

# 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)

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

OMB No 1545-0047

**2005**

Open to Public Inspection

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>CHILDREN'S HOME &amp; AID SOCIETY OF ILL.</b>		<b>D</b> Employer identification number <b>36-2167743</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>125 S. WACKER DR., 14TH FLOOR</b>		<b>E</b> Telephone number <b>(312) 424-0200</b>
		City or town, state or country, and ZIP + 4 <b>CHICAGO, IL 60606</b>		<b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Website: ▶ **HTTP://WWW.CHASI.ORG**

**J** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

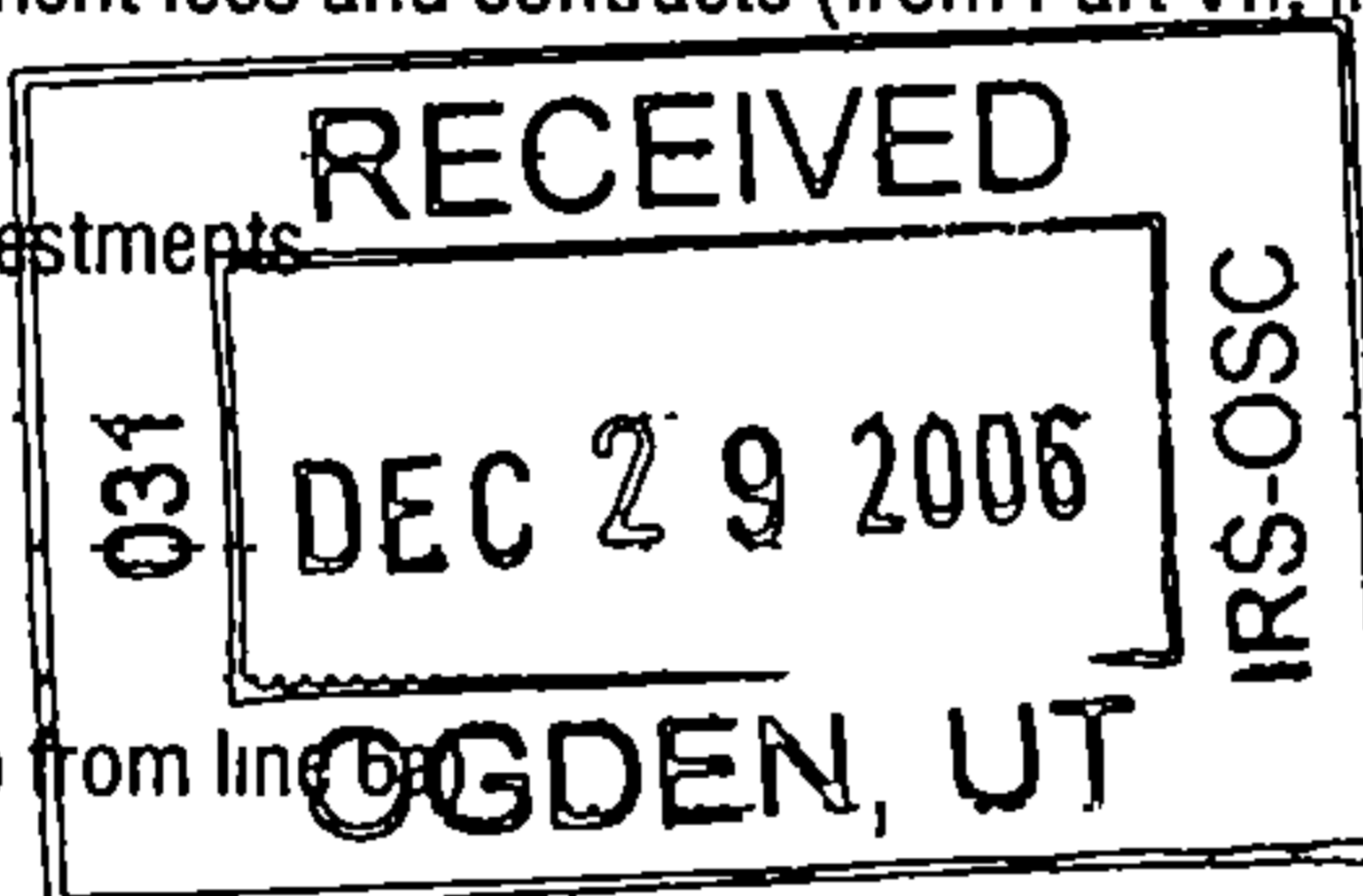
**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶ **N/A**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **42,670,473.**

