

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

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

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 [X] Accrual []

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 [X]

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? Yes [] No []

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X]

I Group Exemption Number

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

G Website: WWW.GLENKIRK.ORG

J Organization type (check only one) [X] 501(c) (03) (insert no) 4947(a)(1) or 527

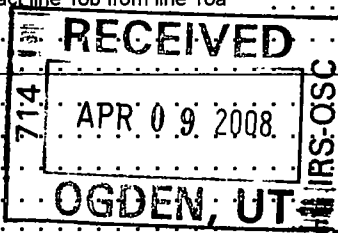
K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 14,245,836.

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes revenue from contributions, program services, investments, and expenses. Total revenue: 14,245,836. Total expenses: 14,770,576. Net assets at end of year: -854,708.

EXP SCANNED APR 29 2008



Handwritten number: 412 917

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 <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	242,248.	242,248.		STMT 2
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26 Salaries and wages of employees not included on lines 25a, b, and c	8,376,908.	7,153,992.	1,222,916.	
27 Pension plan contributions not included on lines 25a, b, and c	262,135.	224,533.	37,602.	
28 Employee benefits not included on lines 25a - 27	322,345.	276,114.	46,231.	
29 Payroll taxes	779,430.	667,344.	112,086.	
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	755,333.	755,333.		
34 Telephone				
35 Postage and shipping	22,370.		22,370.	
36 Occupancy				
37 Equipment rental and maintenance	955,907.	955,907.		
38 Printing and publications	26,940.		26,940.	
39 Travel	774,525.	774,525.		
40 Conferences, conventions, and meetings	29,951.		29,951.	
41 Interest	338,130.	338,130.		
42 Depreciation, depletion, etc (attach schedule)	467,788.	467,788.		
43 Other expenses not covered above (itemize)				
a STMT 3	1,416,566.	1,092,356.	324,210.	
b				
c				
d				
e				
f				
g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	14,770,576.	12,948,270.	1,822,306.	

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? ▶SEE STATEMENT 4	Program Service Expenses
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)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a <u>GLENKIRK COMMUNITY INTEGRATED LIVING ARRANGEMENTS</u> ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	6,703,808.
b <u>GLENKIRK DEVELOPMENTAL TRAINING</u> ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	3,636,401.
c <u>GLENKIRK COMMUNITY RESIDENTIAL ALTERNATIVES</u> ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	251,927.
d <u>GLENKIRK SUPPORTED EMPLOYMENT PROGRAM</u> ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	328,633.
e Other program services (attach schedule) <u>SEE STATEMENT 5</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	2,027,501.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	12,948,270.

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	188,836.	45	182,846.
	46 Savings and temporary cash investments	562,437.	46	573,938.
	47 a Accounts receivable	47a 1,777,868.		
	b Less allowance for doubtful accounts	47b 37,159.	1,707,057.	47c 1,740,709.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 a 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(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51 a 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	44,693.	53	70,725.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
	56 Investments - other (attach schedule)			56
	57 a Land, buildings, and equipment basis	57a 13,841,722.		
	b Less accumulated depreciation (attach schedule)	57b 6,952,823.	6,769,322.	57c 6,888,899.
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 6)		370,350.	58 348,506.	
59 Total assets (must equal line 74) Add lines 45 through 58		9,642,695.	59 9,805,623.	
Liabilities	60 Accounts payable and accrued expenses	1,126,450.	60	1,156,725.
	61 Grants payable		61	
	62 Deferred revenue	112,013.	62	131,671.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64 a Tax-exempt bond liabilities (attach schedule)	STMT 7	2,900,000.	64a 2,635,000.
	b Mortgages and other notes payable (attach schedule)	STMT 8	1,757,288.	64b 2,391,588.
	65 Other liabilities (describe <input type="checkbox"/> STMT 10)		4,076,912.	65 4,345,347.
	66 Total liabilities. Add lines 60 through 65		9,972,663.	66 10,660,331.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		-329,968.	67 -854,708.
	68 Temporarily restricted			68
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		-329,968.	73 -854,708.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		9,642,695.	74 9,805,623.

