efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93490135015629

Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CHILDREN'S HOME & AID SOCIETY OF ILL

Number and street (or P O box if mail is not delivered to street address) | Room/suite
125 S WACKER DR 14TH FLOOR

City or town, state or country, and ZIP + 4
CHICAGO, IL 60606

D Employer identification number
36-2167743

E Telephone number
(312) 424-0200

F Accounting method ☐ Cash ☑ Accrual ☐ 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).**

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 ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☑ No

I Group Exemption Number ▶

M Check ▶ ☑ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site: ▶ 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 is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 49,875,735

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	6,361,383	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	**Total** (add lines 1a through 1d) (cash $ 6,361,383 noncash $)		1e	6,361,383
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	39,046,564
	3	Membership dues and assessments		3	39,289
	4	Interest on savings and temporary cash investments		4	
	5	Dividends and interest from securities		5	
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) subtract line 6b from line 6a		6c	
	7	Other investment income (describe ▶)		7	

	(A) Securities		(B) Other
8a Gross amount from sales of assets other than inventory	3,243,122	8a	
b Less cost or other basis and sales expenses	2,527,573	8b	
c Gain or (loss) (attach schedule)	715,549	8c	

	d	Net gain or (loss) Combine line 8c, columns (A) and (B)		8d	715,549
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ ____ of contributions reported on line 1b)	9a	735,538	
	b	Less direct expenses other than fundraising expenses	9b	136,459	
	c	Net income or (loss) from special events Subtract line 9b from line 9a		9c	599,079
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a		10c	
	11	Other revenue (from Part VII, line 103)		11	449,839
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	47,211,703
Expenses	13	Program services (from line 44, column (B))		13	38,349,238
	14	Management and general (from line 44, column (C))		14	1,220,270
	15	Fundraising (from line 44, column (D))		15	1,547,817
	16	Payments to affiliates (attach schedule)		16	
	17	**Total expenses** Add lines 16 and 44, column (A)		17	41,117,325
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12		18	6,094,378
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	8,724,677
	20	Other changes in net assets or fund balances (attach explanation)		20	651,072
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20		21	15,470,127

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 (*See the instructions.*)

	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
22a	Grants paid from donor advised funds (attach Schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	**22a**				
22b	Other grants and allocations (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	**22b**				
23	Specific assistance to individuals (attach schedule)	**23**	4,727,426	4,727,426		
24	Benefits paid to or for members (attach schedule)	**24**				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	**25a**	1,200,758	1,200,758		
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	**25b**				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	**25c**				
26	Salaries and wages of employees not included on lines 25a, b and c	**26**	20,515,653	19,027,993	665,944	821,716
27	Pension plan contributions not included on lines 25a, b and c	**27**				
28	Employee benefits not included on lines 25a - 27	**28**	3,856,425	3,556,887	145,742	153,796
29	Payroll taxes	**29**	1,564,220	1,457,398	48,405	58,417
30	Professional fundraising fees	**30**	155,874			155,874
31	Accounting fees	**31**				
32	Legal fees	**32**	48,993	48,952		41
33	Supplies	**33**	1,342,432	1,278,670	40,345	23,417
34	Telephone	**34**	549,357	493,506	36,201	19,650
35	Postage and shipping	**35**	120,476	89,136	10,234	21,106
36	Occupancy	**36**	1,748,093	1,626,547	56,669	64,877
37	Equipment rental and maintenance	**37**	301,094	275,530	21,920	3,644
38	Printing and publications	**38**	125,440	97,835	3,941	23,664
39	Travel	**39**				
40	Conferences, conventions, and meetings	**40**	202,651	172,606	13,944	16,101
41	Interest	**41**				
42	Depreciation, depletion, etc (attach schedule)	**42**	689,152	689,152		
43	Other expenses not covered above (itemize)					
a	OTHER PROFESSIONAL FEES	**43a**	2,393,608	2,353,985	38,258	1,365
b	LOCAL TRANSPORTATION	**43b**	947,202	912,701	24,426	10,075
c	MISCELLANEOUS EXPENSE	**43c**	602,724	323,518	111,941	167,265
d	MEMBERSHIP DUES	**43d**	19,434	14,799	1,926	2,709
e	SUBSCRIPTIONS & PUBLICATIONS	**43e**	3,461	1,687	374	1,400
f	AWARDS & GRANTS	**43f**	2,852	152		2,700
g		**43g**				
44	**Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	**44**	41,117,325	38,349,238	1,220,270	1,547,817

