

Return of Organization Exempt From Income Tax

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2006 calendar year, or tax year beginning JUL 1, 2006 and ending JUN 30, 2007

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) 754-4500. F Accounting method: Cash, Accrual.

G Website: WWW.SUNNYRIDGE.ORG. J Organization type: 501(c)(3). K Check here if the organization is not a 509(a)(3) supporting organization. L Gross receipts: 9,617,302.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants... 2 Program service revenue... 3 Membership dues... 4 Interest on savings... 5 Dividends... 6a Gross rents... 7 Other investment income... 8a Gross amount from sales of assets... 9 Special events... 10a Gross sales of inventory... 11 Other revenue... 12 Total revenue... 13 Program services... 14 Management and general... 15 Fundraising... 16 Payments to affiliates... 17 Total expenses... 18 Excess or (deficit)... 19 Net assets at beginning... 20 Other changes... 21 Net assets at end of year.

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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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule) <b>STATEMENT 7</b>	<b>23</b> 21,433.	21,433.		
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A <b>STMT 6</b>	<b>25a</b> 262,684.	170,761.	76,855.	15,068.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B	<b>25b</b> 0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 831,999.	709,265.	107,982.	14,752.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 61,441.	53,026.	6,669.	1,746.
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 74,108.	63,396.	10,712.	
<b>29</b> Payroll taxes	<b>29</b> 91,755.	72,805.	16,873.	2,077.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 10,054.	7,554.	2,000.	500.
<b>32</b> Legal fees	<b>32</b> 1,711.	1,491.	165.	55.
<b>33</b> Supplies	<b>33</b> 19,493.	13,233.	5,105.	1,155.
<b>34</b> Telephone	<b>34</b> 18,352.	14,713.	2,798.	841.
<b>35</b> Postage and shipping	<b>35</b> 18,695.	8,674.	5,316.	4,705.
<b>36</b> Occupancy	<b>36</b> 84,634.	67,037.	13,888.	3,709.
<b>37</b> Equipment rental and maintenance	<b>37</b> 36,566.	27,304.	6,169.	3,093.
<b>38</b> Printing and publications	<b>38</b> 10,538.		10,538.	
<b>39</b> Travel	<b>39</b> 37,251.	37,116.	122.	13.
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 12,972.	10,047.	2,827.	98.
<b>41</b> Interest	<b>41</b> 1,938.	1,440.	323.	175.
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 30,417.	21,893.	7,745.	779.
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> ADVERTISING	<b>43a</b> 5,331.	1,156.	4,175.	
<b>b</b> PROFESSIONAL FEES	<b>43b</b> 53,307.	32,312.	17,912.	3,083.
<b>c</b> FOREIGN FEES	<b>43c</b> 469,744.	469,744.		
<b>d</b> MEMBERSHIP DUES	<b>43d</b> 6,092.	5,817.	262.	13.
<b>e</b> MISCELLANEOUS	<b>43e</b> 16,175.	10,397.	5,636.	142.
<b>f</b> STAFF LITERATURE	<b>43f</b> 963.	665.	298.	
<b>g</b> INSURANCE	<b>43g</b> 40,537.	29,600.	7,850.	3,087.
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 2,218,190.	1,850,879.	312,220.	55,091.

**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

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 8	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others )
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.)	
<b>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.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,850,879.
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	1,850,879.

Form 990 (2006)

**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.	700.
	46 Savings and temporary cash investments	325,853.	4,359,082.
	47 a Accounts receivable	26,103.	
	b Less: allowance for doubtful accounts		26,103.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	28,835.	36,496.
	54 a Investments - publicly-traded securities	0.	1,693,962.
	b Investments - other securities	0.	131,924.
55 a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation			
56 Investments - other	0.	15,668.	
57 a Land, buildings, and equipment: basis	1,577,062.		
b Less: accumulated depreciation	84,866.		
58 Other assets, including program-related investments (describe)			
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	1,513,398.	7,756,131.	
Liabilities	60 Accounts payable and accrued expenses	59,256.	140,593.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable	825,000.	
	65 Other liabilities (describe)	213,458.	200,460.
66 <b>Total liabilities.</b> Add lines 60 through 65	1,097,714.	341,053.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	408,219.	7,407,113.
	68 Temporarily restricted	7,465.	7,965.
	69 Permanently restricted		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	415,684.	7,415,078.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,513,398.	7,756,131.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows (1-4, b1-b4, d1-d2) for revenue reconciliation. Total revenue is 9,133,480.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows (1-4, b1-b4, d1-d2) for expense reconciliation. Total expenses are 2,218,190.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. One row is filled with 'SEE STATEMENT 16', 249,009, 2,125, and 11,550.