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 14,505,338.
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): <u>SEE STATEMENT 11</u>	b4 545,374.	
Add lines b1 through b4		b 545,374.
c Subtract line b from line a		c 13,959,964.
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): <u>SEE STATEMENT 12</u>	d2 285,872.	
Add lines d1 and d2		d 285,872.
e Total revenue (Part I, line 12) Add lines c and d		e 14,245,836.

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

a Total expenses and losses per audited financial statements		a 14,698,282.
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): <u>SEE STATEMENT 13</u>	b4 160,443.	
Add lines b1 through b4		b 160,443.
c Subtract line b from line a		c 14,537,839.
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): <u>SEE STATEMENT 14</u>	d2 232,737.	
Add lines d1 and d2		d 232,737.
e Total expenses (Part I, line 17) Add lines c and d		e 14,770,576.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 15		242,248.	8,228.	NONE

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

- 75a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 14

- 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)
- c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization"
 If "Yes," attach a statement that includes the information described in the instructions
- d** Does the organization have a written conflict of interest policy?

	Yes	No
75b		X
75c		X
75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

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

Part VI Other Information (See the instructions.)

- 76** Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
- 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
- 78a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
- b** If "Yes," has it filed a tax return on Form 990-T for this year?
- 79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
- 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** If "Yes," enter the name of the organization GLENKIRK FOUNDATION AND GLENKIRK ENTERPRISES and check whether it is exempt or nonexempt
- 81a** Enter direct and indirect political expenditures (See line 81 instructions) 81a
- b** Did the organization file Form 1120-POL for this year?

	Yes	No
76		X
77		X
78a		X
78b	N/A	
79		X
80a	X	
81a		X
81b	X	

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a Yes No 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 b 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 X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b 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
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X

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, 2006 (See instructions) 90b 464
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 Yes No 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

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes 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 | 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					118,299.
b CLIENT & FAMILY PA					1,229,589.
c ADOPTION SERVICES					185,775.
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	18,166.	
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	8,321.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a STMT 18					433,513.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				26,487.	1,967,176.
105 Total (add line 104, columns (B), (D), and (E))					1,993,663.

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)
▼	STMT 19

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 20	%		-26,236.	196,530.
	%			
	%			
	%			

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).

106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
			X

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

107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
			X

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

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

Please Sign Here

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

Signature of officer: Linda C. Coleman Date: 13/31/08

Type or print name and title: Linda C. Coleman Chief Financial Officer

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 3/28/08 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. X): P00033618

EIN: 36-2897372

Phone no: 847-205-5000

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2006

Department of the Treasury
Internal Revenue Service

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

Name of the organization

GLENKIRK

Employer identification number

36-2345191

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 21				
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
SEE STATEMENT 22		
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) 2006

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B).	1	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 . 23	2d	X
e Transfer of any part of its income or assets?	2e	X
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	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	X
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
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 rights to provide advice on the distribution or investment of amounts in such funds or accounts ► _____		
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____		

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)
- 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 by the organization after June 30, 1975 See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 - Type I
 - Type II
 - Type III - Functionally Integrated
 - Type III - Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	11,653,861.	10,731,528.	10,263,292.	9,991,777.	42,640,458.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,475,747.	1,338,239.	1,263,222.	1,234,738.	5,311,946.
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	12,139.	11,637.	60,324.	50,813.	134,913.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	13,141,747.	12,081,404.	11,586,838.	11,277,328.	48,087,317.
24 Line 23 minus line 17	11,666,000.	10,743,165.	10,323,616.	10,042,590.	42,775,371.
25 Enter 1% of line 23	131,417.	120,814.	115,868.	112,773.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 855,507.
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
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 42,775,371.
d Add Amounts from column (e) for lines	18 134,913.	19			26d 134,913.
22		26b			26e 42,640,458.
e Public support (line 26c minus line 26d total)					26f 42,640,458.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.6846 %
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	NOT APPLICABLE				
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2005) _____ (2004) _____ (2003) _____ (2002) _____				
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 9 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?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 13 of the instructions)

