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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2011

Open to Public Inspection

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 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTH SUBURBAN TRAINING & REHABILITATION SERVICES		D Employer identification number 23-7294685
	Doing Business As SOUTHSTAR SERVICES		E Telephone number 708-755-8030
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	
	1005 WEST END AVENUE		G Gross receipts \$ 5,985,955.
	City or town, state or country, and ZIP + 4 CHICAGO HEIGHTS, IL 60411		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: DANIEL A. STRICK SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list (see instructions)	
J Website: SOUTHSTARSERVICES.ORG		H(c) Group exemption number ▶	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1973	M State of legal domicile IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SERVICES TO DEVELOPMENTALLY DISABLED INDIVIDUALS.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3 14		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 14		
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 387		
	6 Total number of volunteers (estimate if necessary)	6 25		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.		
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0.			
SCANNED Revenue FEB 26 2013	8 Contributions and grants (Part VIII, line 1h)		Prior Year 1,549,186.	Current Year 1,318,746.
	9 Program service revenue (Part VIII, line 2g)		4,241,007.	4,544,088.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		60,288.	20,667.
	11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)		44,131.	46,856.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,894,612.	5,930,357.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,373,466.	4,279,003.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 163,693.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,495,007.	1,532,243.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,868,473.	5,811,246.	
19 Revenue less expenses. Subtract line 18 from line 12		26,139.	119,111.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year 5,220,167.	End of Year 4,193,233.
	21 Total liabilities (Part X, line 26)		2,110,047.	980,743.
	22 Net assets or fund balances. Subtract line 21 from line 20		3,110,120.	3,212,490.

Part II Signature Block

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.

Sign Here	Signature of officer <i>Donald M. Goff</i>	Date 1-16-13
	Type or print name and title Donald M. Goff	

Paid Preparer Use Only	Print/Type preparer's name MARK SCHULTZ	Preparer's signature <i>Mark Schultz</i>	Date 12-26-12	Check if self-employed <input type="checkbox"/>	PTIN P01401491
	Firm's name ▶ DUGAN & LOPATKA, CPA'S PC	Firm's EIN ▶ 36-2886485		Phone no 630-665-4440	
Firm's address ▶ 104 E. ROOSEVELT ROAD SUITE 102 WHEATON, IL 60187-5267					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

5-14 8

SOUTH SUBURBAN TRAINING & REHABILITATION SERVICES

Form 990 (2011)

23-7294685 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

X

1 Briefly describe the organization's mission PROVIDES PRE-VOCATIONAL TRAINING, WORKSHOP ACTIVITIES AND OTHER REHABILITATIVE SERVICES TO DEVELOPMENTALLY DISABLED INDIVIDUALS. DAY SERVICES INCLUDE DEVELOPMENTAL TRAINING AND SENIOR SERVICES AND OFFERS SUPPORTIVE AND COMMUNITY EMPLOYMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No X

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No X

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 2,557,130. including grants of \$) (Revenue \$ 2,357,359.) DAY SERVICES - DEVELOPMENTAL TRAINING OFFERS INDIVIDUALS THE OPPORTUNITY TO WORK, INCREASE JOB SKILLS, AND PARTICIPATE IN SUPPORT SERVICES THAT ENHANCE THEIR ABILITY TO MAKE CHOICES AND INTERACT IN THE COMMUNITY. THESE SUPPORT SERVICES INCLUDE INDIVIDUALIZED TRAINING, JOB COACHING, ADVOCACY TRAINING, CASE MANAGEMENT, COUNSELING, CLASSES AT LOCAL COMMUNITY COLLEGE AND PARTICIPATION IN SPECIAL OLYMPICS.

SERNIOR SERVICES OFFERS OLDER INDIVIDUALS A UNIQUE ALTERNATIVE TO TRADITIONAL DAY PROGRAM SERVICES BY PROVIDING OPPORTUNITIES TO WORK AND PARTICIPATE IN COMMUNITY ACTIVITIES AND SOCIALIZE WITH THEIR PEERS. THIS PROGRAM ALLOWS SENIORS TO REMAIN ACTIVE, HEALTHY, AND CONTRIBUTING MEMBERS OF SOCIETY. IT ALSO SPECIALIZES IN MEETING THE NEEDS OF PEOPLE

4b (Code) (Expenses \$ 1,452,454. including grants of \$) (Revenue \$ 1,193,258.) 24 HOUR RESIDENTIAL CARE SERVICES - COMMUNITY LIVING SERVICES PROVIDES FOUR RESIDENTIAL HOMES FOR INDIVIDUALS IN NEIGHBORHOOD SETTINGS WHERE PARTICIPATING IN THE COMMUNITY IS EMPHASIZED. THE PINEHURST, HAMLIN, CRAWFORD, AND OAK STREET CILAS (COMMUNITY INDEPENDENT LIVING ARRANGMENT) ARE HOME TO TWENTY-SEVEN INDIVIDUALS.

