

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)

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning JUL 1, 2005 and ending JUN 30, 2006

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: SUNNY RIDGE FAMILY CENTER INC. D Employer identification number: 36-2192823. E Telephone number: (630) 668-5117. F Accounting method: Accrual.

G Website: WWW.SUNNYRIDGE.ORG. J Organization type: 501(c)(3). K Check here: if the organization's gross receipts are normally not more than \$25,000. L Gross receipts: 2,002,808.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates: N/A. H(c) Are all affiliates included? N/A. H(d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number: N/A. M Check: if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and multiple columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (161,469); 2 Program service revenue including government fees and contracts (1,580,173); 6a Gross rents (6,000); 8a Gross amount from sales of assets other than inventory (6,811); 9a Gross revenue from special events (235,269); 10a Gross sales of inventory (0); 12 Total revenue (1,914,220); 17 Total expenses (1,915,346); 18 Excess or (deficit) for the year (-1,126); 19 Net assets or fund balances at beginning of year (416,810); 21 Net assets or fund balances at end of year (415,684).

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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 (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)	23 60,645.	60,645.	STATEMENT 6	
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. **	25 258,530.	167,877.	75,742.	14,911.
26 Other salaries and wages	26 768,008.	654,572.	98,966.	14,470.
27 Pension plan contributions	27 61,992.	46,456.	14,185.	1,351.
28 Other employee benefits	28 64,506.	62,435.	1,198.	873.
29 Payroll taxes	29 85,685.	67,971.	15,919.	1,795.
30 Professional fundraising fees	30			
31 Accounting fees	31 10,073.	7,559.	2,011.	503.
32 Legal fees	32 3,344.	3,150.	144.	50.
33 Supplies	33 17,242.	13,347.	2,987.	908.
34 Telephone	34 18,198.	15,127.	2,414.	657.
35 Postage and shipping	35 19,334.	8,257.	5,746.	5,331.
36 Occupancy	36 66,944.	54,703.	9,493.	2,748.
37 Equipment rental and maintenance	37 32,155.	25,085.	4,271.	2,799.
38 Printing and publications	38 16,333.	3,105.	13,228.	
39 Travel	39 43,342.	43,136.	190.	16.
40 Conferences, conventions, and meetings	40 13,729.	13,380.	349.	
41 Interest	41 1,592.	1,183.	255.	154.
42 Depreciation, depletion, etc. (attach schedule)	42 44,439.	36,681.	5,979.	1,779.
43 Other expenses not covered above (itemize):				
a ADVERTISING	43a 9,506.	5,854.	3,652.	
b PROFESSIONAL FEES	43b 42,446.	19,780.	20,832.	1,834.
c FOREIGN FEES	43c 218,369.	218,369.		
d MEMBERSHIP DUES	43d 6,180.	5,636.	531.	13.
e MISCELLANEOUS	43e 10,050.	6,107.	3,860.	83.
f STAFF LITERATURE	43f 1,277.	834.	443.	
g INSURANCE	43g 41,427.	29,386.	8,629.	3,412.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,915,346.	1,570,635.	291,024.	53,687.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 5

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? SEE STATEMENT 7

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

a THE ORGANIZATION PLACES CHILDREN WITH ADOPTIVE FAMILIES; CONDUCTS INTERSTATE AND INTERNATIONAL STUDIES FOR CANDIDATES FOR ADOPTION; PROVIDES MATERNITY SERVICES AND PROVIDES FOSTER CARE SERVICES.

(Grants and allocations \$) If this amount includes foreign grants, check here

1,570,635.

b (Grants and allocations \$) If this amount includes foreign grants, check here

c (Grants and allocations \$) If this amount includes foreign grants, check here

d (Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 1,570,635.

Part IV Balance Sheets (See the 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
Assets	45 Cash - non-interest-bearing	700.	45	700.
	46 Savings and temporary cash investments	384,859.	46	325,853.
	47 a Accounts receivable	47a 2,065.		
	b Less: allowance for doubtful accounts	47b	47c	2,065.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53 24,263.	53 28,835.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b		55c
56 Investments - other			56	
57 a Land, buildings, and equipment: basis	57a 2,140,368.			
b Less: accumulated depreciation STMT 8	57b 984,423.	57c 285,136.	57c 1,155,945.	
58 Other assets (describe <input type="checkbox"/>)			58	
59 Total assets (must equal line 74). Add lines 45 through 58		697,058.	59	1,513,398.
Liabilities	60 Accounts payable and accrued expenses		60 61,623.	60 59,256.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 9		64b	825,000.
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 10)		65 218,625.	65 213,458.
66 Total liabilities. Add lines 60 through 65)		280,248.	66	1,097,714.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67 410,775.	67 408,219.
	68 Temporarily restricted		68 6,035.	68 7,465.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
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)		416,810.	73	415,684.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		697,058.	74	1,513,398.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 15
75 b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b X
75 c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? 75c X
Note. Related organizations include section 509(a)(3) supporting organizations.
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization
75 d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'NONE' in column A.

