are contributions to the organ	nization tax deductible? X Yes	No	Date Organization wa	s created:	03/31/1966
LEGAL <b>Ameri</b> o	cans For Effecti	vo T.aw	Year-end amounts		
_	cement, Inc.	ve haw	amounts		
MAIL	-		A) ASSETS	A) \$	441,756
	. Touhy Avenue		B) LIABILITIES	B) \$	126,769
CITY, STATE Park : ZIP CODE 60068-		IL	C) NET ASSETS	C) \$	314,987
ZIF CODE OCCO	3331		,		
I. SUMMARY OF AL	L REVENUE ITEMS DUR	ING THE YEAR:	PERCENTAGE		AMOUNT
D) PUBLIC SUPPORT	CONTRIBUTIONS & PROGRA	M SERVICE REV. (GROSS AMTS	.) 89%	D) \$	286,599
	RANTS & MEMBERSHIP DUES	0=0	%	E) \$	
F) OTHER REVENUE			11%	F) \$	36,212
,		0 DE0511/FD (ADD D 5 0 5)		, ·	
,	INCOME AND CONTRIBUTION  L EXPENDITURES DURI	· · · · · · · · · · · · · · · · · · ·	100%	G) \$	322,811
					000 545
,	RITABLE PROGRAM EXPENSE		75%	H) \$	289,547
,	GRAM SERVICE EXPENSE		%	I) \$	
J) TOTAL CHARITAB	LE PROGRAM SERVICE EXPE	NSE (ADD H & I)	75%	J) \$	289,547
J¹) JOINT COSTS ALL	OCATED TO PROGRAM SERV	ICES (INCLUDED IN J): \$			
K) GRANTS TO OTHI	ER CHARITABLE ORGANIZATION	DNS	%	K) \$	
L) TOTAL CHARITAB	LE PROGRAM SERVICE EXPE	NDITURE (ADD J & K)	75%	L) \$	289,547
M) MANAGEMENT AN	ID GENERAL EXPENSE		25%	M) \$	97,623
N) FUNDRAISING EX	PENSE		%	N) \$	
O) TOTAL EXPENDIT	URES THIS PERIOD (ADD L, M	, & N)	100%	O) \$	387,170
	PAID FUNDRAISER AND C				
(Attach Attorney General Reprofessional Fun	eport of Individual Fundraising Campai	gn- Form IFC. One for each PFR.)			
	RAISED BY PAID PROFESSION	AL FLINDRAISERS	100%	P) \$	
	ERS FEES AND EXPENSES	AL TONDIU IIOLINO	%	Q) \$	
,					
,	Y THE CHARITY (P MINUS Q=R	3)	%	R) \$	
	DRAISING CONSULTANTS:	DAJCINO CONCLUTANTO		C) ¢	
,	PAID TO PROFESSIONAL FUNI	ID PERSONS DURING THE Y	/E	S) \$	
T) NAME, TITLE: Way	` '		e Director	T) \$	30,000
U) NAME, TITLE: Hel			Manager	U) \$	33,737
V) NAME, TITLE: Mel		Supervis  ABLE PROGRAM (3 HIGHEST BY \$ EXPENDE		V) \$ List on ba	19,115 ack side of instructions
			D) CODE CATEGORIES	140. 44	CODE
Y) PEOCRIPTION	Law Enforcement Legal Def	ense Center		W) #	090
	Amicus Curiae Program			X) #	090
Y) DESCRIPTION: 0	General Criminal Justice	Activities		Y) #	090

Αı	mericans For Effective Law 36-6140171	Form AG99	0-IL, Pa	ige 2
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.		х
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.		х
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 TRANSACTIN 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?	4.		х
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		х
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		х
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		х
7b.	. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ ;(ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMEN AND GENERAL \$ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		х
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?			х
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		х
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:  William Blair & Co, LLC (2 Accts), 222 W. Adams St, Chicago,	IL 60	0606	;
	The Northern Trust Company, 7801 S State St, Chicago, IL 606	19		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Helen Finkel			
	84	47-685	-070	0
AL	L 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. Helen Finkel
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

Wayne W. Schmidt
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PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE SIGNATURE TREASURER or TRUSTEE (PRINT NAME) DATE Craig D. Johnson

PREPARER (PRINT NAME)

SIGNATURE

DATE