**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**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	<b>5,667,879.</b>	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>5,667,879.</b> noncash \$ _____ )	<b>1d</b>	<b>5,667,879.</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>33,773,862.</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>4,770.</b>	
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6 a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe ▶ _____ )	<b>7</b>			
Revenue	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	<b>b</b> Less: cost or other basis and sales expenses	<b>2,040,064.</b>	<b>8a</b>	
	<b>c</b> Gain or (loss) (attach schedule)	<b>1,886,165.</b>	<b>8b</b>	
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>153,899.</b>	<b>8c</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>	<b>918,828.</b>		
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>180,600.</b>		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	<b>738,228.</b>		
Revenue	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	<b>265,070.</b>		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>40,603,708.</b>		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>34,214,299.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>3,914,630.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>1,165,137.</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>39,294,066.</b>	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>1,309,642.</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>6,974,590.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 3</b>	<b>20</b>	<b>557,490.</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>8,841,722.</b>	



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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)	4,363,456.	4,363,456.	STATEMENT 6	
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc. **	1,032,248.	908,378.	123,870.	0.
26	Other salaries and wages	17,637,640.	14,943,463.	2,116,517.	577,660.
27	Pension plan contributions				
28	Other employee benefits	3,189,662.	2,700,157.	382,759.	106,746.
29	Payroll taxes	1,344,693.	1,140,986.	161,363.	42,344.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	969,460.	751,682.	116,335.	101,443.
34	Telephone	416,839.	346,394.	50,021.	20,424.
35	Postage and shipping	111,140.	82,832.	13,337.	14,971.
36	Occupancy	1,491,312.	1,233,109.	178,957.	79,246.
37	Equipment rental and maintenance	281,261.	242,784.	33,751.	4,726.
38	Printing and publications	65,366.	39,873.	7,844.	17,649.
39	Travel				
40	Conferences, conventions, and meetings	140,562.	91,378.	16,867.	32,317.
41	Interest	13,695.	12,052.	1,643.	
42	Depreciation, depletion, etc. (attach schedule)	508,931.	447,859.	61,072.	
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e					
f					
g	SEE STATEMENT 4	7,727,801.	6,909,896.	650,294.	167,611.
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	39,294,066.	34,214,299.	3,914,630.	1,165,137.

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? ► <b>SEE STATEMENT 7</b>	<b>Program Service Expenses</b> (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</b> <u>THE CHILDREN'S HOME AND AID SOCIETY OF ILLINOIS PROVIDES PROGRAMS AND SERVICES TO PROMOTE SOCIAL, EMOTIONAL, ENVIRONMENTAL AND DEVELOPMENTAL HEALTH AND GROWTH. THE CORE SERVICES PROVIDED BY THE SOCIETY DURING THE YEAR INCLUDED: ADOPTION, FOSTER CARE, RESIDENTIAL CARE, CHILD CARE AND CHILD AND FAMILY COUNSELING.</u> (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	34,214,299.
<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</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	34,214,299.