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

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 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			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			

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

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

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

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

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, a(ii) Other assets, b(i) Sales or exchanges of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement arrangements, b(v) Loans or loan guarantees, b(vi) Performance of services, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains '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 (with checked box)

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

FORM 990, PART I - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS

DESCRIPTION	AMOUNT
INTEREST INCOME	18,166.
TOTAL	18,166.

FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE

CURRENT OFFICER NAME -----	PROGRAM SERVICES -----
LINDA COLEMAN COMPENSATION:	92,248.
ALAN SPECTOR COMPENSATION:	150,000.
TOTALS	----- 242,248. =====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
CONSULTANTS	840,819.	699,804.	141,015.
MISC.	14,915.	14,915.	
LEASES, RENT, TAXES	316,200.	316,200.	
CONSUMER WAGES AND FRINGES	61,437.	61,437.	
TRAINING	10,708.		10,708.
SERVICE CHARGES	23,575.		23,575.
INSURANCE	65,774.		65,774.
BAD DEBT	40,000.		40,000.
RECRUITING	11,511.		11,511.
SUBSCRIPTION	7,930.		7,930.
MEMBERSHIP DUES	23,697.		23,697.
TOTALS	1,416,566.	1,092,356.	324,210.

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		255,591.
GLENKIRK SUPPORTED LIVING ARRANGEMENT		140,093.
GLENKIRK INFANT PROGRAM		115,220.
GLENKIRK ADOPTION SERVICES		143,270.
MORaine COMMUNITY LIVING CENTER		411,600.
SUPPORTED LIVING CENTER		120,339.
INTERMITTENT&FAMILY COMMUNITY LIVING ARRANGEMENT		46,179.
FAMILY COMMUNITY INTEGRATED LIVING ARRANGEMENT		19,900.
FOSTER COMMUNITY INTEGRATED LIVING ARRANGEMENT		176,239.
COMMUNITY LIVING ARRANGEMENTS & RESIDENTIAL ALTS		599,070.
TOTALS		2,027,501.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
CASH SURRENDER VALUE OF INSURANCE POLICY	193,056.
MISC SECURITY DEPOSITS & OTHER	38,886.
LOAN ORIGINATION FEES	113,563.
INVESTMENT IN SUBSIDIARY	3,001.
TOTALS	----- 348,506. =====

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
1997 IL HEALTH FAC BOND PAYABL	2,635,000.
TOTALS	----- 2,635,000. -----

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: GLENVIEW STATE BANK - LINES OF CREDIT
 INTEREST RATE: 8.250000
 MATURITY DATE: 12/31/2007
 REPAYMENT TERMS: DUE ON DEMAND
 SECURITY PROVIDED: PROPERTY OF GLENKIRK

BEGINNING BALANCE DUE	629,365.
ENDING BALANCE DUE	1,022,555.

LENDER: GLENVIEW STATE BANK - NOTE
 INTEREST RATE: 6.000000
 MATURITY DATE: 04/01/2009
 REPAYMENT TERMS: MONTHLY PRINCIPAL AND INTEREST PAYMENTS OF \$7,935
 SECURITY PROVIDED: FOUR BUILDINGS

BEGINNING BALANCE DUE	1,035,091.
ENDING BALANCE DUE	1,001,842.

LENDER: GLEVIEW STATE BANK AND LEASE -VARIOUS
 REPAYMENT TERMS: MONTHLY \$268-\$745 INTEREST 5.45%-8.00% THRU 8/09
 SECURITY PROVIDED: COLLATERLIZED BY FOUR VEHICLES

BEGINNING BALANCE DUE	40,780.
ENDING BALANCE DUE	32,807.