Part VI Other Information (See the instructions.) Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 76 X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 77 X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X
78 b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 78b
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X
80 b If "Yes," enter the name of the organization N/A
and check whether it is [] exempt or [] nonexempt
81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0.
81 b Did the organization file Form 1120-POL for this year? 81b X

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b 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.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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 of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0, section 4912 0, section 4955 0.
89b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter: Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed IL
90b Number of employees employed in the pay period that includes March 12, 2005 23
91 a The books are in care of GARY L. LONGMAN Telephone no 630-668-5117
Located at 2 S 426 ORCHARD WHEATON RD/ WHEATON IL ZIP + 4 60187
91b 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)?
91c At any time during the calendar year, did the organization maintain an office outside of the United States?
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See the instructions.)

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (FEES), Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income, and Other revenue (MISCELLANEOUS).

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Signature and preparer information section including officer signature, date, preparer signature, firm name (DUGAN & LOPATKA, CPA'S PC), address, EIN, and phone number.

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 separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization: **SUNNY RIDGE FAMILY CENTER INC**
Employer identification number: **36 2192823**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(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 & deferred compensation	(e) Expense account and other allowances
THOMAS JACKSON 2 S 426 ORCHARD ROAD, WHEATON, IL 60	DIR. OF PR 40.00	79,503.	4,779.	6,721.
ROBERT MCNEILL 2 S 426 ORCHARD ROAD, WHEATON, IL 60	ADOPTION SPEC 40.00	62,927.	6,293.	
PAMELA GASTON 2 S 426 ORCHARD ROAD, WHEATON, IL 60	SOCIAL WORKER 40.00	53,824.	4,306.	
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
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.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b 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 organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning 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.)	176,141.	164,418.	409,741.	456,875.	1,207,175.
16 Membership fees received					
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	1,474,450.	1,363,776.	1,095,703.	1,097,843.	5,031,772.
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	13,019.	33,669.	41,981.	67,199.	155,868.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		549.	SEE STATEMENT 12 410.	99.	1,058.
23 Total of lines 15 through 22	1,663,610.	1,562,412.	1,547,835.	1,622,016.	6,395,873.
24 Line 23 minus line 17	189,160.	198,636.	452,132.	524,173.	1,364,101.
25 Enter 1% of line 23	16,636.	15,624.	15,478.	16,220.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 27,282.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 168,971.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 1,364,101.
d Add Amounts from column (e) for lines 18 155,868. 19 22 1,058. 26b 168,971.					26d 325,897.
e Public support (line 26c minus line 26d total)					26e 1,038,204.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 76.1090%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year N/A					
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A					
(2004) (2003) (2002) (2001)					
c Add. Amounts from column (e) for lines 15 16 17 20 21					27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

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

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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?		
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?		
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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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)	32d	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group.

Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
	a Volunteers		
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

2005 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	LAND	VARIABLES				916,744.			916,744.			0.
2	LAND IMPROVEMENTS	VARIABLES		.000	16	31,380.			31,380.	10,502.		1,295.
3	CHILD MEETING ROOM PROJECT	VARIABLES		.000	16	23,789.			23,789.	19,500.		295.
4	BUILDINGS	VARIABLES		.000	16	627,306.			627,306.	547,829.		8,249.
5	BUILDING EQUIPMENT	VARIABLES		.000	16	246,851.			246,851.	124,438.		12,896.
6	MACHINERY & EQUIPMENT	VARIABLES		.000	16	21,101.			21,101.	7,652.		1,804.
7	AUTOMOTIVE	VARIABLES		.000	16	10,267.			10,267.	10,183.		56.
8	OFFICE FURNITURE & EQUIPMENT	VARIABLES		.000	16	250,590.			250,590.	219,880.		15,731.
27	COMPUTER SOFTWARE	VARIABLES		.000	16	12,340.			12,340.			4,113.
	* TOTAL 990 PAGE 2 DEPR					2,140,368.		0.	2,140,368.	939,984.	0.	44,439.

FORM 990

RENTAL INCOME

STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
HOUSE, WHEATON, IL	1	6,000.
TOTAL TO FORM 990, PART I, LINE 6A		6,000.

FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
STOCK	VARIOUS	VARIOUS	DONATED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	6,811.	6,969.	0.	-158.
TOTAL TO FM 990, PART I, LN 8	6,811.	6,969.	0.	-158.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
MACHINERY EQUIPMENT	10/01/01	09/18/05	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	1,500.	3,506.	0.	1,795.	-211.
TO FM 990, PART I, LN 8	1,500.	3,506.	0.	1,795.	-211.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 4

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF OUTING	98,790.		98,790.	33,417.	65,373.
BANQUET	92,036.		92,036.	28,512.	63,524.
FASHION SHOW	26,080.		26,080.	9,432.	16,648.
OTHER EVENTS	18,363.		18,363.	8,547.	9,816.
TO FM 990, PART I, LINE 9	235,269.		235,269.	79,908.	155,361.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 9

LENDER'S NAME: THE NORTHERN TRUST COMPANY
 TERMS OF REPAYMENT: MONTHLY PAYMENTS OF ACCRUED INTEREST AND FINAL PAYMENT ON 8/31/06

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
02/28/06	08/31/06	825,000.	7.50%

SECURITY PROVIDED BY BORROWER: CASH ACCOUNT
 PURPOSE OF LOAN: TO PURCHASE LAND

RELATIONSHIP OF LENDER: BANK

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
ONE CASH ACCOUNT WITH BANK	825,000.	825,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		825,000.

FORM 990 OTHER LIABILITIES STATEMENT 10

DESCRIPTION	AMOUNT
DEPOSITS	116,458.
ACCRUED COMPENSATED ABSENCES	97,000.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	213,458.

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GARY L. LONGMAN S 426 ORCHARD ROAD WHEATON, IL 60187	PRESIDENT 40.00	107,004.	0.	8,782.
JAMES K. ERICKSON S 426 ORCHARD ROAD WHEATON, IL 60187	VP FOR PROGRAM SERVICES 40.00	73,006.	900.	2,160.
STEVEN ANDERSON S 426 ORCHARD ROAD WHEATON, IL 60187	DIRECTOR 2.00	0.	0.	0.
JOAN KALEEL S 426 ORCHARD ROAD WHEATON, IL 60187	DIRECTOR 2.00	0.	0.	0.
PETER BELAIR S 426 ORCHARD ROAD WHEATON, IL 60187	DIRECTOR 2.00	0.	0.	0.
JOHN KARNATZ S 426 ORCHARD ROAD WHEATON, IL 60187	CHAIRPERSON 2.00	0.	0.	0.
MATTHEW BOBA S 426 ORCHARD ROAD WHEATON, IL 60187	DIRECTOR 2.00	0.	0.	0.
RON KNUTSON S 426 ORCHARD ROAD WHEATON, IL 60187	DIRECTOR 2.00	0.	0.	0.
JOAN BOWEN S 426 ORCHARD ROAD WHEATON, IL 60187	VICE-CHAIRPERSON 2.00	0.	0.	0.
STEVEN LEMON S 426 ORCHARD ROAD WHEATON, IL 60187	DIRECTOR 2.00	0.	0.	0.
JUDY CRUZ S 426 ORCHARD ROAD WHEATON, IL 60187	BOARD DEVELOPMENT CP 2.00	0.	0.	0.

SUNNY RIDGE FAMILY CENTER INC

36-2192823

YOLAINE DAUPHIN S 426 ORCHARD ROAD WHEATON, IL 60187	DIRECTOR 2.00	0.	0.	0.
DR. NEAL DAVIS S 426 ORCHARD ROAD WHEATON, IL 60187	DIRECTOR 2.00	0.	0.	0.
MARLYN STEURY S 426 ORCHARD ROAD WHEATON, IL 60187	SECRETARY 2.00	0.	0.	0.
JILL WILLIS S 426 ORCHARD ROAD WHEATON, IL 60187	DIRECTOR 2.00	0.	0.	0.
LYNN GUMINA S 426 ORCHARD ROAD WHEATON, IL 60187	DIRECTOR 2.00	0.	0.	0.
BRIAN YTTERBERG S 426 ORCHARD ROAD WHEATON, IL 60187	DIRECTOR 2.00	0.	0.	0.
LARRY SMITH S 426 ORCHARD ROAD WHEATON, IL 60187	VP FOR BUSINESS 40.00	66,003.	675.	0.

TOTALS INCLUDED ON FORM 990, PART V-A	<u>246,013.</u>	<u>1,575.</u>	<u>10,942.</u>
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SCHEDULE A OTHER INCOME STATEMENT 12

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISC. REVENUE	0.	549.	410.	99.
TOTAL TO SCHEDULE A, LINE 22	<u>0.</u>	<u>549.</u>	<u>410.</u>	<u>99.</u>