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>		<b>Yes</b>	<b>No</b>
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">▶ <u>14</u></span>		
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
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 the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

<b>Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits</b> (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.)				
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
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<b>Part VI Other Information</b> <i>(See the instructions.)</i>		<b>Yes</b>	<b>No</b>
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float: right;">N/A</span>	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
b	If "Yes," enter the name of the organization ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) <span style="float: right;">81a <u>0.</u></span>		
b	Did the organization file Form 1120-POL for this year?	81b	X

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 charge or at substantially less than fair rental value?	X	
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.)		
	82b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
	85c	N/A	
d	Section 162(e) lobbying and political expenditures		
	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	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 of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities		
	86b	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a	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.)		
	87b	N/A	
88 a	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? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b	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? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed <u>IL</u>		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	21
91 a	The books are in care of <u>LARRY D. SMITH</u> Telephone no <u>(630) 754-4500</u> Located at <u>270 REMINGTON BLVD., SUITE C, BOLINGBROOK, IL</u> ZIP + 4 <u>60440</u>		
b	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)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

If "Yes," enter the name of the foreign country N/A

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 92  N/A

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a FEES					1,685,019.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,404.	
96 Dividends and interest from securities			14	165,810.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	1,250.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	6,875,605.	
101 Net income or (loss) from special events			01	144,465.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	7,544.	
b HOLDING FEE RELATED TO					
c SALE OF PROPERTY			01	110,042.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		7,306,120.	1,685,019.
105 Total (add line 104, columns (B), (D), and (E))					8,991,139.

Note: Line 105 plus line 1e, 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.)

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 (other than by providing funds for such purposes)
▼	SEE STATEMENT 17

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

(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
N/A	%			
	%			
	%			
	%			

**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?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
<b>Totals</b>					

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
<b>Totals</b>					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *Karen M. Olsen* Date: *12/12/2007*

Type or print name and title: *Karen M. Olsen President & CEO*

Paid Preparer's Use Only

Preparer's signature: *Karen M. Olsen* Date: *12/15/07* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **DUGAN & LOPATKA, CPA'S PC**  
**104 E. ROOSEVELT ROAD SUITE 102**  
**WHEATON, ILLINOIS 60187-5267**

Preparer's SSN or PTIN (See Gen. Inst. X): **P00085441**  
 EIN: **36-2886485**  
 Phone no: **630-665-4440**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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

OMB No 1545-0047

**2006**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

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 2 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 601	DIR. OF PR 40.00	81,003.	6,075.	6,932.
ROBERT MCNEILL 2 S 426 ORCHARD ROAD, WHEATON, IL 601	ADOPTION SPEC 40.00	64,202.	6,420.	0.
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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		
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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		
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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 )		X
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			
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 Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )		X
	b Did the organization have a section 403(b) annuity plan for its employees?	X	
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		X
	b Did the organization make any taxable distributions under section 4966? N/A		
	c Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
	d Enter the total number of donor advised funds owned at the end of the tax year ▶	N/A	
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	N/A	
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶	0.	
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶	0.	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions )

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions )

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					►

- 14  An organization organized and operated to test for public safety. Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	161,469.	176,141.	164,418.	409,741.	911,769.
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	1,917,792.	1,474,450.	1,363,776.	1,095,703.	5,851,721.
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	17,192.	13,019.	33,669.	41,981.	105,861.
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.	394.		549.	410.	1,353.
23 Total of lines 15 through 22	2,096,847.	1,663,610.	1,562,412.	1,547,835.	6,870,704.
24 Line 23 minus line 17	179,055.	189,160.	198,636.	452,132.	1,018,983.
25 Enter 1% of line 23	20,968.	16,636.	15,624.	15,478.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 20,380.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 196,150.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 1,018,983.
d Add: Amounts from column (e) for lines 18 105,861. 19 196,150. 22 1,353. 26b 196,150.					26d 303,364.
e Public support (line 26c minus line 26d total)					26e 715,619.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 70.2287%
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: (2005) (2004) (2003) (2002)					N/A
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: (2005) (2004) (2003) (2002)					N/A
c Add: Amounts from column (e) for lines 15 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 2002 through 2005, 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					NONE

**Part V Private School Questionnaire** (See page 9 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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
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	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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		
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		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 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 13 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 13 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

**b** Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

	Yes	No
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		X

N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule **N/A**

(a) Name of organization	(b) Type of organization	(c) Description of relationship