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 $ ______, **(ii)** the amount allocated to Program services $ ______, **(iii)** the amount allocated to Management and general $ ______, and **(iv)** the amount allocated to Fundraising $

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? ► 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

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

		Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a	THE 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 (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	38,349,238
b	(Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
c	(Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
d	(Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
e	Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ►	38,349,238

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			-105,428	**45**	123,998
46 Savings and temporary cash investments			1,083,729	**46**	406,449
47a Accounts receivable	**47a**	3,513,200			
b Less allowance for doubtful accounts	**47b**	70,249	3,183,186	**47c**	3,442,951
48a Pledges receivable	**48a**	50,000			
b Less allowance for doubtful accounts	**48b**		78,890	**48c**	50,000
49 Grants receivable				**49**	
50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				**50a**	
b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				**50b**	
51a Other notes and loans receivable (attach schedule)	**51a**				
b Less allowance for doubtful accounts	**51b**			**51c**	
52 Inventories for sale or use				**52**	
53 Prepaid expenses and deferred charges			243,086	**53**	495,203
54a Investments—publicly-traded securities ▶ ☐ Cost ☑ FMV			3,843,123	**54a**	3,224,772
b Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV				**54b**	
55a Investments—land, buildings, and equipment basis	**55a**				
b Less accumulated depreciation (attach schedule)	**55b**			**55c**	
56 Investments—other (attach schedule)			1,186,872	**56**	1,059,587
57a Land, buildings, and equipment basis	**57a**	22,117,454			
b Less accumulated depreciation (attach schedule)	**57b**	9,068,938	11,653,678	**57c**	13,048,516
58 Other assets, including program-related investments (describe ▶)			33,039	**58**	18,601
59 **Total assets** (must equal line 74) Add lines 45 through 58			21,200,175	**59**	21,870,077
Liabilities					
60 Accounts payable and accrued expenses			4,864,309	**60**	4,332,293
61 Grants payable				**61**	
62 Deferred revenue				**62**	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				**63**	
64a Tax-exempt bond liabilities (attach schedule)				**64a**	
b Mortgages and other notes payable (attach schedule)			6,291,246	**64b**	274,408
65 Other liabilities (describe ▶)			1,319,943	**65**	1,793,249
66 **Total liabilities** Add lines 60 through 65			12,475,498	**66**	6,399,950
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			3,094,904	**67**	8,920,715
68 Temporarily restricted			499,853	**68**	1,813,237
69 Permanently restricted			5,129,920	**69**	4,736,175
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds				**70**	
71 Paid-in or capital surplus, or land, building, and equipment fund				**71**	
72 Retained earnings, endowment, accumulated income, or other funds				**72**	
73 **Total net assets or fund balances** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			8,724,677	**73**	15,470,127
74 **Total liabilities and net assets / fund balances** Add lines 66 and 73			21,200,175	**74**	21,870,077

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

a	Total revenue, gains, and other support per audited financial statements			a	47,211,703
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	
c	Subtract line **b** from line **a**			c	47,211,703
d	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**			d	
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			e	47,211,703

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

a	Total expenses and losses per audited financial statements			a	41,117,325
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	
c	Subtract line **b** from line **a**			c	41,117,325
d	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**			d	
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			e	41,117,325

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 Additional Data Table				

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

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . ▶ 36			
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		No
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" . . . ▶	75c		No
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy? . . .	75d	Yes	

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.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (If not paid enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances

Part VI Other Information *(See the instructions.)*

			Yes	No
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		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . .	77		No
	If "Yes," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? . . .	78a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? . . .	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . .	79		No
80a	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	Yes	
b	If "Yes," enter the name of the organization ▶ See Additional Data Table and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) . . . **81a** 18,077			
b	Did the organization file **Form 1120-POL** for this year? . . .	81b		No

Part VI Other Information *(continued)*

			Yes	No
82a	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?	82a		No
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			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	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 the prior year			
c	Dues assessments, and similar amounts from members — 85c			
d	Section 162(e) lobbying and political expenditures — 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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?	85h		
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 — 86a			
b	Gross receipts, included on line 12, for public use of club facilities — 86b			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders — 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) — 87b			
88a	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	88a		No
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	88b		No
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*501(c)(3) and 501(c)(4) orgs.* 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	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
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?	89g		No

