

**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** Jul 01, 2006, and ending Jun 30, 2007

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

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

**C Name of organization, number and street, city, town, state, and ZIP code**  
 Beloved Community Family Services  
 6430 South Harvard  
 Chicago IL 60621

**D Employer identification number**  
 20-2273383

**E Telephone number**  
 773-488-9065

**F Acctg. 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).**

**G Website:** ▶

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

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

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

**I Group Exemption Number** ▶

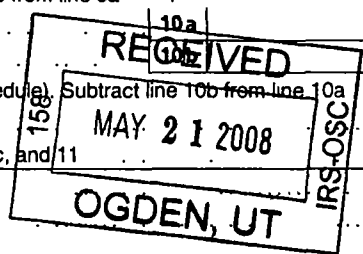
**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 349,792.

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

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

SCANNED JUN 30 2008

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:					
	<b>a</b> Contributions to donor advised funds	<b>1a</b>				
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	134,255.			
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>				
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>	215,537.			
	<b>e Total</b> (add lines 1a through 1d) (cash \$ 349,792. noncash \$ )	<b>1e</b>			349,792.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>				
	<b>3</b> Membership dues and assessments	<b>3</b>				
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>				
	<b>5</b> Dividends and interest from securities	<b>5</b>				
Expenses	<b>6 a</b> Gross rents	<b>6a</b>				
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>				
	<b>7</b> Other investment income (describe ▶ )	<b>7</b>				
	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>			<b>8d</b>
		(B) Other	<b>8b</b>			
			<b>8c</b>			
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)					
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>			<b>9c</b>
		<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a						
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>			<b>10c</b>	
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a					
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>					
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			349,792.		
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			248,298.		
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		69,870.		
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>				
	<b>16</b> Payments to affiliates (attach schedule).	<b>16</b>				
	<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>			318,168.	
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>			31,624.	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			59,860.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>				
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>			91,484.	



915  
12

**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>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	<b>25a</b>	75000.	57750.	17250.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>	143535.	109880.	33655.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>			
<b>29</b> Payroll taxes	<b>29</b>	16718.	13374.	3344.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b>	3839.	2841.	998.
<b>34</b> Telephone	<b>34</b>	3572.	3036.	536.
<b>35</b> Postage and shipping	<b>35</b>	408.	328.	80.
<b>36</b> Occupancy	<b>36</b>	17808.	15137.	2671.
<b>37</b> Equipment rental and maintenance	<b>37</b>	5387.	3501.	1886.
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b>	3535.	3005.	530.
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	1740.		1740.
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>	1338.	1137.	201.
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> Program Activities	<b>43a</b>	2557.	2557.	
<b>b</b> Education & Training	<b>43b</b>	3000.		3000.
<b>c</b> Insurance	<b>43c</b>	8357.	6016.	2341.
<b>d</b> Advertising	<b>43d</b>	4682.	3044.	1638.
<b>e</b> Contractors	<b>43e</b>	13860.	13860.	
<b>f</b> Professional Services	<b>43f</b>	2715.	2715.	
<b>g</b> Other	<b>43g</b>	10117.	10117.	
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b>	318168.	248298.	69870.

**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? ▶

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

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)

a Promote cultural, economic and social well-being throughout the Englewood and West Englewood area, through but not limited to, health awareness, substance abuse counseling and treatment, mental health counseling and treatment, youth well being, integrational services for ex-offenders, job training, parenting support, fair housing, srvc for elderly  
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

248298.

b  
  
  
  
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

c  
  
  
  
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

d  
  
  
  
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)  
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

248298.