**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	
<b>Assets</b>	45	Cash - non-interest-bearing	354,684.	45	-221,496.
	46	Savings and temporary cash investments	4,639,516.	46	4,968,896.
	47 a	Accounts receivable	47a 3,034,208.		
	b	Less allowance for doubtful accounts	47b 56,389.	47c	2,977,819.
	48 a	Pledges receivable	48a 68,041.		
	b	Less: allowance for doubtful accounts	48b 13,490.	48c	68,041.
	49	Grants receivable		49	1,094,030.
	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	283,409.	53	237,185.
	54	Investments - securities <b>STMT 8 STMT 9</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,873,163.	54	3,699,320.
	55 a	Investments - land, buildings, and equipment basis	55a		
	b	Less: accumulated depreciation	55b	55c	
56	Investments - other <b>SEE STATEMENT 10</b>	952,201.	56	1,076,920.	
57 a	Land, buildings, and equipment, basis	57a 14,946,667.			
b	Less accumulated depreciation	57b 7,894,109.	57c	7,052,558.	
58	Other assets (describe <b>SEE STATEMENT 11</b> )		58		
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	18,064,366.	59	20,953,273.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	3,639,055.	60	4,880,757.
	61	Grants payable		61	
	62	Deferred revenue	254,924.	62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable	6,650,508.	64b	6,386,858.
	65	Other liabilities (describe <b>SEE STATEMENT 11</b> )	545,289.	65	843,936.
66	<b>Total liabilities.</b> Add lines 60 through 65)	11,089,776.	66	12,111,551.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>				
	67	Unrestricted	-3,124,383.	67	-678,952.
	68	Temporarily restricted	5,194,729.	68	4,363,069.
	69	Permanently restricted	4,904,244.	69	5,157,605.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>				
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	6,974,590.	73	8,841,722.	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	18,064,366.	74	20,953,273.	

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

<b>a</b> Total revenue, gains, and other support per audited financial statements		<b>a</b>	N/A
<b>b</b> Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1		
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify):	b4		
Add lines b1 through b4		<b>b</b>	
<b>c</b> Subtract line b from line a		<b>c</b>	
<b>d</b> Amounts included on Part I, line 12, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		<b>d</b>	
<b>e Total revenue</b> (Part I, line 12). Add lines c and d		<b>e</b>	

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

<b>a</b> Total expenses and losses per audited financial statements		<b>a</b>	N/A
<b>b</b> Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify):	b4		
Add lines b1 through b4		<b>b</b>	
<b>c</b> Subtract line b from line a		<b>c</b>	
<b>d</b> Amounts included on Part I, line 17, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		<b>d</b>	
<b>e Total expenses</b> (Part I, line 17). Add lines c and d		<b>e</b>	

**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.)

(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
SEE STATEMENT 12		1032248.	15,328.	143,393.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 36
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) 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? X
75 d Does the organization have a written conflict of interest policy? 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)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X
78 b If "Yes," has it filed a tax return on Form 990-T for this year? N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 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? X
80 b If "Yes," enter the name of the organization SEE STATEMENT 13 and check whether it is exempt or nonexempt
81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 18,000.
81 b Did the organization file Form 1120-POL for this year? 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		N/A
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.		
			N/A
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
85g			
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
85h			
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	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
88			
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>		
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, 2005	90b	729
91 a	The books are in care of <u>KENT SUAREZ</u> Telephone no. <u>(312) 424-6865</u> Located at <u>125 S. WACKER DRIVE, 14TH FLOOR, CHICAGO, IL</u> ZIP + 4 <u>60606</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
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c	X
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 <u>0.</u>	92	N/A

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

	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	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue					
a <b>PROGRAM SERVICE FEES</b>					2,760,534.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					31,013,328.
94 Membership dues and assessments					4,770.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					153,899.
101 Net income or (loss) from special events					738,228.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <b>TRAINING FEES</b>			03	24,387.	
b <b>MISCELLANEOUS</b>			03	175,679.	
c <b>PAYMENTS FROM AFFILIATES</b>			03	65,004.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		265,070.	34,670,759.
105 Total (add line 104, columns (B), (D), and (E))					34,935,829.

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.)

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).
93A	FEES FROM CLIENTS, INSURANCE COMPANIES AND OTHER THIRD PARTY PAYMENTS FOR DIRECT SERVICE RENDERED TO CHILDREN AND THEIR FAMILIES.
93G	GRANT INCOME TO SUBSIDIZE FAMILY AND CHILDRENS PROGRAMS.
94	MEMBERSHIP DUES TO BELONG TO THE WOMEN'S BOARD ORGANIZATION.