4c (Code) (Expenses \$ 925,527. including grants of \$) (Revenue \$ 895,780.) SUPPORTIVE EMPLOYMENT - OFFERS INDIVIDUALS EMPLOYMENT OPPORTUNITIES IN A SUPERVISED SETTING. JOB COACHING, TRAINING, AND COUNSELING SERVICES ARE ALL OFFERED TO ENHANCE EACH INDIVIDUAL'S ABILITY TO WORK INDEPENDENTLY IN THE COMMUNITY.

COMMUNITY DEVELOPMENT - OFFERS INDIVIDUALIZED TRAINING TOWARD SECURING AND MAINTAINING GAINFUL EMPLOYMENT IN THE COMMUNITY. ONCE ON THE JOB, INDIVIDUALS RECEIVE SUPPORT AND SUPERVISION UNTIL THEY DEMONSTRATE THE SKILL AND INDEPENDENCE NECESSARY TO MAINTAIN THEIR EMPLOYMENT.

4d Other program services (Describe in Schedule O.) (Expenses \$ 189,824. including grants of \$) (Revenue \$ 133,700.)

4e Total program service expenses 5,124,935.

Form 990 (2011)

132002 02-09-12

SEE SCHEDULE O FOR CONTINUATION(S)

**SOUTH SUBURBAN TRAINING & REHABILITATION
SERVICES**

Form 990 (2011)

23-7294685 Page 3

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form 990 (2011)

**SOUTH SUBURBAN TRAINING & REHABILITATION
SERVICES**

Form 990 (2011)

23-7294685 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2011)

SOUTH SUBURBAN TRAINING & REHABILITATION SERVICES

Form 990 (2011)

23-7294685 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2011)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	14		
1b	Enter the number of voting members included in line 1a, above, who are independent.		
	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official.	X	
15b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL, IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**
MARIE DWYER - 708-755-8030
1005 WEST END AVENUE, CHICAGO HEIGHTS, IL 60411

**SOUTH SUBURBAN TRAINING & REHABILITATION
SERVICES**

Form 990 (2011)

23-7294685 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES JENRICH CHAIRMAN	2.00	X		X			0.	0.	0.	
(2) MARK MCMANEMY VICE CHAIRMAN	2.00	X		X			0.	0.	0.	
(3) KAREN YATES VICE CHAIRMAN	2.00	X		X			0.	0.	0.	
(4) MARLENE HEMLEBEN SECRETARY	2.00	X		X			0.	0.	0.	
(5) DONALD GOFF TREASURER	2.00	X		X			0.	0.	0.	
(6) ARLENE ASHBACH DIRECTOR	2.00	X					0.	0.	0.	
(7) BARBARA BOZZO DIRECTOR	2.00	X					0.	0.	0.	
(8) ROSEMARY HULETT DIRECTOR	2.00	X					0.	0.	0.	
(9) MARY MAYER DIRECTOR	2.00	X					0.	0.	0.	
(10) DONALD MEULBROEK DIRECTOR	2.00	X					0.	0.	0.	
(11) DAVID PERKINS DIRECTOR	2.00	X					0.	0.	0.	
(12) THOMAS RYAN DIRECTOR	2.00	X					0.	0.	0.	
(13) MARYLIN TURNER-MALLORY DIRECTOR	2.00	X					0.	0.	0.	
(14) JACK WOODRUFF DIRECTOR	2.00	X					0.	0.	0.	
(15) DANIEL STRICK PRESIDENT/CEO	45.00			X			110,746.	0.	18,065.	

