

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2005 calendar year, or tax year beginning 07/01, 2005, and ending 06/30/2006

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: GLENKIRK. D Employer identification number: 36-2345191. E Telephone number: (847) 272-5111. 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? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Website: WWW.GLENKIRK.ORG

J Organization type (check only one): 501(c)(03), 4947(a)(1) or 527

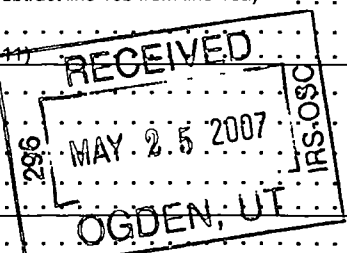
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

I Group Exemption Number. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 13,840,078.

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

Table with 21 rows. Columns: Description, Sub-rows (a, b, c, etc.), and Total. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



SCANNED JUL 02 2007

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

WB

**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
<b>22</b>	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25</b>	Compensation of officers, directors, etc.	251,479.	251,479.		
<b>26</b>	Other salaries and wages	8,170,625.	6,914,276.	1,256,349.	
<b>27</b>	Pension plan contributions	239,543.	203,381.	36,162.	
<b>28</b>	Other employee benefits	318,962.	270,820.	48,142.	
<b>29</b>	Payroll taxes	779,972.	661,509.	118,463.	
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees				
<b>32</b>	Legal fees				
<b>33</b>	Supplies	695,771.	695,771.		
<b>34</b>	Telephone				
<b>35</b>	Postage and shipping	18,762.		18,762.	
<b>36</b>	Occupancy				
<b>37</b>	Equipment rental and maintenance	891,668.	891,668.		
<b>38</b>	Printing and publications	29,102.		29,102.	
<b>39</b>	Travel	681,742.	681,742.		
<b>40</b>	Conferences, conventions, and meetings	25,106.		25,106.	
<b>41</b>	Interest	354,721.	354,721.		
<b>42</b>	Depreciation, depletion, etc (attach schedule)	440,127.	440,127.		
<b>43</b>	Other expenses not covered above (itemize).				
a	STMT 1	1,253,095.	931,066.	322,029.	
b					
c					
d					
e					
f					
g					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	14,150,675.	12,296,560.	1,854,115.	

**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? <b>▶SEE STATEMENT 2</b> 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>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<b>a</b> <u>GLENKIRK COMMUNITY INTEGRATED LIVING ARRANGEMENTS</u> ----- ----- ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	6,954,989.
<b>b</b> <u>GLENKIRK DEVELOPMENTAL TRAINING</u> ----- ----- ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	3,309,763.
<b>c</b> <u>GLENKIRK COMMUNITY RESIDENTIAL ALTERNATIVES</u> ----- ----- ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	590,840.
<b>d</b> <u>GLENKIRK SUPPORTED EMPLOYMENT PROGRAM</u> ----- ----- ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	313,240.
<b>e</b> Other program services (attach schedule) <u>SEE STATEMENT 3</u> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	1,127,728.
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ▶	12,296,560.