**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)

Please Sign Here 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.

Signature of officer: Kent L. Suarez Date: 12/20/06 Type or print name and title: KENT L. SUAREZ, CFO

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 12/19/06 Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: CLIFTON GUNDERSON LLP  
1301 W. 22ND STREET  
OAK BROOK, ILLINOIS 60523

EIN: \_\_\_\_\_ Phone no.: (630) 573-8600



**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 <b>CHILDREN'S HOME &amp; AID SOCIETY OF ILL.</b>	Employer identification number <b>36 2167743</b>
--	---

**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
MEGAN DAVIS-OCHI 125 SOUTH WACKER DRIVE, CHICAGO, IL 6	VP DEVELOPMENT 37.50	97,528.	470.	16,101.
MARY DEBOSE 125 SOUTH WACKER DRIVE, CHICAGO, IL 6	VP PUBLIC POLICY 37.50	75,032.	630.	8,842.
HILARY FREEMAN 125 SOUTH WACKER DRIVE, CHICAGO, IL 6	VP QUALITY IMP. 37.50	88,445.	1,471.	7,578.
ANNE BARCLAY 125 SOUTH WACKER DRIVE, CHICAGO, IL 6	AVP METRO REGION 37.50	84,747.	759.	15,439.
DEBORAH WOODSIDE 125 SOUTH WACKER DRIVE, CHICAGO, IL 6	DIRECTOR-EFC 37.50	83,200.	306.	12,198.
Total number of other employees paid over \$50,000 ▶	28			

**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
CHILD SERV 8765 W. HIGGINS ROAD, CHICAGO, IL 60631	SUBCONTRACTOR	303,586.
SELECT STAFFING CAROL STREAM, IL 60122	TEMPORARY STAFFING SERVICE	274,307.
LESLIE BATES DAVIS NEIGHBORHOOD 1200 N. 13TH ST., EAST ST. LOUIS, IL	SUBCONTRACTOR	172,875.
BABY FOLD P.O. BOX 327, NORMAL, IL 61761	SUBCONTRACTOR	144,008.
MID-AMERICAN BUILDING MAINTENANCE 550 FRONTAGE RD., STE2835, NORTHFIELD, IL 60093	FACILITY CLEANING SERVICES	118,889.
Total number of others receiving over \$50,000 for professional services ▶	4	

**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
HEALTHCARE SERVICE CORP. P.O. BOX 1186, CHICAGO, IL 60690	MEDICAL INSURANCE	2867278.
WALGREENS HEALTH INITIATIVE 22536 NETWORK PLACE, CHICAGO, IL 60673	PRESCRIPTION DRUG BENEFITS	493,661.
FIRST NON PROFIT INSURANCE COMPANY 111 N. CANAL ST., CHICAGO, IL 60690	PROPERTY & CASUALTY INSURANCE	474,363.
TS 125 S. WACKER JV, L.P. 125 S. WACKER DR., CHICAGO, IL 60606	RENT	331,939.
METLIFE P.O. BOX 8500, PHILADELPHIA, PA 19178	DENTAL INSURANCE	325,403.
Total number of other contractors receiving over \$50,000 for other services ▶	12	

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

	Yes	No
<b>1</b> 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 ► \$ _____ \$ <u>18,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) <b>VI-B, LINE I</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.	<b>X</b>	
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?		<b>X</b>
<b>b</b> Lending of money or other extension of credit?		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>X</b>	
<b>e</b> Transfer of any part of its income or assets?		<b>X</b>
<b>3 a</b> 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.)		<b>X</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees?		<b>X</b>
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		<b>X</b>
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		<b>X</b>
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>

