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DLN: 93492258010535

OMB No 1545-1150

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

foundations) ▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at $\underline{www.irs.gov/form990}$.

Open to Public

		f the Treasury			In	spection
		nue Service nue Service nue 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2	014			
		If applicable C Name of organization	014	D Employ	er ident	ification numbe
	ddress	s change ILLINOIS FIREARMS MANUFACTURERS ASSOCIATION		46-4628	447	
		change Number and street (or P O box, if mail is not delivered to street address) Room/sui	te	E Telephon		er
	nitial re	eturn PO BOX 9292		(630) 533	3-2962
	inal n/term	ninated City or town, state or province, country, and ZIP or foreign postal code		F Group Ex	emption	
	mende	ed return NAPERVILLE, IL 60567		Number	•	
<i>-</i>	Applicat	tion pending				
		nting Method		I if the to attach s 0,990-E2	Schedul	е В
		mpt status(check only one) - 501(c)(3) 501(c)() 4(insert no) 4947(a)(1) or 527				
		forganization Corporation Trust Association Other				
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000	or more or i	ftotalacce	tc (Dar	t II. column
		v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	or more, or r	► \$ 10	-	c II, column
Pa	art I					
		Check if the organization used Schedule O to respond to any question in this Part I			<u> </u>	
	1	Contributions, gifts, grants, and similar amounts received			1	100,000
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
흴	b	Less cost or other basis and sales expenses	5b			
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		[5с	
ŭ	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	ь	Gross income from fundraising events (not including \$of contributions from fundraising events reported on line 1) (attach Schedule G if the	5			
		sum of such gross income and contributions exceeds \$15,000)	6b			
	c	Less direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract line 6 c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a			
	ь	Less cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O)		[8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ [9	100,000
	10	Grants and similar amounts paid (list in Schedule O)			10	
	11	Benefits paid to or for members		[11	
	12	Salaries, other compensation, and employee benefits		[12	50,000
8	13	Professional fees and other payments to independent contractors		[13	8,250
9	14	Occupancy, rent, utilities, and maintenance		[14	
Expenses	15	Printing, publications, postage, and shipping		[15	
	16	Other expenses (describe in Schedule O)		[16	65,183
	17	Total expenses. Add lines 10 through 16		▶ [17	123,433
<u></u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-23,433
SSets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agr	ee with	Ī	\top	
et.As		end-of-year figure reported on prior year's return)			19	23,994
ž	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
	21			▶ │	21	561
For			10642I			90-EZ (2014

Form 990-EZ (2014)					Page 2
	the instructions for Part II) used Schedule O to respond to	any question in this Pa	art II		
		(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments			23,994	22	561
23 Land and buildings			,	23	
24 Other assets (describe in Schedu	le O)			24	
25 Total assets			23,994	25	561
26 Total liabilities (describe in Sched	dule 0)			26	
27 Net assets or fund balances (line 2	27 of column (B) must agree w	ith line 21)	23,994	27	561
Check if the organization What is the organization's primary exe THE ILLINOIS FIREARMS MANUFACORGANIZATION FORMED IN 2009 TO MANUFACTURERS ITS JOB, ITS RIGORGANIZATION FORMED IN 2009 TO MANUFACTURERS ITS JOB, ITS RIGORGANIZATION'S program some assured by expenses In a clear and	used Schedule O to respond to mpt purpose? TURERS ASSOCIATION IS A TO PROTECT, PRESERVE, AN HT, AND ITS ECONOMIC VA ervice accomplishments for ea	any question in this Pa A NON-PROFIT LOBBY D PROMOTE ILLINOI LUE IN THE STATE O ch of its three largest p	ING S FIREARMS F ILLINOIS rogram services, as	(c)(Expenses quired for section 501 3) and 501(c)(4) anizations, optional for ers)
benefited, and other relevant information	on for each program title		number of persons		
28 TO PROMOTE, PRESERVE, AND P (Grants \$)	ROTECT ILLINOIS FIREARM If this amount includes foreign		. –	20-	
29	Trems amount metades foreign	grants, eneck nere		28a	
(Grants \$)	If this amount includes foreign	grants, check here .	▶┌	29a	
30					
(Grants \$)	If this amount includes foreign	grants, check here .	▶┌	30a	
31 Other program services (describe in (Grants \$)	n Schedule O) If this amount includes foreign	grants check here	. –		
32 Total program service expenses (ad				31a 32	
Part IV List of Officers, Directors	, Trustees, and Key Employees	(list each one even if not co	mpensated — see the in:		
Check if the organization	used Schedule O to respond to	any question in this Pa	art IV	• •	
(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benef contributions t employee benefit p and deferred compensation	o olans,	(e) Estimated amount of other compensation
DENNIS REESE DIRECTOR	1 00	0			
TOM REESE DIRECTOR	1 00	0			
JAY KELLER	10 00	50,000			
EXECUTIVE DI					
CHUCK LARSON DIRECTOR	1 00	0			