**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>	<b>45</b> Cash - non-interest-bearing	162,495.	<b>45</b> 188,836.
	<b>46</b> Savings and temporary cash investments	552,679.	<b>46</b> 562,437.
	<b>47 a</b> Accounts receivable	<b>47a</b> 1,771,054.	<b>47c</b> 1,707,057.
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b> 63,997.	
	<b>48 a</b> Pledges receivable	<b>48a</b>	<b>48c</b>
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b>	
	<b>49</b> Grants receivable		<b>49</b>
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>
	<b>51 a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>	<b>51c</b>
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>	
	<b>52</b> Inventories for sale or use		<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges	31,920.	<b>53</b> 44,693.
	<b>54</b> Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>
	<b>55 a</b> Investments - land, buildings, and equipment: basis	<b>55a</b>	<b>55c</b>
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b>		
<b>56</b> Investments - other (attach schedule)		<b>56</b>	
<b>57 a</b> Land, buildings, and equipment basis	<b>57a</b> 13,355,081.	<b>57c</b> 6,769,322.	
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>57b</b> 6,585,759.		
<b>58</b> Other assets (describe <input type="checkbox"/> STMT 4 )	412,236.	<b>58</b> 370,350.	
<b>59</b> Total assets (must equal line 74). Add lines 45 through 58.	10,997,175.	<b>59</b> 9,642,695.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses	1,278,068.	<b>60</b> 1,126,450.
	<b>61</b> Grants payable		<b>61</b>
	<b>62</b> Deferred revenue	67,728.	<b>62</b> 112,013.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) STMT. 5.	3,165,000.	<b>64a</b> 2,900,000.
	<b>b</b> Mortgages and other notes payable (attach schedule) STMT. 6.	2,904,215.	<b>64b</b> 1,757,288.
	<b>65</b> Other liabilities (describe <input type="checkbox"/> STMT 7 )	3,601,535.	<b>65</b> 4,076,912.
<b>66</b> Total liabilities. Add lines 60 through 65	11,016,546.	<b>66</b> 9,972,663.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>		
	<b>67</b> Unrestricted	-19,371.	<b>67</b> -329,968.
	<b>68</b> Temporarily restricted		<b>68</b>
	<b>69</b> Permanently restricted		<b>69</b>
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>		
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>
	<b>73</b> Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	-19,371.	<b>73</b> -329,968.
	<b>74</b> Total liabilities and net assets/fund balances. Add lines 66 and 73.	10,997,175.	<b>74</b> 9,642,695.

**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>	14,223,630.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
1	Net unrealized gains on investments . . . . .	<b>b1</b>		
2	Donated services and use of facilities . . . . .	<b>b2</b>		
3	Recoveries of prior year grants . . . . .	<b>b3</b>		
4	Other (specify): <u>SEE STATEMENT 8</u> . . . . .	<b>b4</b>	419,914.	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	419,914.	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	13,803,716.	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
1	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>		
2	Other (specify): <u>SEE STATEMENT 9</u> . . . . .	<b>d2</b>	36,362.	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	36,362.	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	13,840,078.	

**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>	14,322,526.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:			
1	Donated services and use of facilities . . . . .	<b>b1</b>		
2	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>		
3	Losses reported on Part I, line 20 . . . . .	<b>b3</b>		
4	Other (specify): <u>SEE STATEMENT 10</u> . . . . .	<b>b4</b>	171,851.	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	171,851.	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	14,150,675.	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
1	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>		
2	Other (specify): . . . . .	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>		
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	14,150,675.	

**Part V 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 11		251,479.	8,490.	NONE

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees(continued)</b>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . .		13
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) . . . . .	<b>75b</b>	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations.  If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	<b>75c</b>	X
d	Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	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 )

(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
-----	-0-	-0-	-0-	-0-
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<b>Part VI Other Information (See the instructions.)</b>		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>76</b>	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes	<b>77</b>	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	<b>78b</b>	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	X
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? . . . . .	<b>80a</b>	X
b	If "Yes," enter the name of the organization ► <u>GLENKIRK FOUNDATION AND GLENKIRK ENTERPRISES</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions ) . . . . .	<b>81a</b>	
b	Did the organization file Form 1120-POL for this year? . . . . .	<b>81b</b>	X

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a 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? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) orgs. 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) orgs. 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 88 X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 N/A, section 4912 N/A, section 4955 N/A
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 X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A
d Enter Amount of tax on line 89c, above, reimbursed by the organization N/A
90 a 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, 2005 (See instructions) 90b 296
91 a The books are in care of LINDA COLEMAN Telephone no (847) 400-8537
Located at 3504 COMMERCIAL AVENUE, NORTHBROOK, IL ZIP + 4 60062
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 X
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
c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
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 N/A

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a ADULTWORK ACTIVITY					103,200.
b CLIENT & FAMILY PA					1,174,567.
c ADOPTION SERVICES					197,980.
d					
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . .					
94 Membership dues and assessments . . .					
95 Interest on savings and temporary cash investments			14	12,139.	
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			26	201,109.	
101 Net income or (loss) from special events . . .					
102 Gross profit or (loss) from sales of inventory . . .					
103 Other revenue a					
b STMT 13					497,222.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . .				213,248.	1,972,969.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					2,186,217.