90a List the states with which a copy of this return is filed ▶ IL

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) — 90b: 697

91a The books are in care of ▶ KENT SUAREZ Telephone no ▶ (312) 424-6865

Located at ▶ 125 S WACKER DRIVE 14TH FLOOR CHICAGO, IL ZIP + 4 ▶ 60606

			Yes	No
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)?	91b		No

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

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		No
	If "Yes," enter the name of the foreign country ▶			
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		

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) Exclusion code	(D) Amount	
93 Program service revenue					
a PROGRAM SERVICE FEES					1,881,433
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					37,165,131
94 Membership dues and assessments					39,289
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 non 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					715,549
101 Net income or (loss) from special events					599,079
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a MISCELLANEOUS			03	63,835	
b PAYMENTS FROM AFFILIATES			03	386,004	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				449,839	40,400,481

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 40,850,320

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 Additional Data Table

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
	%			
	%			
	%			
	%			

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)*

		Yes	No
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		

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
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		

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		

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

****** 2009-05-14

Signature of officer Date

KENT SUAREZ CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature Gregory S Adams	Date	Check if self-empolyed ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4: Clifton Gunderson LLP, 1301 W 22nd St Ste 1100, Oak Brook, IL 60523			EIN
			Phone no (630) 573-8600

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93490135015629

SCHEDULE A (Form 990 or 990EZ)

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

2007

Name of the organization
CHILDREN'S HOME & AID SOCIETY OF ILL

Employer identification number
36-2167743

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 60606	VP DEVELOPMENT 37 50	106,613	3,326	1,289
Lonnie Pearson 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	VP HR 37 50	109,021	3,526	1,134
HILARY FREEMAN 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	VP QUALITY IMP 37 50	95,920	3,113	1,240
Laura Reilly 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	VP Communication 37 50	96,210	1,176	0
Carianne Sites 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	Director-HR 37 50	79,949	2,612	0
Total number of other employees paid over $50,000 ▶	38			

Part II-A **Compensation of the Five Highest Paid Independent Contractors for Professional Services** (See page 2 of the instructions. List each one (whether individual 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
SELECT STAFFING co MZM Inc Dept 4371 Carol Stream, IL 60122	TEMPORARY STAFFING SERVICE	216,335
Systems Resource Solutions LLC 1128 West Drummond Place CHICAGO, IL 60614	IT Services	180,012
LESLIE BATES DAVIS NEIGHBORHOOD 1200 N 13TH ST EAST ST LOUIS, IL 62205	SUBCONTRACTOR	173,744
BABY FOLD PO BOX 327 NORMAL, IL 61761	SUBCONTRACTOR	161,904
ADP Inc PO Box 78415 Phoenix, AZ 85062	Payroll Services	151,585
Total number of others receiving over $50,000 for professional services ▶ 17		

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 individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
HEALTHCARE SERVICE CORP PO BOX 1186 CHICAGO, IL 60690	MEDICAL INSURANCE	3,548,855
WALGREENS HEALTH INITIATIVE 22536 NETWORK PLACE CHICAGO, IL 60673	PRESCRIPTION DRUG BENEFITS	655,310
FIRST NON PROFIT INSURANCE COMPANY 111 N CANAL ST CHICAGO, IL 60690	PROPERTY & CASUALTY INSURANCE	598,228
Eugene Tkalitch Associates LTD PO BOX 8500 PHILADELPHIA, PA 19178	Liability Insurance	426,636
TS 125 S WACKER JV LP 125 S WACKER DR CHICAGO, IL 60606	RENT	304,490
Total number of other contractors receiving over $50,000 for other services ▶ 45		

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, include 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 ▶$ 18,077 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	Yes	
	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 property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	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)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		No
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		

d Enter the total number of donor advised funds owned at the end of the tax year ▶

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

f Enter the total number of separate funds or accounts owned at the end of the tax 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 held 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 331/3%** 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 331/3%** 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	(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? Yes	No	(e) Amount of support?
Total				▶	

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	4,217,720	5,667,879	3,990,120	4,238,183	18,113,902
16 Membership fees received					0
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	45,963,295	34,670,759	32,597,131	32,108,762	145,339,947
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	80,111		70,347		150,458
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	601,729	265,070	356,458	323,131	1,546,388
23 Total of lines 15 through 22	50,862,855	40,603,708	37,014,056	36,670,076	165,150,695
24 Line 23 minus line 17	4,899,560	5,932,949	4,416,925	4,561,314	19,810,748
25 Enter 1% of line 23	508,629	406,037	370,141	366,701	