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	V		<u>l</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
ь	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? \cdot .	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 •, section 4912 •, section 4955 •			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed			
42a	The organization's books are in care of ▶ JAY A KELLER Telephone no	(63	30)533	-2962
	Located at ▶ PO BOX 9292 NAPERVILLE, IL ZIP + 4	6	0567	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			•
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. •	· [
	and enter the amount of tax-exempt interest received or accrued during the tax year			T
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			'''
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

orm 990-EZ (2	2014)						Page 4
						Yes	No
	ganization engage, directly s for public office? If "Yes,"			ehalf of or in opposition to		Yes	
	ection 501(c)(3) orga Il section 501(c)(3) orga		questions 47-49b ar	nd 52, and complete the	tables	for lir	nes 50
ar	nd 51 neck if the organization used		•				_
	Teck if the organization above	a semedate o to respond t	any question in time i		• • •	Yes	No
	ganization engage in lobbyi		tion 501(h) election in	effect during the tax year?			
·	complete Schedule C, Part I				. 47		
	anization a school as descr ganization make any transfe				49a		
	was the related organization	•	_		49b		
O Complete	this table for the organizati	on's five highest compens	ated employees (other	than officers, directors, tri			
	s) who each received more to title of each employee	than \$100,000 of compen (b) A verage	(c) Reportable	(d) Health benefits,			amoun
(a) Name an	id title of each employee	hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contributions to employee benefit plans, and deferred	of othe		
				compensation			
of compen	this table for the organizations at the organization from the organization. Name and business addre	n If there is none, enter "I	None "	(b) Type of service		ompen	
	mber of other independent o	_		-			
complet	ted Schedule A					Ye	s No
	of perjury, I declare that I hav elief, it is true, correct, and c						
*	*****			2015-07-09			
ara l	Signature of officer			Date			
1 1 1 2	AY KELLER EXECUTIVE DIRECTOR ype or print name and title	8					
	Print/Type preparer's name CHRISTINA KLEIN	Preparer's signature		I CHECK I II I	95589		
aid	Firm's name	CPAS	1	Firm's EIN ► 37-1437			
reparer se Only	Firm's address > 3973 75TH S	TREET		Phone no (630) 898-	5578		
	AURORA, IL	605047914					
+b - TDC -l	cuce this return with the pr				. V		No.

DLN: 93492258010535

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Political Campaign and Lobbying Activities

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
ILLINOIS FIREARMS MANUFACTURERS
ASSOCIATION

Employer identification number

46-4628447

art I-A	Complete if the	e organization is e	exempt under :	section 501(c)	or is a section 527	organization.
		·			·	

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 30,000
- 3 Volunteer hours

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- ┌ Yes ☐ Yes

- Was a correction made?
- If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities 1
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter - 0 directly delivered to a separate political organization If none, enter -0-(1) SENATE DEMOCRATIC VICTORY 29 S LASALLE ST SUITE 936 26-3309861 10,000 ÈÚND CHICAGO, IL 60603 (2) BRANDON PHELPS FOR STATE PO BOX 401 75-3000080 1,000 HARRISBURG, IL 62946 (3) FRIENDS FOR VERSCHOORE 4600 46TH AVENUE 81-0607901 500 ROCKISLAND, IL 61201 (4) FRIENDS FOR JERRY COSTELLO PO BOX 186 80-0745190 1,000 SMITHTON, IL 62285 (5) FRIENDS OF MIKE JACOBS PO BO X 31 20-3673356 5,000 SILVIS, IL 61282 (6) CONGRESSIONAL SPORTSMAN 110 NORTH CAROLINA AVE SE 52-1686163 5,000 **FOUNDATION**

