

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)

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

OMB No 1545-0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year period beginning _____ and ending _____

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

C Name of organization: **FAMILY YMCA OF NORTHWEST ILLINOIS**
 Number and street (or P O box if mail is not delivered to street address): **2998 PEARL CITY RD**
 City or town, state or country, and ZIP + 4: **FREEMONT, IL 61032**

D Employer identification number: **36-2169195**

E Telephone number: **815 235-9622**

F Accounting method: Cash Accrual
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Web site: ▶ **N/A**

J Organization type (check only one): 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **1,447,879.**

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

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? **N/A** Yes No (If "No," attach a list)
 H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
 I Enter 4-digit GEN: **▶**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	19,655.		
	b	Indirect public support	1b	46,956.		
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 60,411. noncash \$ 6,200.)	1d		66,611.	
	2	Program service revenue including government fees and contracts (from Part VII line 93)	2		573,759.	
	3	Membership dues and assessments	3		567,628.	
	4	Interest on savings and temporary cash investments	4		18,856.	
	5	Dividends and interest from securities	5		39,134.	
	6a	Gross rents SEE STATEMENT 1	6a	7,549.		
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		7,549.	
7	Other investment income (describe ▶)	7				
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
			159,657.	8a		
	b	Less cost or other basis and sales expenses	167,320.	8b		
	c	Gain or (loss) (attach schedule)	<7,663.>	8c		
d	Net gain or (loss) (combine line 8c columns (A) and (B)) STMT 2	8d		<7,663.>		
9	Special events and activities (attach schedule)					
Revenue	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
Revenue	10a	Gross sales of inventory, less returns and allowances	10a	9,917.		
	b	Less cost of goods sold	10b	2,183.		
	c	Gross profit or (loss) from sale of inventory (attach schedule) (subtract line 10b from line 10a) STMT 3	10c		7,734.	
11	Other revenue (from Part VII line 103)	11		4,768.		
12	Total revenue (add lines 1, 2, 3, 4, 5, 6c, 7, 8c, 9c, 10c, and 11)	12		1,278,376.		
Expenses	13	Program services (from line 44, column (B))	13		1,252,556.	
	14	Management and general (from line 44, column (C))	14		91,479.	
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule) SEE STATEMENT 4	16		23,192.	
	17	Total expenses (add lines 13 and 14, column (A))	17		1,367,227.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		<88,851.>	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,611,610.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20		<19,454.>	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,503,305.	

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 YMCAY

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

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
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 63,560.	0.	63,560.	0.
26	Other salaries and wages	26 593,955.	593,955.		
27	Pension plan contributions	27 23,451.	19,058.	4,393.	
28	Other employee benefits	28 23,844.	21,361.	2,483.	
29	Payroll taxes	29 50,950.	46,088.	4,862.	
30	Professional fundraising fees	30			
31	Accounting fees	31 5,058.		5,058.	
32	Legal fees	32			
33	Supplies	33 17,513.	17,513.		
34	Telephone	34 7,212.	7,212.		
35	Postage and shipping	35 3,766.	3,766.		
36	Occupancy	36 219,892.	219,892.		
37	Equipment rental and maintenance	37 8,856.	8,856.		
38	Printing and publications	38			
39	Travel	39 438.	438.		
40	Conferences, conventions, and meetings	40 13,897.	13,897.		
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42 54,098.	54,098.		
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 6	43e 257,545.	246,422.	11,123.	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15.	44 1,344,035.	1,252,556.	91,479.	0.

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

What is the organization's primary exempt purpose? **SEE STATEMENT 7**

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	YMCA PHYSICAL & YOUTH PROGRAMS. APPROXIMATELY 5000 MEMBERS SERVED	
	(Grants and allocations \$ _____)	972,557.
b	DAY CARE AND PRESCHOOL SERVICES APPROXIMATELY 320 YOUTH CARED FOR.	
	(Grants and allocations \$ _____)	355,297.
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44 column (B) Program services)	1,327,854.