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	Current Year Deduction
1	LAND	VARIESL				1,270,341.			1,270,341.			0.
2	(D) LAND IMPROVEMENTS	VARIESL		.000	16	31,380.			31,380.	11,797.		0.
3	(D) CHILD MEETING ROOM PROJECT	VARIESL		.000	16	23,789.			23,789.	19,795.		98.
4	(D) BUILDINGS	VARIESL		.000	16	627,306.			627,306.	556,078.		8,595.
5	(D) BUILDING EQUIPMENT	VARIESL		.000	16	246,851.			246,851.	137,334.		0.
6	(D) MACHINERY & EQUIPMENT	VARIESL		.000	16	21,101.			21,101.	9,456.		1,433.
7	(D) AUTOMOTIVE	VARIESL		.000	16	10,267.			10,267.	10,239.		28.
8	OFFICE FURNITURE & EQUIPMENT	VARIESL		.000	16	262,132.			262,132.	60,491.		13,703.
27	COMPUTER SOFTWARE	VARIESL		.000	16	12,340.			12,340.	4,113.		5,484.
28	LEASEHOLD IMPROVEMENTS	VARIESL		.000	16	32,249.			32,249.			1,075.
	* TOTAL 990 PAGE 2					2,537,756.		0.	2,537,756.	809,303.	0.	30,416.
	DEPR											

828102  
 07-28-06  
 (D) - Asset disposed  
 \* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone  
 20

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
HOUSE, WHEATON, IL		1	1,250.
TOTAL TO FORM 990, PART I, LINE 6A			1,250.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	2
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
STOCK	179,119.	181,492.	0.	-2,373.	
TO FORM 990, PART I, LINE 8	179,119.	181,492.	0.	-2,373.	

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
BUILDING, LAND & FIXED ASSETS	VARIOUS	02/08/06	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	7,104,209.	1,156,991.	0.	930,760.	6877978.
TO FM 990, PART I, LN 8	7,104,209.	1,156,991.	0.	930,760.	6877978.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 4

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF OUTING	97,655.		97,655.	32,277.	65,378.
BANQUET	79,489.		79,489.	25,775.	53,714.
FASHION SHOW	20,597.		20,597.	9,806.	10,791.
OTHER EVENTS	22,823.		22,823.	8,241.	14,582.
TO FM 990, PART I, LINE 9	220,564.		220,564.	76,099.	144,465.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED GAIN/LOSS	84,104.
TOTAL TO FORM 990, PART I, LINE 20	84,104.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 6  
 PART II, LINE 25A

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GARY L. LONGMAN	107,004.		9,456.	116,460.
A. PROGRAM SERVICES	58,853.		5,201.	64,054.
B. MANAGEMENT AND GENERAL	37,451.		3,310.	40,761.
C. FUNDRAISING	10,700.		945.	11,645.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JAMES K. ERICKSON	74,503.	1,150.	2,094.	77,747.
A. PROGRAM SERVICES	59,602.	920.	1,675.	62,197.
B. MANAGEMENT AND GENERAL	14,901.	230.	419.	15,550.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LARRY SMITH	67,502.	975.		68,477.
A. PROGRAM SERVICES	43,876.	634.		44,510.
B. MANAGEMENT AND GENERAL	20,251.	293.		20,544.
C. FUNDRAISING	3,375.	48.		3,423.

TOTAL PROGRAM SERVICES				170,761.
TOTAL MANAGEMENT AND GENERAL				76,855.
TOTAL FUNDRAISING				15,068.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				<u>262,684.</u>

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 7

DESCRIPTION	AMOUNT
ADOPTION MEDICAL COSTS	766.
FINANCIAL ASSISTANCE	18,967.
HOUSING, BOARDING PAYMENTS	1,700.
TOTAL TO FORM 990, PART II, LINE 23	21,433.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 8

EXPLANATION  
 THE CENTER'S PRIMARY PURPOSE IS TO PROVIDE FOSTER CARE, ADOPTION SERVICES AND COUNSELING FOR PREGNANT WOMAN.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
NORTHERN TRUST INVESTMENT ACCOUNT - STOCKS	FMV	980,630.			980,630.
NORTHERN TRUST INVESTMENT ACCOUNT - CORPORATE BONDS	FMV		481,924.		481,924.
TO FORM 990, LINE 54A, COL B		980,630.	481,924.		1,462,554.

FORM 990 GOVERNMENT SECURITIES STATEMENT 10

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
NORTHERN TRUST INVESTMENT ACCOUNT - US GOVT. SECURITIES	COST	231,408.		231,408.
TOTAL TO FORM 990, LINE 54A, COL B		231,408.		231,408.