WASHINGTON, DC 20003

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

	Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).				
For each "Y	es" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(;	a) 	(b)
activity.		Yes	No	Am	ount
legis	ng the year, did the filing organization attempt to influence foreign, national, state or local lation, including any attempt to influence public opinion on a legislative matter or referendum, ugh the use of				
	nteers?				
	staff or management (include compensation in expenses reported on lines 1c through 1i)? a advertisements?			-	
d Maıl	ings to members, legislators, or the public?				
e Publ	ıcatıons, or published or broadcast statements?				
f Gran	ts to other organizations for lobbying purposes?				
g Dire	ct contact with legislators, their staffs, government officials, or a legislative body?				
	es, demonstrations, seminars, conventions, speeches, lectures, or any similar means? er activities?				
=	I Add lines 1c through 1i				
	the activities in line 1 cause the organization to be not described in section 501(c)(3)? es," enter the amount of any tax incurred under section 4912			+	
c If"Y	es," enter the amount of any tax incurred by organization managers under section 4912				
d If th	e filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III	-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01(c)(5),	or sec	tion
			_	Y	es N
1 Were	substantially all (90% or more) dues received nondeductible by members?		ļ	1	
	the organization make only in-house lobbying expenditures of \$2,000 or less?		ļ	2	
	the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Part III	-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1 Due:	s, assessments and similar amounts from members	1			
	non 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid).				
	ent year	2a			
	yover from last year	2b			
c Tota	regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2c 3			
	tices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess				
	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
polit	ical expenditure next year?	4			
5 Taxa	able amount of lobbying and political expenditures (see instructions)	5			
Part I	Supplemental Information				
	he descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou structions), and Part II-B, line 1 Also, complete this part for any additional information	ıp lıst),	Part I	I-A, line	s 1 ar
	Return Reference Explanation				
SCHEDUL	E C, PART I-A, LINE 1 CAMPAIGN DONATIONS TO PROMOTE CANDIDATES THAT WILL P ILLINOIS FIREARM RIGHTS	RESER	VEAN	ID PROT	ECT

	<u> </u>	. "	9
Part IV	Supplemental Info	ormation (continued)	
Ret	urn Reference	Explanation	
			_
		<u> </u>	

Schedule C (Form 990 or 990EZ) 2014

Additional Data

Software ID:

Software Version:

EIN: 46-4628447

Name: ILLINOIS FIREARMS MANUFACTURERS

ASSOCIATION

Form 990, Schedule C, Part 1-C, Line 5

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's own internal funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
SENATE DEMOCRATIC VICTORY FUND	29 S LASALLE ST SUITE 936 CHICAGO,IL 60603	263309861	10000	
BRANDON PHELPS FOR STATE REP	PO BOX 401 HARRISBURG,IL 62946	753000080	1000	
FRIENDS FOR VERSCHOORE	4600 46TH AVENUE ROCK ISLAND,IL 61201	810607901	500	
FRIENDS FOR JERRY COSTELLO II	PO BOX 186 SMITHTON,IL 62285	800745190	1000	
FRIENDS OF MIKE JACOBS	PO BOX 31 SILVIS,IL 61282	203673356	5000	
CONGRESSIONAL SPORTSMAN FOUNDATION	110 NORTH CAROLINA AVE SE WASHINGTON, DC 20003	521686163	5000	

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93492258010535

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
ILLINOIS FIREARMS MANUFACTURERS
ASSOCIATION

Employer identification number
46-4628447

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	
FORM 990-EZ, PART III	THE ILLINOIS FIREARMS MANUFACTURERS ASSOCIATION IS A NON-PROFIT LOBBY ING ORGANIZATION FORM ED IN 2009 TO PROTECT, PRESERVE, AND PROMOTE ILLINOIS FIREARMS MANUFACTURERS ITS JOB, ITS RIGHT, AND ITS ECONOMIC VALUE IN THE STATE OF ILLINOIS