**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)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing		25,491.	<b>45</b>	74,852.	
	<b>46</b> Savings and temporary cash investments			<b>46</b>		
	<b>47a</b> Accounts receivable	<b>47a</b>	24,999.			
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b>		29,364.	<b>47c</b>	24,999.
	<b>48a</b> Pledges receivable	<b>48a</b>				
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b>			<b>48c</b>	
	<b>49</b> Grants receivable				<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) (attach schedule)				<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>				
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>			<b>51c</b>	
	<b>52</b> Inventories for sale or use				<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges				<b>53</b>	2,144.
	<b>54a</b> Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV			<b>54a</b>	
	<b>b</b> Investments - other securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV			<b>54b</b>	
	<b>55a</b> Investments - land, buildings, and equipment: basis	<b>55a</b>				
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b>			<b>55c</b>	
	<b>56</b> Investments - other (attach schedule)				<b>56</b>	
	<b>57a</b> Land, buildings, and equipment: basis	<b>57a</b>	8,185.			
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>57b</b>	2,676.	6,847.	<b>57c</b>	5,509.	
<b>58</b> Other assets, including program-related investments (describe ▶ _____)				<b>58</b>		
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58.			61,702.	<b>59</b>	107,504.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses		1,842.	<b>60</b>	16,020.	
	<b>61</b> Grants payable			<b>61</b>		
	<b>62</b> Deferred revenue			<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)			<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)			<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule)			<b>64b</b>		
	<b>65</b> Other liabilities (describe ▶ _____)			<b>65</b>		
<b>66 Total liabilities.</b> Add lines 60 through 65			1,842.	<b>66</b>	16,020.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	<b>67</b> Unrestricted		59,860.	<b>67</b>	91,484.	
	<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</b> <input type="checkbox"/> and complete lines 70 through 74.					
	<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 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)			59,860.	<b>73</b>	91,484.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.			61,702.	<b>74</b>	107,504.	

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

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

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

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred comp. plans	(E) Expense account and other allowances
SEE STMT				

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

Table with 4 columns: Question, Yes, No. Row 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. Row 75b: 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? Row 75c: 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? Row 75d: Does the organization have a written conflict of interest policy?

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

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

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred comp. plans, (E) Expense account and other allowances. The first row is labeled 'None'.

Part VI Other Information (See the instructions)

Table with 4 columns: Question, Yes, No. Row 76: Did the organization make a change in its activities or methods of conducting activities? Row 77: Were any changes made in the organizing or governing documents but not reported to the IRS? Row 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Row 78b: If "Yes," has it filed a tax return on Form 990-T for this year? Row 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? Row 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? Row 81a: Enter direct and indirect political expenditures. Row 81b: Did the organization file Form 1120-POL for this year?

**Part VI Other Information** (continued)

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
<b>b</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.)		
	<b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>84b</b>		
<b>85</b>	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?		
	<b>85a</b>		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	<b>85b</b>		
<b>c</b>	Dues, assessments, and similar amounts from members		
	<b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	<b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	<b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	<b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	<b>85g</b>		
<b>h</b>	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?		
	<b>85h</b>		
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12		
	<b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	<b>86b</b>		
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders.		
	<b>87a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>87b</b>		
<b>88a</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		X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</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		X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ _____		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
	<b>89e</b>		
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
	<b>89f</b>		
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	<b>89g</b>		
<b>90a</b>	List the states with which a copy of this return is filed ▶ <u>IL</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	<b>90b</b>	6
<b>91a</b>	The books are in care of ▶ <u>Ms Delphine Rankin</u> Telephone no. ▶ <u>773-488-9065</u> Located at ▶ <u>6430 S Harvard Chicago IL</u> ZIP + 4 ▶ <u>60621</u>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts	<b>91b</b>	X

**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
	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** \_\_\_\_\_

**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					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), & (E))					
105 Total (add line 104, columns (B), (D), and (E))					

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).
▼	

**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 int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the yr., 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				
<b>Totals</b>				

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

Yes	No
	X

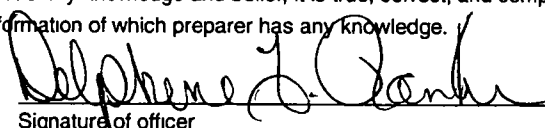
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

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

Yes	No

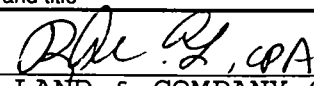
**Please Sign Here**

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.