SOUTH SUBURBAN TRAINING & REHABILITATION SERVICES

Form 990 (2011)

23-7294685 Page **9**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 18,191.					
	b Membership dues	1b					
	c Fundraising events	1c 74,986.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 1021550.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 204,019.					
	g Noncash contributions included in lines 1a-1f \$	154,355.					
	h Total. Add lines 1a-1f	▶	1318746.				
	Program Service Revenue	2 a PURCHASE OF CARE	Business Code: 900099	3786523.	3786523.		
		b WORK CONTRACTS	900099	533,638.	533,638.		
c TRAINING CONTRACTS		900099	223,927.	223,927.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		▶	4544088.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	24,697.			24,697.	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses		4,030.			
		c Gain or (loss)		-4,030.			
		d Net gain or (loss)	▶	-4,030.			-4,030.
	8 a Gross income from fundraising events (not including \$ 74,986. of contributions reported on line 1c). See Part IV, line 18	a	61,073.				
		b Less direct expenses	b	51,568.			
		c Net income or (loss) from fundraising events	▶	9,505.			9,505.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities		▶					
10 a Gross sales of inventory, less returns and allowances	a	1,342.					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory	▶	1,342.			1,342.	
Miscellaneous Revenue							
11 a MISCELLANEOUS	Business Code: 900099		36,009.	36,009.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	▶	36,009.				
12 Total revenue. See instructions	▶	5930357.	4580097.	0.	31,514.		

SOUTH SUBURBAN TRAINING & REHABILITATION SERVICES

Form 990 (2011)

23-7294685 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	133,791.		133,791.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,431,720.	3,185,602.	144,642.	101,476.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	36,833.	33,774.	2,422.	637.
9 Other employee benefits	320,880.	310,794.	4,220.	5,866.
10 Payroll taxes	355,779.	326,230.	23,392.	6,157.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	136,541.	68,726.	67,775.	40.
12 Advertising and promotion	3,659.	255.	3,115.	289.
13 Office expenses	202,187.	162,943.	25,270.	13,974.
14 Information technology				
15 Royalties				
16 Occupancy	314,963.	280,536.	24,886.	9,541.
17 Travel	170,157.	155,192.	14,047.	918.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	66,084.	37,255.	28,829.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	175,710.	173,479.	1,858.	373.
23 Insurance	78,421.	68,374.	9,628.	419.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>CLIENT WAGES AND FRINGE</u>	270,435.	255,863.	14,572.	
b <u>MISCELLANEOUS</u>	33,151.	6,835.	16,757.	9,559.
c <u>FOOD</u>	31,661.	16,473.	1,012.	14,176.
d <u>EDUCATION AND TRAINING</u>	24,934.	20,830.	3,944.	160.
e All other expenses _____	24,340.	21,774.	2,458.	108.
25 Total functional expenses. Add lines 1 through 24e	5,811,246.	5,124,935.	522,618.	163,693.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here if following SOP 98-2 (ASC 958-720)

**SOUTH SUBURBAN TRAINING & REHABILITATION
SERVICES**

Form 990 (2011)

23-7294685 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	51,113.	1	251,688.	
	2 Savings and temporary cash investments	474,832.	2	485,792.	
	3 Pledges and grants receivable, net	2,463,227.	3	1,143,528.	
	4 Accounts receivable, net	108,059.	4	179,896.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	18,417.	9	3,902.	
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	4,183,256.			
	b Less accumulated depreciation	2,160,576.			
		1,929,554.	10c	2,022,680.	
	11 Investments - publicly traded securities	110,019.	11	102,266.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
15 Other assets See Part IV, line 11	64,946.	15	3,481.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,220,167.	16	4,193,233.		
Liabilities	17 Accounts payable and accrued expenses	535,089.	17	309,246.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,569,958.	23	657,426.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,000.	25	14,071.	
	26 Total liabilities. Add lines 17 through 25	2,110,047.	26	980,743.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	3,110,120.	27	3,075,290.	
	28 Temporarily restricted net assets	0.	28	137,200.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	3,110,120.	33	3,212,490.	
34 Total liabilities and net assets/fund balances	5,220,167.	34	4,193,233.		

Form 990 (2011)

**SOUTH SUBURBAN TRAINING & REHABILITATION
SERVICES**

Form 990 (2011)

23-7294685 Page **12**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	5,930,357.
2	Total expenses (must equal Part IX, column (A), line 25)	5,811,246.
3	Revenue less expenses. Subtract line 2 from line 1	119,111.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3,110,120.
5	Other changes in net assets or fund balances (explain in Schedule O)	-16,741.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	3,212,490.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2011)