26 **Organizations described on lines 10 or 11: a** Enter 2% of amount in column (e), line 24 ▶ **26a** 396,215

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** 165,983

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c** 19,810,748

d Add Amounts from column (e) for lines 18 150,458 19 0
22 ______ 26b 165,983 ▶ **26d** 1,862,829

e Public support (line 26c minus line 26d total) ▶ **26e** 17,947,919

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 9059 69 %

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

(2006) ______ (2005) ______ (2004) ______ (2003) ______

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

(2006) ______ (2005) ______ (2004) ______ (2003) ______

c Add Amounts from column (e) for lines 15 ______ 16 ______
17 ______ 20 ______ 21 ______ ▶ **27c**

d Add Line 27a total ______ and line 27b total ______ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g**

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h**

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

Part V Private School Questionnaire (See page 7 of the instructions.)
(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?	29		
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?	30		
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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	35		

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

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

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)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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		No	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)		No	
c Media advertisements		No	0
d Mailings to members, legislators, or the public		No	0
e Publications, or published or broadcast statements		No	0
f Grants to other organizations for lobbying purposes		No	0
g Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		18,077
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	0
i Total lobbying expenditures (Add lines **c** through **h.**)			18,077

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 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?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	**51a(i)**		No
(ii) Other assets	**a(ii)**		No
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		No
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		No
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		No
(iv) Reimbursement arrangements	**b(iv)**		No
(v) Loans or loan guarantees	**b(v)**		No
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		No

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

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

52a 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

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

Form **4562-FY**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-

2007

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
CHILDREN'S HOME & AID SOCIETY OF ILL	Form 990 Page 2	36-2167743

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount See the instructions for a higher limit for certain businesses	1	125,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562FY	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property **)** (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.**)** (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	689,152
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	689,152
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? Yes No | **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 . **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 . . . . **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles) . .												
31 Total commuting miles driven during the year .												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use? .												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions)					

43 Amortization of costs that began before your 2007 tax year **43**

44 **Total.** Add amounts in column (f) See the instructions for where to report . . **44**

Additional Data

Software ID:
Software Version:
EIN: 36-2167743
Name: CHILDREN'S HOME & AID SOCIETY OF ILL

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
GARY AHLQUIST 125 SOUTH WACKER DRIVE CHICAGO,IL 60606	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	DIRECTOR 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
CECIL COLEMAN 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
MARLETTA DARNALL 125 SOUTH WACKER DRIVE CHICAGO,IL 60606	DIRECTOR 0 25	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
CAMERON FINDLAY 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	Vice-Chair 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
PATRICIA KELLY 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0 25	0	0	0
NANCY KEMPF 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0 25	0	0	0
NANCY KOENIG 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
WILLIAM LOWRY JR 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0 25	0	0	0
RANDALL MEHRBERG 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0 25	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
THOMAS MURPHY 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 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	Treasurer 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	SECRETARY 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

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
NANCY WIEBOLDT 125 SOUTH WACKER DRIVE CHICAGO,IL 60606	DIRECTOR 0 25	0	0	0
PAUL WOOD 125 SOUTH WACKER DRIVE CHICAGO,IL 60606	DIRECTOR 0 25	0	0	0
DEBORAH TRASKELL 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	84,880	2,824	1,469
NANCY B RONQUILLO 125 SOUTH WACKER DRIVE CHICAGO,IL 60606	CEO 37 50	256,662	7,425	3,356
MICHAEL SHAVER 125 SOUTH WACKER DRIVE CHICAGO,IL 60606	COO 37 50	140,656	277	3,348
KENT SUAREZ 125 SOUTH WACKER DRIVE CHICAGO,IL 60606	CFO 37 50	132,017	4,238	1,284
LISA PIEPER 125 SOUTH WACKER DRIVE CHICAGO,IL 60606	REGIONAL VP 37 50	91,604	3,025	1,697
TERRY PEEK 125 SOUTH WACKER DRIVE CHICAGO,IL 60606	SR REGIONAL VP 37 50	113,720	3,689	2,797
KAREN SELMAN 125 SOUTH WACKER DRIVE CHICAGO,IL 60606	REGIONAL VP 37 50	83,083	1,513	2,645