12/18/07

Signature of officer: Delphine Rankin Date: \_\_\_\_\_  
 Type or print name and title: Executive Director

**Paid Preparer's Use Only**

Preparer's signature		Date	12/08/2007	Check if self employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X)	P00628297
Firm's name (or yours if self-employed), address, and ZIP + 4	LAND & COMPANY CPA FIRM 4001 West 95th Street Suite 201 Oak Lawn IL 60453			EIN	36-4115344	
				Phone no.	708-636-3800	

**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

**2006**

Name of the organization

Beloved Community Family Services

Employer identification number

20-2273383

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See 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
NONE				

Total number of other employees paid over \$50,000 ▶

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

**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 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 ▶

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 the instructions.)

Yes No

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>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.</p>	<b>1</b>		X
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>			
<p><b>a</b> Sale, exchange, or leasing of property?</p>	<b>2a</b>		X
<p><b>b</b> Lending of money or other extension of credit?</p>	<b>2b</b>		X
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<b>2c</b>		X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<b>2d</b>		X
<p><b>e</b> Transfer of any part of its income or assets?</p>	<b>2e</b>		X
<p><b>3a</b> 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.)</p>	<b>3a</b>		X
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	<b>3b</b>		X
<p><b>c</b> 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</p>	<b>3c</b>		X
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<b>3d</b>		X
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	<b>4a</b>		X
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	<b>4b</b>		
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<b>4c</b>		
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ► _____</p>			
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____</p>			
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____</p>			
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____</p>			

**Part IV Reason for Non-Private Foundation Status** (See the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5.  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6.  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7.  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8.  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9.  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10.  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a.  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b.  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12.  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13.  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
  - Type I
  - Type II
  - Type III-Functionally Integrated
  - Type IV-Other

**Provide the following information about the supported organizations.** (See the instructions.)

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

- 14.  An organization organized and operated to test for public safety. Section 509(a)(4). (See 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
<b>15</b> Gifts, grants, and contributions received* (Do not include unusual grants See line 28)	269955				269955
<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					
<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					
<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	269955				269955
<b>24</b> Line 23 minus line 17	269955				269955
<b>25</b> Enter 1% of line 23	2700				

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24	<b>26a</b>	5399
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	<b>26b</b>	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	<b>26c</b>	269955
d Add: Amounts from column (e) for lines. 18 _____ 19 _____ 22 _____ 26b _____	<b>26d</b>	
e Public support (line 26c minus line 26d total)	<b>26e</b>	269955
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	<b>26f</b>	100.00 %

<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: (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 _____	<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>	%

**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 VI-A Lobbying Expenditures by Electing Public Charities** (See the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b>		(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 -		
	<b>If the amount on line 40 is -</b>		
	<b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
	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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(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**

(For reporting only by organizations that did not complete Part VI-A) (See the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
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

MAS

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

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

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

(i) Cash

(ii) Other assets

**b** Other transactions:

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

(ii) Purchases of assets from a noncharitable exempt organization

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

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

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

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

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

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

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

**b** If "Yes," complete the following schedule:

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

**List of Officers, Directors, Trustees and Key Employees**

**US 990**      **990: Page 5, Part V; 990EZ: Page 2 Part IV; 990-PF: Page 6, Part VIII**      **2006**

Name and Address	Title/Average Hours Per Week Devoted to Position	Amount Paid	Amount for Employee Benefit Plan	Expense Account and Other Allowances
Michael Lietea 225 W Randolph	President 1			
Todd Banks 440 S LaSalle	Vice Pres 1			
LaRue Martin 1400 S Jeffrsn	Director 1			
D Rankin 6340 S Harvard	Exe Direct 60	75,000.		
T Hill-Long 5736 S King Dr	Secretary 1			
Vera Alexander 624 W Englewd	Director 1			
Vernel Collins 1912 W 63rd	Director 1			
G Laury 5848 Timberlnd	Director 1			
Carolyn Rush 3534 S Calumet	Director 1			
Diane Shelley 4949 S Vincenn	Director 1			
Mattie Hunter 2929 S Wabash	Director 1			
Joe Moore 1803 W 95th	Director 1	75,000.		