Part IV Balance Sheets

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing		600.	45	4,206.	
	46	Savings and temporary cash investments		193,012.	46	201,875.	
	47 a	Accounts receivable	47a				
	b	Less allowance for doubtful accounts	47b		47c		
	48 a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b		48c		
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees			50		
	51 a	Other notes and loans receivable	51a				
	b	Less allowance for doubtful accounts	51b		51c		
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges			53		
	54	Investments - securities		<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55 a	Investments - land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation	55b		55c		
56	Investments - other	SEE STATEMENT 8		1,082,934.	56	979,870.	
57 a	Land buildings and equipment basis	57a	680,101.				
b	Less accumulated depreciation	STMT 9	57b	361,161.	57c	318,940.	
58	Other assets (describe <input type="checkbox"/>)			336,710.	58		
59	Total assets (add lines 45 through 58) (must equal line 74)			1,613,256.	59	1,504,891.	
Liabilities	60	Accounts payable and accrued expenses			60		
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees			63		
	64 a	Tax-exempt bond liabilities			64a		
	b	Mortgages and other notes payable			64b		
65	Other liabilities (describe <input type="checkbox"/> PAYROLL WITHHOLDING)			1,646.	65	1,586.	
66	Total liabilities (add lines 60 through 65)			1,646.	66	1,586.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		1,611,610.	67	1,498,675.	
	68	Temporarily restricted			68	4,630.	
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal or current funds			70		
	71	Paid-in or capital surplus, or land, building and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72 column (A) must equal line 19, column (B) must equal line 21)			1,611,610.	73	1,503,305.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)			1,613,256.	74	1,504,891.

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.

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80 a 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?
80 b If "Yes," enter the name of the organization and check whether it is exempt OR nonexempt
81 a Enter direct or indirect political expenditures. See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 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.)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations a Gross income from members or shareholders
87 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89 b 501(c)(3) and 501(c)(4) organizations 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?
89 c Enter amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955 and 4958
89 d Enter amount of tax on line 89c above reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2001

91 The books are in care of FAMILY YMCA OF NORTHWEST ILLINOIS Telephone no 815-235-9622
Located at FREEPORT, IL ZIP +4 61032

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a YOUTH PROGRAMS & LEAGUE			03	207,740.	
b DAY CARE CENTER & PRESL			03	366,019.	
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			03	567,628.	
95 Interest on savings and temporary cash investments			14	18,856.	
96 Dividends and interest from securities			14	39,134.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	7,549.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					<7,663.>
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			03	7,734.	
103 Other revenue					
a OTHER REVENUE			03	4,768.	
b					
c					
d					
e					
104 Subtotal (add columns (B) (D), and (E))		0.		1,219,428.	<7,663.>
105 Total (add line 104, columns (B), (D), and (E))					1,211,765.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

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)
100	SALE OF INVESTMENTS ARE USED FOR THE EXEMPT PURPOSE OF PHYSICAL FITNESS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

accompanying schedules and statements and to the best of my knowledge and belief it is true information of which preparer has any knowledge

5/23/02 Larry D Elliott Ex Dir

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 Section 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

2001

Name of the organization

FAMILY YMCA OF NORTHWEST ILLINOIS

Employer identification number

36 2169195

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

(See page 1 of the instructions List each one If there are none enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE -----				

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

0

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

(See page 2 of the instructions List each one (whether individuals or firms) if there are none, enter "None")

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

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

0

Part III Statements About Activities (See page 2 of the instructions)		Yes	No
1	During the year has the organization attempted to influence national state, or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If Yes, enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B) 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		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods services or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3	Does the organization make grants for scholarships fellowships student loans, etc ? (See Note below)	3	X
4	Do you have a section 403(b) annuity plan for your employees?	4	X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments			