**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.)	3,990,120.	4,238,183.	3,495,527.	4,477,172.	16,201,002.
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	32,597,131.	32,108,762.	35,820,560.	30,480,120.	131,006,573.
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	70,347.				70,347.
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	356,458.	323,131.	SEE STATEMENT 14 395,320.	366,421.	1,441,330.
23 Total of lines 15 through 22	37,014,056.	36,670,076.	39,711,407.	35,323,713.	148,719,252.
24 Line 23 minus line 17	4,416,925.	4,561,314.	3,890,847.	4,843,593.	17,712,679.
25 Enter 1% of line 23	370,141.	366,701.	397,114.	353,237.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 354,254.
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 918,131.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 17,712,679.
d Add: Amounts from column (e) for lines: 18 70,347. 19 _____ 22 1,441,330. 26b 918,131.					26d 2,429,808.
e Public support (line 26c minus line 26d total)					26e 15,282,871.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 86.2821%
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?		
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		

Schedule A (Form 990 or 990-EZ) 2005

**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.

<b>Limits on Lobbying Expenditures</b> (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 -															
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is -</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	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		
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
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														
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.)

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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		18,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			18,000.

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

**SEE STATEMENT 15**

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 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:

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

**(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: **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

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
JOHN M. SCOTT TRUST	2,040,064.	1,886,165.	0.	153,899.
TO FORM 990, PART I, LINE 8	2,040,064.	1,886,165.	0.	153,899.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
WOMEN'S BOARD BALL	770,123.		770,123.	133,776.	636,347.
CHAMPIONS FOR CHILDREN	86,415.		86,415.	25,776.	60,639.
PC&S GOLF OUTING	62,290.		62,290.	21,048.	41,242.
TO FM 990, PART I, LINE 9	918,828.		918,828.	180,600.	738,228.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	125,729.
TRANSFERS FROM AFFILIATES	431,761.
TOTAL TO FORM 990, PART I, LINE 20	557,490.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OTHER PROFESSIONAL FEES	2,417,098.	2,057,495.	290,052.	69,551.
LOCAL TRANSPORTATION	881,060.	765,949.	105,727.	9,384.
SUBSCRIPTIONS AND PUBLICATIONS	2,539.	880.	305.	1,354.
MEMBERSHIP DUES	13,568.	9,521.	1,628.	2,419.
SCHOLARSHIPS	2,103.	1,851.	252.	

MISCELLANEOUS EXPENSE	453,695.	314,349.	54,443.	84,903.
MANAGEMENT & GENERAL ALLOCATION	3,957,738.	3,759,851.	197,887.	
TOTAL TO FM 990, LN 43	<u>7,727,801.</u>	<u>6,909,896.</u>	<u>650,294.</u>	<u>167,611.</u>



FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25

STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
WARREN HEINKE	77,131.			77,131.
A. PROGRAM SERVICES	67,875.			67,875.
B. MANAGEMENT AND GENERAL	9,256.			9,256.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
NANCY B. RONQUILLO	200,000.			200,000.
A. PROGRAM SERVICES	176,000.			176,000.
B. MANAGEMENT AND GENERAL	24,000.			24,000.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LONNIE PEARSON	106,442.			106,442.
A. PROGRAM SERVICES	93,669.			93,669.
B. MANAGEMENT AND GENERAL	12,773.			12,773.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
WILLIAM RODMAN	146,535.			146,535.
A. PROGRAM SERVICES	128,951.			128,951.
B. MANAGEMENT AND GENERAL	17,584.			17,584.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KENT SUAREZ	120,062.			120,062.
A. PROGRAM SERVICES	105,655.			105,655.
B. MANAGEMENT AND GENERAL	14,407.			14,407.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LISA PIEPER	89,740.	1,469.		91,209.
A. PROGRAM SERVICES	78,971.			78,971.
B. MANAGEMENT AND GENERAL	10,769.			10,769.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DR. LESLIE INCH	113,138.	1,537.		114,675.
A. PROGRAM SERVICES	99,561.			99,561.
B. MANAGEMENT AND GENERAL	13,577.			13,577.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
TERRY PEEK	99,000.	1,522.		100,522.
A. PROGRAM SERVICES	87,120.			87,120.
B. MANAGEMENT AND GENERAL	11,880.			11,880.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KAREN SELMAN	80,200.	1,154.		81,354.
A. PROGRAM SERVICES	70,576.			70,576.
B. MANAGEMENT AND GENERAL	9,624.			9,624.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				908,378.
TOTAL MANAGEMENT AND GENERAL				123,870.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>1,032,248.</u>