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
Anne Barclay 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	REGIONAL VP 37 50	90,990	2,293	4,159
Charles Gofen 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0 25	0	0	0
Chuck Hansel 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0 25	0	0	0
David Pasquinelli 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0 25	0	0	0
Melissa Ludington 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	REGIONAL VP 37 50	75,771	1,274	5,640
Peter Birkeland 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	DIRECTOR 0 25	0	0	0
Renae Koller 125 SOUTH WACKER DRIVE CHICAGO, IL 60606	REGIONAL VP 37 50	74,573	2,514	1,335

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
CHASI SYSTEMS INC	X	
CHILDREN'S HOME AND AID SOCIETY FOUNDATION	X	

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

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
100	REALIZED GAIN ON INVESTMENTS
101	SPECIAL ANNUAL EVENTS

TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name:	CHILDREN'S HOME & AID SOCIETY OF ILL
EIN:	36-2167743
Gross Sales Price:	3,243,122
Basis:	2,527,573
Sales Expenses:	0
Total (net):	715,549

TY 2007 Individual Assistance Schedule

Name: CHILDREN'S HOME & AID SOCIETY OF ILL

EIN: 36-2167743

Class of Activity	Amount
Foster Parent Payments and Emergency Assistance	4,727,426

TY 2007 Investments - Other Schedule

Name: CHILDREN'S HOME & AID SOCIETY OF ILL

EIN: 36-2167743

Description	Book Value	Cost/FMV
BENEFICIAL INTEREST IN TRUST	1,059,587	C

TY 2007 Land etc. Schedule

Name: CHILDREN'S HOME & AID SOCIETY OF ILL

EIN: 36-2167743

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land Buildings and Equipment	22,117,454	9,068,938	13,048,516

TY 2007 Mortgages and Notes Payable Schedule

Name: CHILDREN'S HOME & AID SOCIETY OF ILL

EIN: 36-2167743

Total Mortgage Amount: 0

Item No.	1
Lender's Name	SHORE BANK
Lender's Title	
Relationship to Insider	
Original Amount of Loan	272661
Balance Due	
Date of Note	2003-04
Maturity Date	2006-10
Repayment Terms	
Interest Rate	7.5000
Security Provided by Borrower	
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

Item No.	2
Lender's Name	FORD CREDIT
Lender's Title	
Relationship to Insider	
Original Amount of Loan	19725
Balance Due	
Date of Note	2003-01
Maturity Date	2008-01
Repayment Terms	
Interest Rate	6.9900
Security Provided by Borrower	
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

Item No.	3
Lender's Name	JP MORGAN CHASE BANK
Lender's Title	
Relationship to Insider	
Original Amount of Loan	6520000
Balance Due	
Date of Note	2005-03
Maturity Date	2010-03
Repayment Terms	
Interest Rate	6.5000
Security Provided by Borrower	
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

TY 2007 Other Assets Schedule

Name: CHILDREN'S HOME & AID SOCIETY OF ILL

EIN: 36-2167743

Description	Beginning of Year Amount	End of Year Amount
INTEREST RECEIVABLE	33,039	18,601

TY 2007 Other Changes in Net Assets Schedule

Name: CHILDREN'S HOME & AID SOCIETY OF ILL

EIN: 36-2167743

Description	Amount
Management and Admin Allocation	-4,539,501
TRANSFERS FROM AFFILIATES	3,790,253
Unrealized Gains on Investments	1,400,320

TY 2007 Other Liabilities Schedule

Name: CHILDREN'S HOME & AID SOCIETY OF ILL

EIN: 36-2167743

Description	Beginning of Year Amount	End of Year Amount
INTEREST PAYABLE	19,943	0
LINE OF CREDIT	1,300,000	1,544,631
Bank Overdraft	0	248,618

TY 2007 Special Events Schedule

Name: CHILDREN'S HOME & AID SOCIETY OF ILL

EIN: 36-2167743

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
WOMEN'S BOARD BALL	541,967	0	541,967	90,000	451,967
CHAMPIONS FOR CHILDREN	102,769	0	102,769	28,927	73,842
PC&S GOLF OUTING	43,618	0	43,618	0	43,618
OTher Special Events	47,184	0	47,184	17,532	29,652

TY 2007 Non Electing Public Charities Statement

Name: CHILDREN'S HOME & AID SOCIETY OF ILL

EIN: 36-2167743

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

TY 2007 Other Income Schedule

Name: CHILDREN'S HOME & AID SOCIETY OF ILL

EIN: 36-2167743

Description	2006	2005	2004	2003	Total
MISCELLANEOUS REVENUE	601,729	265,070	356,458	323,131	1,546,388