LENDER: GLENVIEW STATE BANK
 ORIGINAL AMOUNT: 300,000.
 INTEREST RATE: 8.250000
 MATURITY DATE: 04/26/2008
 REPAYMENT TERMS: INTEREST ONLY
 SECURITY PROVIDED: BUILDING WITH A COST OF \$300,000

ENDING BALANCE DUE	300,000.

LENDER: VARIOUS CAPITAL LEASES
REPAYMENT TERMS: MONTHLY \$200-\$3,000 INT. 1.00%-11.60% THRU 6/09
SECURITY PROVIDED: OFFICE EQUIPMENT

BEGINNING BALANCE DUE	52,052.
ENDING BALANCE DUE	34,384.

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

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	2,391,588.
--	------------

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEFERRED COMP.	193,056.
DUE TO GLENKIRK FOUNDATION	4,152,291.
TOTALS	----- 4,345,347. =====

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

DESCRIPTION

AMOUNT

TOTAL

571,610.

-26,236.

545,374.
=====

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

DESCRIPTION -----	AMOUNT -----
INTEREST FROM SUBSIDIARY	12,315.
MANAGEMENT FEE FROM SUBSIDIARY	40,820.
REV AND EXP, NET ON F/S	232,737.

TOTAL	285,872.
	=====

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

=====

DESCRIPTION

AMOUNT

GLENKIRK FOUNDATION

160,443.

TOTAL

160,443.
=====

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

DESCRIPTION -----	AMOUNT -----
REV AND EXP, NET ON F/S	232,737.
TOTAL	----- 232,737. =====

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 AVENUE NORTHBROOK, IL 60062	VICE CHAIR 3.00	NONE	NONE	NONE
FRED BATLINER 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	DIRECTOR 3.00	NONE	NONE	NONE
BRUCE BENNING 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	SECRETARY 3.00	NONE	NONE	NONE
DON BLASING 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	DIRECTOR 3.00	NONE	NONE	NONE
HYMEN CHAUSOW 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	DIRECTOR 3.00	NONE	NONE	NONE
LINDA COLEMAN 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	CFO 40.00	92,248.	3,413.	NONE
ARTHUR FESS	TREASURER 3.00	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
3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062				
BILL FISHER 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	DIRECTOR 3.00	NONE	NONE	NONE
EDWARD FORSBERG 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	CHAIRMAN 8.00	NONE	NONE	NONE
LOUISE MILLER 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	DIRECTOR 3.00	NONE	NONE	NONE
VANESSA ROBLES 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	EX-OFFICIO 3.00	NONE	NONE	NONE
BARBARA SIEGAN 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	VICE CHAIRMAN 3.00	NONE	NONE	NONE
WILLIAM SMITH 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	DIRECTOR 3.00	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
ALAN SPECTOR 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	PRESIDENT 40.00	150,000.	4,815.	NONE
DIANE THOMPSON 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	DIRECTOR 3.00	NONE	NONE	NONE
ANGELENE YOUNGMAN 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	DIRECTOR 3.00	NONE	NONE	NONE
GRAND TOTALS		242,248.	8,228.	NONE

FORM 990, PART VII - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
FOOD STAMPS					90,133.
MISC.					143,220.
PARENT FEES					14,819.
CLIENT RENT					144,521.
INTERCPNY MNGMT FE					40,820.
TOTALS					433,513.

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	-26,236.	196,530.
TOTAL INCOME			-26,236.	196,530.