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)
▼	STMT 14

**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
STMT 15	%		-766.	219,004.
	%			
	%			
	%			

**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).

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

**Please Sign Here**

Signature of officer: Hinda Coleman Date: 1/5/07

Type or print name and title: Hinda Coleman, Chief Financial Officer

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**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 5/17/07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: MILLER, COOPER & CO., LTD.  
650 DUNDEE RD., STE. 250  
NORTHBROOK, IL 60062

Preparer's SSN or PTIN (See Gen Inst. W): P00033618

EIN: 36-2897372

Phone no: 847-205-5000



**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

GLENKIRK

Employer identification number

36-2345191

**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
SEE STATEMENT 16				
Total number of other employees paid over \$50,000 . . ▶		9		

**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
FIRST CHOICE HEALTH CARE SERVICE	HEALTH CARE	210,844.
Total number of others receiving over \$50,000 for professional services . . . . . ▶		NONE

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

<b>Part III Statements About Activities (See page 2 of the instructions.)</b>		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a	Sale, exchange, or leasing of property? . . . . .	2a	X
b	Lending of money or other extension of credit? . . . . .	2b	X
c	Furnishing of goods, services, or facilities? . . . . .	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . STMT 17.	2d	X
e	Transfer of any part of its income or assets? . . . . .	2e	X
3a	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) . . . . .	3a	X
b	Do you have a section 403(b) annuity plan for your employees? . . . . .	3b	X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .	3c	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	4b	X

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

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

5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6  A school. Section 170(b)(1)(A)(ii) (Also complete Part V )

7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)

8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )

11 a  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.)

11 b  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) section 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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28) . . . . .	10,731,528.	10,263,292.	9,991,777.	10,069,454.	41,056,051.
<b>16</b> Membership fees received . . . . .					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .	1,338,239.	1,263,222.	1,234,738.	1,164,539.	5,000,738.
<b>18</b> 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 . . . . .	11,637.	60,324.	50,813.	53,285.	176,059.
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> 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 . . . . .					
<b>22</b> Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22 . . . . .	12,081,404.	11,586,838.	11,277,328.	11,287,278.	46,232,848.
<b>24</b> Line 23 minus line 17 . . . . .	10,743,165.	10,323,616.	10,042,590.	10,122,739.	41,232,110.
<b>25</b> Enter 1% of line 23 . . . . .	120,814.	115,868.	112,773.	112,873.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . . ▶					<b>26a</b> 824,642.
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 ▶					<b>26b</b>
c Total support for section 509(a)(1) test Enter line 24, column (e) . . . . . ▶					<b>26c</b> 41,232,110.
d Add Amounts from column (e) for lines. 18 <u>176,059.</u> 19 _____ 22 _____ 26b _____ . . . . . ▶					<b>26d</b> 176,059.
e Public support (line 26c minus line 26d total) . . . . . ▶					<b>26e</b> 41,056,051.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶					<b>26f</b> 99.5730 %
<b>27 Organizations described on line 12:</b> 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 NOT APPLICABLE (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 11, 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 (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add Amounts from column (e) for lines. 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ▶					<b>27c</b>
d Add Line 27a total . . . . . and line 27b total . . . . . ▶					<b>27d</b>
e Public support (line 27c total minus line 27d total) . . . . . ▶					<b>27e</b>
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) . . . . . ▶					<b>27f</b>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27g</b> %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27h</b> %
<b>28 Unusual Grants:</b> 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.) NOT APPLICABLE  
**(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 a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	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.) ----- ----- -----			
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	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) **NOT APPLICABLE**

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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following 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 . . . . .	} <b>41</b>	
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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**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				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
Grassroots nontaxable					
<b>48</b> amount . . . . .					
Grassroots ceiling amount					
<b>49</b> (150% of line 48(e)) . . . . .					
Grassroots lobbying					
<b>50</b> expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

**NOT APPLICABLE**

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

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
<b>a</b>	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash .....		X
	(ii) Other assets .....		X
<b>b</b>	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization .....		X
	(ii) Purchases of assets from a noncharitable exempt organization .....		X
	(iii) Rental of facilities, equipment, or other assets .....		X
	(iv) Reimbursement arrangements .....		X
	(v) Loans or loan guarantees .....		X
	(vi) Performance of services or membership or fundraising solicitations .....		X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....		X