SOUTH SUBURBAN TRAINING & REHABILITATION SERVICES

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,455,929.	1,388,638.	1,475,636.	1,549,186.	1,318,746.	7,188,135.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,455,929.	1,388,638.	1,475,636.	1,549,186.	1,318,746.	7,188,135.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						7,188,135.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,455,929.	1,388,638.	1,475,636.	1,549,186.	1,318,746.	7,188,135.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,557.	6,529.	2,639.	59,404.	24,697.	103,826.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	16,281.	16,473.	12,371.	8,182.	36,009.	89,316.
11 Total support. Add lines 7 through 10						7,381,277.
12 Gross receipts from related activities, etc. (see instructions)					12	17,280,427.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	97.38 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	97.91 %
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011
Open to Public Inspection

Name of the organization **SOUTH SUBURBAN TRAINING & REHABILITATION SERVICES** Employer identification number **23-7294685**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

**SOUTH SUBURBAN TRAINING & REHABILITATION
SERVICES**

Schedule D (Form 990) 2011

23-7294685 Page 3

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCE	8,071.
(3) ESCROWS	6,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	14,071.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

132053
01-23-12

Schedule D (Form 990) 2011

SOUTH SUBURBAN TRAINING & REHABILITATION
SERVICES

Schedule D (Form 990) 2011

23-7294685 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net) Add lines 4 through 8	9	
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements									
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12									
a Net unrealized gains on investments	2a								
b Donated services and use of facilities	2b								
c Recoveries of prior year grants	2c								
d Other (Describe in Part XIV.)	2d								
e Add lines 2a through 2d						2e			
3 Subtract line 2e from line 1						3			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:									
a Investment expenses not included on Form 990, Part VIII, line 7b	4a								
b Other (Describe in Part XIV.)	4b								
c Add lines 4a and 4b						4c			
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)						5			

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements									
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:									
a Donated services and use of facilities	2a								
b Prior year adjustments	2b								
c Other losses	2c								
d Other (Describe in Part XIV.)	2d								
e Add lines 2a through 2d						2e			
3 Subtract line 2e from line 1						3			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:									
a Investment expenses not included on Form 990, Part VIII, line 7b	4a								
b Other (Describe in Part XIV)	4b								
c Add lines 4a and 4b						4c			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)						5			

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information
PART X, LINE 2: THE ORGANIZATIONS FILE INCOME TAX RETURNS IN THE U.S.

FEDERAL JURISDICTION AND ILLINOIS. WITH FEW EXCEPTIONS, THE ORGANIZATIONS ARE NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008. THE ORGANIZATIONS DO NOT EXPECT A MATERIAL NET CHANGE IN UNRECOGNIZED TAX BENEFITS IN THE NEXT TWELVE MONTHS.

SOUTH SUBURBAN TRAINING & REHABILITATION

Schedule G (Form 990 or 990-EZ) 2011 **SERVICES**

23-7294685 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA (event type)	GOLF OPUTING (event type)	2 (total number)		
Revenue	1	Gross receipts	79,791.	30,827.	25,441.	136,059.
	2	Less: Charitable contributions	34,910.	23,227.	16,849.	74,986.
	3	Gross income (line 1 minus line 2)	44,881.	7,600.	8,592.	61,073.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	17,155.			17,155.
	6	Rent/facility costs	4,800.		3,800.	8,600.
	7	Food and beverages				
	8	Entertainment	1,300.			1,300.
	9	Other direct expenses	1,891.	11,143.	11,479.	24,513.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(51,568)
11	Net income summary. Combine line 3, column (d), and line 10				9,505.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain. _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain. _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Name of the organization **SOUTH SUBURBAN TRAINING & REHABILITATION SERVICES** Employer identification number **23-7294685**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential	X	1	137,200.	APPRAISAL
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (AUCTION ITEMS)	X	106	17,155.	ESTIMATED FAIR MARKE
26	Other ▶ ()				
27	Other ▶ ()				
28	Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011
Open to Public
Inspection

Name of the organization

SOUTH SUBURBAN TRAINING & REHABILITATION
SERVICES

Employer identification number
23-7294685

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ALSO OFFERED ARE 24 HOUR RESIDENTIAL CARE AND FAMILY RESIDENTIAL CARE
SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EXPERIENCING PHYSICAL, MENTAL, AND EMOTIONAL CHALLENGES LATER IN LIFE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FAMILY RESIDENTIAL CARE SERVICES - IN HOME INTERMITTENT CILA SERVICES
PROVIDES SERVICES TO INDIVIDUALS RESIDING IN FAMILY SUPPORTED HOMES IN
THE COMMUNITY. THE EMPHASIS IS TO PROVIDE SUPPORT SERVICES TO FAMILIES
TO ENSURE THAT THE INDIVIDUAL REMAINS IN A FAMILY SETTING. STAFF WORKS
WITH INDIVIDUALS FOR A MAXIMUM OF 15 HOURS PER WEEK ON INDIVIDUALIZED
GOALS AND OBJECTIVES SUCH AS SOCIALIZATION, COMMUNITY OUTINGS,
SELF-CARE, SKILL ENHANCEMENT, ECONOMIC SELF-SUFFICIENCY, AND MEDICATION
ADMINISTRATION.