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

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 40.00	77,500.	4,650.	NONE
STACEY KROLL 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	VP HUMAN RESOURCES 40.00	73,150.	4,389.	NONE
JOHN MANCHESTER 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	VP - CIO 40.00	70,000.	4,200.	NONE
NICOLE CAUDLE 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	DIR. ADOPT SERVICES 40.00	69,042.	3,086.	NONE
KARL KOPP 3504 COMMERCIAL AVENUE NORTHBROOK, IL 60062	VP MANAGEMENT SERVIC 40.00	70,000.	4,200.	NONE
TOTAL COMPENSATION		359,692.	20,525.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
=====

FIRST CHOICE HEALTH CARE SERVICE 2821 W. TOUHY AVENUE CHICAGO, IL 60645	HEALTH CARE	253,024.
FIRST STUDENT, INC 2800 OLD WILLOW ROAD NORTHBROOK, IL 60062	TRANSPORTATION	338,312.
ROSIES CORPORATION 1719 CHESTNUT GLENVIEW, IL 60025	FOOD	175,376.
	TOTAL COMPENSATION	----- 766,712. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE FORM 990 PART V

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

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

Name(s) shown on return

Identifying number

GLENKIRK

36-2345191

1 Enter the gross proceeds from sales or exchanges reported to you for 2006 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

(a) Description of property	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2						

- 3 Gain, if any, from Form 4684, line 42
- 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6 Gain, if any, from line 32, from other than casualty or theft
- 7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows

3
4
5
6
7

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below

- 8 Nonrecaptured net section 1231 losses from prior years (see instructions)
- 9 Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)

8
9

Part II Ordinary Gains and Losses(see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

- 11 Loss, if any, from line 7
- 12 Gain, if any, from line 7 or amount from line 8, if applicable
- 13 Gain, if any, from line 31
- 14 Net gain or (loss) from Form 4684, lines 34 and 41a
- 15 Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17 Combine lines 10 through 16

11 ()
12
13 8,321.
14
15
16
17 8,321.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below

a If the loss on line 11 includes a loss from Form 4684, line 38, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 27, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22 Identify as from "Form 4797, line 18a" See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14

18b

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2006)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A SIX VANS		VAR	VAR		
B					
C					
D					
These columns relate to the properties on lines 19A through 19D		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	8,321.			
21	Cost or other basis plus expense of sale	102,000.			
22	Depreciation (or depletion) allowed or allowable	102,000.			
23	Adjusted basis Subtract line 22 from line 21				
24	Total gain Subtract line 23 from line 20	8,321.			
25 If section 1245 property:					
25a	a Depreciation allowed or allowable from line 22	102,000.			
25b	b Enter the smaller of line 24 or 25a	8,321.			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
26a	a Additional depreciation after 1975 (see instructions)				
26b	b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)				
26c	c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e				
26d	d Additional depreciation after 1969 and before 1976				
26e	e Enter the smaller of line 26c or 26d				
26f	f Section 291 amount (corporations only)				
26g	g Add lines 26b, 26e, and 26f				
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)					
27a	a Soil, water, and land cleaning expenses				
27b	b Line 27a multiplied by applicable percentage (see instructions)				
27c	c Enter the smaller of line 24 or 27b				
28 If section 1254 property:					
28a	a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)				
28b	b Enter the smaller of line 24 or 28a				
29 If section 1255 property:					
29a	a Applicable percentage of payments excluded from income under section 126 (see instructions)				
29b	b Enter the smaller of line 24 or 29a (see instructions)				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties Add property columns A through D, line 24	30	8,321.
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13	31	8,321.
32	Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 36 Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation (see instructions)	34	
35	Recapture amount Subtract line 34 from line 33 See the instructions for where to report	35	

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

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

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

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

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

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

Type or print	Name of Exempt Organization GLENKIRK	Employer identification number 36-2345191
	Number, street, and room or suite no. If a P.O. box, see instructions. 3504 COMMERCIAL AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NORTHBROOK, IL 60062	

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 COLEMAN

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 section 501(c) corporation required to file Form 990-T) extension of time until 02/15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

▶ calendar year _____ or

▶ tax year beginning 07/01, 2006, and ending 06/30, 2007

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.	3a	\$	NONE
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.	3b	\$	NONE
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.	3c	\$	NONE

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.