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 6

DESCRIPTION

AMOUNT

Table with 2 columns: Description and Amount. Rows include Foster Parent Payments (Transportation, Board, Clothing, Special Service Fees, Other, Medical, Respite), Emergency Assistance (Rent, Food, Transportation, Utilities, General, Other, Day Care), Activity Fees, Camp Fees, Medical Treatment, Clothing, Educational Treatment, Psychological Treatment, Lunch and Snacks, Transportation - Other, Resident's Allowance, Personal Needs, Specific Assistance - Other, and Wrap Assistance. Total to Form 990, Part II, Line 23 is 4,363,456.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
PART III

EXPLANATION

THE CHILDREN'S HOME AND AID SOCIETY OF ILLINOIS IS A VOLUNTARY NON-PROFIT, NON-SECTARIAN ORGANIZATION WITH PROGRAMS AND SERVICES DESIGNED TO MEET THE NEEDS OF CHILDREN, THEIR FAMILIES, THEIR COMMUNITIES AND TO RESPECT THE DIVERSITY THEY REPRESENT.

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FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	8
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS	FMV		988,157.		988,157.
STOCKS	FMV	2,363,489.			2,363,489.
TO FORM 990, LINE 54, COL B		2,363,489.	988,157.		3,351,646.

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FORM 990	GOVERNMENT SECURITIES	STATEMENT	9
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US TREASURY SECURITIES	FMV	347,674.		347,674.
TOTAL TO FORM 990, LINE 54, COL B		347,674.		347,674.

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FORM 990	OTHER INVESTMENTS	STATEMENT	10
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DESCRIPTION	VALUATION METHOD	AMOUNT
BENEFICIAL INTEREST IN TRUST	COST	1,076,920.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,076,920.

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FORM 990	OTHER LIABILITIES	STATEMENT	11
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DESCRIPTION	AMOUNT	
INTEREST PAYABLE	19,482.	
LINE OF CREDIT	824,454.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		843,936.

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FORM 990

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

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
AUDRANELLE ADAMS 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
GARY AHLQUIST 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	VICE-CHAIR 0.25	0.	0.	0.
SEAN BLAIR 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
STEVEN BONO 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	CHAIR 0.25	0.	0.	0.
PETER BOROWSKI 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
THOMAS BRAND 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
MAREE BULLOCK 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
KURT COTTLER 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
CECIL COLEMAN 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
PAUL CARBONE 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
LIZ CONNELLY 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.

JAMES CRAWFORD III 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
MARIETTA DARNALL 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
CAMERON FINDLAY 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
MITZI FREIDHEIM 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
DIANE GARONZIK 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
PENNY JOHNSON 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
TRISH KELLY 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
JILL LANDSBERG 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
JUDITH LOCKE 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
WILLIAM LOWRY, JR. 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
FELICIA MIDDLEBROOKS 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
THOMAS MURPHY 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	SECRETARY 0.25	0.	0.	0.
NEIL NOVICH 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.

JAMES O'CONNOR, JR. 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
TERENCE ROGERS 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
MATT RUSSOW 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
ALICE SABL 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
CHRIS SEIDMAN 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
MICHAEL SENNETT 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
BEVERLEY SIBBLIES 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
FRANK SMOLA 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
JAMES WAGNER 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
NANCY WIEBOLDT 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	TREASURER 0.25	0.	0.	0.
PAUL WOOD 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
JOSEPH WRIGHT 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0.25	0.	0.	0.
WARREN HEINKE 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	REGIONAL VP 37.50	77,131.	1,278.	12,757.