**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
N/A			

**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
N/A		

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
CONSULTANTS	731,499.	594,619.	136,880.
MISC.	17,106.	8,931.	8,175.
LEASES, RENT, TAXES	275,473.	275,473.	
CONSUMER WAGES AND FRINGES	52,043.	52,043.	
TRAINING	6,074.		6,074.
SERVICE CHARGES	25,529.		25,529.
INSURANCE	65,220.		65,220.
BAD DEBT	26,000.		26,000.
RECRUITING	23,487.		23,487.
SUBSCRIPTION	7,746.		7,746.
MEMBERSHIP DUES	22,918.		22,918.
TOTALS	1,253,095.	931,066.	322,029.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

GLENKIRK IS A NOT-FOR-PROFIT WHOSE PRIMARY PURPOSE IS TO SERVE INFANTS CHILDREN, AND ADULTS WHO ARE DEVELOPMENTALLY DISABLED. GLENKIRK'S PRINCIPAL SOURCES OF REVENUE ARE FEES AND GRANTS FROM GOVERNMENT AGENCIES. THE ANNUAL AMOUNT OF SUCH FUNDING DEPENDS PRINCIPALLY UPON THE APPROPRIATIONS OF THE ILLINOIS GENERAL ASSEMBLY TO THE VARIOUS STATE OF ILLINOIS DEPARTMENTS THAT PROVIDE SUPPORT TO GLENKIRK.



FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
GLENKIRK RESPITE PROGRAM		251,048.
GLENKIRK SUPPORTED LIVING ARRANGEMENT		121,841.
GLENKIRK INFANT PROGRAM		132,804.
GLENKIRK ADOPTION SERVICES		112,831.
MORaine COMMUNITY LIVING CENTER		420,125.
SUPPORTED LIVING CENTER		48,128.
INTERMITTENT&FAMILY COMMUNITY LIVING ARRANGEMENT		40,951.
TOTALS		1,127,728.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
CASH SURRENDER VALUE OF INSURANCE POLICY	194,255.
MISC. SECURITY DEPOSITS	28,822.
LOAN ORIGINATION FEES	144,272.
INVESTMENT IN SUBSIDIARY	3,001.
	-----
TOTALS	370,350.
	=====

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
1997 IL HEALTH FAC BOND PAYABL	2,900,000.
TOTALS	----- 2,900,000. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: MISC. MORTGAGES

BEGINNING BALANCE DUE .....	2,904,215.
ENDING BALANCE DUE .....	1,757,288.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	2,904,215.
---	------------

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	1,757,288.
--	------------

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
DEFERRED COMP. DUE TO GLENKIRK FOUNDATION	194,255. 3,882,657.
TOTALS	----- 4,076,912. =====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
GLENKIRK FOUNDATION	420,680.
GLENKIRK ENTERPRISES	-766.
TOTAL	419,914.

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
INTEREST FROM SUBSIDIARY	3,807.
MANAGEMENT FEE FROM SUBSIDIARY	32,555.
	-----
TOTAL	36,362.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
GLENKIRK FOUNDATION	171,851.
TOTAL	171,851.



FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
 =====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ROGER BARON 3504 COMMERCIAL NORTHBROOK, IL 60062	VICE CHAIR 3	NONE	NONE	NONE
FRED BATLINER 3504 COMMERCIAL NORTHBROOK, IL 60062	DIRECTOR 3	NONE	NONE	NONE
BRUCE BENNIN 3504 COMMERCIAL NORTHBROOK, IL 60062	DIRECTOR 3	NONE	NONE	NONE
HYMEN CHAUSOW 3504 COMMERCIAL NORTHBROOK, IL 60062	DIRECTOR 3	NONE	NONE	NONE
LINDA COLEMAN 3504 COMMERCIAL NORTHBROOK, IL 60062	CFO 40	95,710.	3,690.	NONE
ARTHUR FESS 3504 COMMERCIAL NORTHBROOK, IL 60062	TREASURER 3	NONE	NONE	NONE
BILL FISHER 3504 COMMERCIAL NORTHBROOK, IL 60062	DIRECTOR 3	NONE	NONE	NONE
EDWARD FORSBERG 3504 COMMERCIAL NORTHBROOK, IL 60062	CHAIRMAN 8	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JACKIE RICHARDSON 3504 COMMERCIAL NORTHBROOK, IL 60062	EX-OFFICIO 3	NONE	NONE	NONE
BARBARA SIEGAN 3504 COMMERCIAL NORTHBROOK, IL 60062	SECRETARY 3	NONE	NONE	NONE
MARTHA SMITH 3504 COMMERCIAL NORTHBROOK, IL 60062	DIRECTOR 3	NONE	NONE	NONE
WILLIAM SMITH 3504 COMMERCIAL NORTHBROOK, IL 60062	VICE CHAIR 3	NONE	NONE	NONE
ALAN SPECTOR 3504 COMMERCIAL NORTHBROOK, IL 60062	PRESIDENT 40	155,769.	4,800.	NONE
JAMES TANQUARY 3504 COMMERCIAL NORTHBROOK, IL 60062	DIRECTOR 3	NONE	NONE	NONE
ANGELENE YOUNGMAN 3504 COMMERCIAL NORTHBROOK, IL 60062	DIRECTOR 3	NONE	NONE	NONE
GRAND TOTALS		251,479.	8,490.	NONE