FORM 990	OTHER INVESTMENTS	STATEMENT	11
DESCRIPTION	VALUATION METHOD	AMOUNT	
ACCRUED INTEREST RECEIVABLE	COST	15,668.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		15,668.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	12
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	1,270,341.	0.	1,270,341.
OFFICE FURNITURE & EQUIPMENT	262,132.	74,194.	187,938.
COMPUTER SOFTWARE	12,340.	9,597.	2,743.
LEASEHOLD IMPROVEMENTS	32,249.	1,075.	31,174.
TOTAL TO FORM 990, PART IV, LN 57	1,577,062.	84,866.	1,492,196.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 13

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	0.	0.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

FORM 990 OTHER LIABILITIES STATEMENT 14

DESCRIPTION	AMOUNT
DEPOSITS	100,460.
ACCRUED COMPENSATED ABSENCES	100,000.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	200,460.

FORM 990	OTHER SECURITIES	STATEMENT 15
<u>SECURITY DESCRIPTION</u>	<u>COST/FMV</u>	<u>OTHER SECURITIES</u>
NORTHERN TRUST INVESTMENT ACCOUNT - MUTUAL FUNDS	COST	131,924.
TO FORM 990, LINE 54B, COL B		131,924.

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 16
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<u>NAME AND ADDRESS</u>	<u>TITLE AND AVRG HRS/WK</u>	<u>COMPEN- SATION</u>	<u>EMPLOYEE BEN PLAN CONTRIB</u>	<u>EXPENSE ACCOUNT</u>
GARY L. LONGMAN 270 REMINGTON BLVD., SUITE C BOLINGBROOK, IL 60440	PRESIDENT 40.00	107,004.	0.	9,456.
JAMES K. ERICKSON 270 REMINGTON BLVD., SUITE C BOLINGBROOK, IL 60440	VP FOR PROGRAM SERVICES 40.00	74,503.	1,150.	2,094.
STEVEN ANDERSON 270 REMINGTON BLVD., SUITE C BOLINGBROOK, IL 60440	DIRECTOR 2.00	0.	0.	0.
JOAN KALEEL 270 REMINGTON BLVD., SUITE C BOLINGBROOK, IL 60440	DIRECTOR 2.00	0.	0.	0.
PETER BELAIR 270 REMINGTON BLVD., SUITE C BOLINGBROOK, IL 60440	DIRECTOR 2.00	0.	0.	0.
JOHN KARNATZ 270 REMINGTON BLVD., SUITE C BOLINGBROOK, IL 60440	CHAIRPERSON 2.00	0.	0.	0.
MATTHEW BOBA 270 REMINGTON BLVD., SUITE C BOLINGBROOK, IL 60440	TREASURER 2.00	0.	0.	0.
JOAN BOWEN 270 REMINGTON BLVD., SUITE C BOLINGBROOK, IL 60440	VICE-CHAIRPERSON 2.00	0.	0.	0.



STEVEN LEMON 270 REMINGTON BLVD., SUITE C BOLINGBROOK, IL 60440	DIRECTOR 2.00	0.	0.	0.
JUDY CRUZ 270 REMINGTON BLVD., SUITE C BOLINGBROOK, IL 60440	BOARD DEVELOPMENT CP 2.00	0.	0.	0.
YOLAINE DAUPHIN 270 REMINGTON BLVD., SUITE C BOLINGBROOK, IL 60440	DIRECTOR 2.00	0.	0.	0.
MARLYN STEURY 270 REMINGTON BLVD., SUITE C BOLINGBROOK, IL 60440	SECRETARY 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	67,502.	975.	0.
JINNY KOIDE S 426 ORCHARD ROAD WHEATON, IL 60187	DIRECTOR 2.00	0.	0.	0.
KAREN PELLETTIERI-MCGHEE S 426 ORCHARD ROAD WHEATON, IL 60187	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>249,009.</u>	<u>2,125.</u>	<u>11,550.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 17  
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FEES PAID TO ADOPT CHILDREN THROUGH ADOPTION AND MATERNITY PROGRAM SERVICES.
103A	MISCELLANEOUS INCOME AND REIMBURSEMENTS PROVIDE ADDITIONAL FUNDS FOR ADOPTION AND MATERNITY SERVICES.
103B	THE FEE WAS A HOLDING FEE DURING THE ZONING ISSUE SO THAT SUNNY RIDGE WOULD NOT SEEK OTHER BIDS RELATED TO SALE OF WHEATON PROPERTY.

SCHEDULE A	OTHER INCOME			STATEMENT 18
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
MISC. REVENUE	394.	0.	549.	410.
TOTAL TO SCHEDULE A, LINE 22	394.	0.	549.	410.

## Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>SUNNY RIDGE FAMILY CENTER INC</b>	Employer identification number <b>36-2192823</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2 S 426 ORCHARD ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WHEATON, IL 60187</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **LARRY D. SMITH**  
Telephone No. ▶ **630-668-5117** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2007)