EXPENSES \$ 98,650. INCLUDING GRANTS OF \$ 0. REVENUE \$ 124,446.

OTHER PROGRAMS SERVICES INCLUDES COMPUTER LAB SERVICES.

EXPENSES \$ 91,174. INCLUDING GRANTS OF \$ 0. REVENUE \$ 9,254.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP SHALL BE OPEN TO
PARENTS, RELATIVES AND GUARDIANS, INCLUDING FOSTER PARENTS, OF PERSONS WITH
DEVELOPMENTAL DISABILITIES, AND TO ALL PERSONS SYMPATHETIC TO THE PURPOSE
OF THE CORPORATION. THERE SHALL BE NO RESTRICTIONS TO MEMBERSHIP OR TO

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization	SOUTH SUBURBAN TRAINING & REHABILITATION SERVICES	Employer identification number	23-7294685
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SERVICES BY REASON OF RACE, COLOR, AGE, RELIGION, ETHNICITY, GENDER, OR FINANCIAL STATUS.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT THE BOARD OF DIRECTORS ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 11: THE CFO, ALONG WITH THE CEO, PERFORMS AN INITIAL REVIEW OF THE RETURN. THE FORM 990 IS SHARED WITH THE ENTIRE BOARD OF DIRECTORS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF INTEREST AND ARE ENCOURAGED TO REPORT CONFLICTS OF INTEREST AS THEY ARISE.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMMITTEE OF THE BOARD, CONSISTING OF INDEPENDENT MEMEBERS, BASE SALARY FOR THE PRESIDENT/CEO ON COMPARABILITY DATA AND PERFORMANCE EVALUATIONS.

WAGE RANGES FOR OTHER OFFICERS AND KEY EMPLOYEES ARE BASED ON COMPARABILITY DATA, SUBSTANTIATED BY PERFORMANCE EVALUATIONS AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -7,753.

132212
01-23-12

Name of the organization SOUTH SUBURBAN TRAINING & REHABILITATION SERVICES

Employer identification number 23-7294685

PRIOR PERIOD ADJUSTMENTS: -8,988.

TOTAL TO FORM 990, PART XI, LINE 5 -16,741.

FORM 990, PART XII, LINE 2C:

COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF AUDIT:

THE PROCESS HAS NOT CHANGED FROM PREVIOUS YEARS.

SOUTH SUBURBAN TRAINING & REHABILITATION SERVICES

23-7294685

Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Sale of assets to related organization(s)
- g Purchase of assets from related organization(s)
- h Exchange of assets with related organization(s)
- i Lease of facilities, equipment, or other assets to related organization(s)

- j Lease of facilities, equipment, or other assets from related organization(s)
- k Performance of services or membership or fundraising solicitations for related organization(s)
- l Performance of services or membership or fundraising solicitations by related organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n Sharing of paid employees with related organization(s)

- o Reimbursement paid to related organization(s) for expenses
- p Reimbursement paid by related organization(s) for expenses
- q Other transfer of cash or property to related organization(s)
- r Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	Yes	No
1a		X
1b		X
1c		X
1d	X	
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) SOUTHSTAR HOUSING, INC.	D	44,804.	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

SOUTHSTAR HOUSING INC

DIRECT CONTROLLING ENTITY: SOUTH STAR SUBURBAN TRAINING AND REHABILITATION

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

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

A corporation 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.

Type or print	Name of exempt organization or other filer, see instructions. SOUTH SUBURBAN TRAINING & REHABILITATION SERVICES	Employer identification number (EIN) or
		<input checked="" type="checkbox"/> 23-7294685
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1005 WEST END AVENUE	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO HEIGHTS, IL 60411	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6089	11
Form 990-T (trust other than above)	06	Form 8870	12

MARIE DWYER

- The books are in the care of ▶ **1005 WEST END AVENUE - CHICAGO HEIGHTS, IL 60411**
 Telephone No. ▶ **708-755-8030** FAX No. ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**.

2 If the tax year entered in line 1 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	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2012)