FORM 990, PART VII - OTHER REVENUE  
 =====

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
FOOD STAMPS					95,604.
MISC.					197,893.
PARENT FEES					12,000.
CLIENT RENT					159,170.
INTERCPNY MNGMT FE					32,555.
TOTALS					497,222.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
93A	ADULT CLIENTS PERFORMED WORK GENERATING REVENUE.
93B	INCOME WAS RECEIVED FROM VARIOUS ENTITLEMENTS INCLUDING SSI, SSA, RAILROAD RETIREMENT, TO OFFSET COST OF RESIDENTIAL HOMES.
93C	FEEES FROM ADOPTION SERVICES
103	FEEES TO OFFSET COST OF RESIDENTIAL HOMES AND SERVICES PROVIDED

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
GLENKIRK ENTERPRISES, INC. 3660 COMMERCIAL AVENUE NORTHBROOK, IL 60062 36-4443229	100.000000	RETAIL SALES	-766.	219,004.

TOTAL INCOME

-766.  
219,004.

=====

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

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NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
KORI LARSON 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	VP - COO 40	79,087.	4,745.	NONE
STACEY KROLL 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	VP HUMAN RESOURCES 40	73,356.	4,401.	NONE
JOHN MANCHESTER 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	VP - CIO 40	70,462.	4,228.	NONE
NICOLE CAUDLE 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	DIR. ADOPT SERVICES 40	61,118.	2,707.	NONE
KARL KOPP 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	VP MANAGEMENT SERVIC 40	74,055.	4,443.	NONE
	TOTAL COMPENSATION	358,078.	20,524.	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

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SEE FORM 990 PART V

## 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).

<b>Type or print</b>	Name of Exempt Organization <b>GLENKIRK</b>	Employer identification number <b>36-2345191</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>3504 COMMERCIAL AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NORTHBROOK, IL 60062</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 ▶ Linda Bleman

Telephone No. ▶ 847-400-8537 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until 2/15 . 07 . 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 07/01 , 2005 , and ending 06/30 , 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 \$ 0

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 \$ 0

**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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 12-2004)



- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>GLENKIRK</b>	Employer identification number <b>36-2345191</b>
	Number, street, and room or suite no. If a P.O. box, see Instructions. <b>3504 COMMERCIAL AVENUE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see Instructions <b>NORTHBROOK, IL 60062</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 (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 4720                                |                                    |

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **LINDA COLEMAN**  
Telephone No. **847 272-5111** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2007

5 For calendar year \_\_\_\_\_, or other tax year beginning 07/01, 2005, and ending 06/30, 2006.

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

7 State in detail why you need the extension ADDITIONAL TIME IS NECESSARY TO ASSEMBLE THE DATA NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a 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 \$ 0

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ 0

c Balance Due. Subtract line 8b from line 8a. 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. \$ 0.00

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title CDA Date 2/15/2007

**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>MILLER, COOPER &amp; CO., LTD.</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>650 DUNDEE ROAD, STE 250</b>
	City or town, province or state, and country (including postal or ZIP code) <b>NORTHBROOK, IL 60062</b>