NANCY B. RONQUILLO 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	CEO 37.50	200,000.	2,719.	19,694.
LONNIE PEARSON 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	SENIOR VP & HR DIRECTOR 37.50	106,442.	1,753.	16,618.
WILLIAM RODMAN 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	COO 37.50	146,535.	2,043.	16,838.
KENT SUAREZ 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	CFO 37.50	120,062.	1,853.	17,191.
LISA PIEPER 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	REGIONAL VP 37.50	89,740.	1,469.	16,874.
DR. LESLIE INCH 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	REGIONAL VP 37.50	113,138.	1,537.	17,509.
TERRY PEEK 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	REGIONAL VP 37.50	99,000.	1,522.	14,282.
KAREN SELMAN 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	REGIONAL VP 37.50	80,200.	1,154.	11,630.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>1,032,248.</u>	<u>15,328.</u>	<u>143,393.</u>

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 13  
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
CHASI SYSTEMS, INC.	X	
CHILDREN'S HOME AND AID SOCIETY FOUNDATION	X	

SCHEDULE A	OTHER INCOME			STATEMENT 14
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS REVENUE	356,458.	323,131.	395,320.	366,421.
TOTAL TO SCHEDULE A, LINE 22	356,458.	323,131.	395,320.	366,421.

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SCHEDULE A            STATEMENT OF LOBBYING ACTIVITIES - PART VI-B            STATEMENT 15

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THE INTENTION OF CHILDREN'S HOME AND AID SOCIETY OF ILLINOIS LOBBYING  
ACTIVITY IS TO EDUCATE ADMINISTRATIVE, LEGISLATIVE AND EXECUTIVE OFFICIALS  
ABOUT THE NEEDS OF CHILDREN, TO PROMOTE PUBLIC POLICY THAT IS RESPONSIVE TO  
THE WELL BEING, SAFETY, PREMANCY OF CHILDREN, YOUTH AND FAMILIES.

Children's Home and Aid Society of Illinois, Inc.  
June 30, 2006  
EIN. 36-2167743

**Form 990, Part II, Line 42 - Depreciation Expense:**

Depreciation Expense 508,931

**Form 990, Part IV, Line 57- Land, building and equipment**

	<u>Cost</u>	<u>Acc Depr.</u>	<u>Net</u>
Land	347,982	-	347,982
Buildings	6,900,036	(3,232,270)	3,667,766
Furniture and Fixtures and Equipment	4,764,120	(4,585,568)	178,552
Automobiles	53,502	(27,001)	26,501
Leasehold Improvements	126,470	(49,270)	77,200
Construction in Progress	<u>2,754,557</u>	<u>-</u>	<u>2,754,557</u>
<b>TOTAL</b>	<u><u>14,946,667</u></u>	<u><u>(7,894,109)</u></u>	<u><u>7,052,558</u></u>

Children's Home and Aid Society of Illinois, Inc  
June 30, 2006  
EIN: 36-2167743

**Form 990, Part IV-A and B - Reconciliation of revenue and expense per audited financial statements with revenue and expense per return:**

Audited financial statements were prepared on a consolidated basis for the following entities:

CHASI Systems, Inc.  
Children's Home and Aid Society of Illinois  
Children's Home and Aid Society of Illinois Foundation

Therefore a reconciliation is not being prepared as there are no separate company audited financials.

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

OMB No. 1545-1709

▶ 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)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed 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).

Type or print	Name of Exempt Organization <b>CHILDREN'S HOME &amp; AID SOCIETY OF ILLIN.</b>	Employer identification number <b>36-2167743</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>125 S. WACKER DRIVE, 14TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60606</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 ▶ **KENT SUAREZ**  
 Telephone No. ▶ **(312) 424-6865** FAX No. ▶ **(312) 424-6800**
- 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 Form 990-T corporation) extension of time until **FEBRUARY 15, 2007** 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, 2005**, and ending **JUN 30, 2006**
- 2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 3a 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 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 ..... \$ \_\_\_\_\_
- c **Balance Due.** 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 ..... \$ **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.

Internal Revenue Service  
**RECEIVED**

Form 8868 (Rev. 12-2004)

NOV 15 2006

Downers Grove, IL