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

- The organization is not a private foundation because it is (Please check only ONE applicable box)
- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
 - 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
 - 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8 A Federal state or local government or governmental unit Section 170(b)(1)(A)(v)
 - 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶ _____**
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
 - 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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	52,278.	49,220.	118,414.	70,964.	290,876.
16 Membership fees received	538,230.	534,392.	565,297.	506,010.	2,143,929.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	542,966.	499,489.	451,434.	441,273.	1,935,162.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	65,975.	107,923.	70,085.	59,692.	303,675.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	1,199,449.	1,191,024.	1,205,230.	1,077,939.	4,673,642.
24 Line 23 minus line 17	656,483.	691,535.	753,796.	636,666.	2,738,480.
25 Enter 1% of line 23	11,994.	11,910.	12,052.	10,779.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e) line 24				26a N/A
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c N/A
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.				
	(2000) 0.	(1999) 0.	(1998) 0.	(1997) 0.	0.
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2000) 0.	(1999) 0.	(1998) 0.	(1997) 0.	0.
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 1,935,162. 20 _____ 21 _____					27c 4,369,967.
d Add: Line 27a total _____ and line 27b total _____					27d 0.
e Public support (line 27c total minus line 27d total)					27e 4,369,967.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					27f 4,673,642.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 93.5024%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 6.4976%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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.

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (if you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (if you need more space attach a separate statement)	32d	
<hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (if you need more space attach a separate statement)	33h	
<hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No " attach an explanation	35	

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

FAMILY YMCA OF NORTHWEST ILLINOIS

Employer identification number

36-2169195

Organization type (check one)

Filers of

Section

Form 990 or 990 EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990 PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

For organizations filing Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization FAMILY YMCA OF NORTHWEST ILLINOIS	Employer identification number 36-2169195
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Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 41,956.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	_____ _____ _____	\$ 9,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	PROGRAM SERVICES LEASEHOLD IMPROVEMENTS	VARIABLES	VSLS	20.00	16	326,430.			326,430.	163,846.		16,322.
2	EQUIPMENT * 990 PAGE 2 TOTAL PROGRAM SERVICES * GRAND TOTAL 990 PAGE 2 DEPR	VARIABLES	VSLS	10.00	16	353,671.			353,671.	197,315.	0.	37,776.
						680,101.		0.	680,101.	361,161.	0.	54,098.
						680,101.		0.	680,101.	361,161.	0.	54,098.

(D) - Asset disposed

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
FACILITY RENTAL, FREEPORT, IL		1	7,549.
TOTAL TO FORM 990, PART I, LINE 6A			7,549.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	2
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SARA LEE CORP	4,264.	5,872.	0.	<1,608.>	
OLD KENT TRUST-LONG TERM GAINS	8,314.	0.	0.	8,314.	
HOUSEHOLD FINANCE CORP.	35,000.	34,587.	0.	413.	
FED NATL MTG	25,000.	24,594.	0.	406.	
FIFTH THIRD BANCORP	28.	11.	0.	17.	
ACCESSOR SMALL TO MID CAP	16,195.	22,165.	0.	<5,970.>	
SARA LEE CORP	5,264.	7,751.	0.	<2,487.>	
DREYFUSS DISCIPLINED STOCK FUND	10,481.	11,438.	0.	<957.>	
NEWELL RUBBERMAID	11,210.	10,933.	0.	277.	
SARA LEE CORP	9,995.	14,680.	0.	<4,685.>	
JC PENNEY	33,906.	35,289.	0.	<1,383.>	
TO FORM 990, PART I, LINE 8	159,657.	167,320.	0.	<7,663.>	

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

1. GROSS RECEIPTS	9,917	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		9,917
4. COST OF GOODS SOLD (LINE 13)	2,183	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		7,734

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED	2,183	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		2,183
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		2,183

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 4

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
YMCA OF THE USA	101 WACKER DR, CHICAGO, IL	
PURPOSE OF PAYMENT		AMOUNT
NATIONAL CONFERENCE DUES		23,192.
TOTAL TO FORM 990, PART I, LINE 16		23,192.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED GAIN (LOSS) ON MARKET VALUE OF ENDOWMENT INVESTMENTS	<21,484.>
UNREALIZED GAIN ON MARKET VALUE OF CAPITAL IMPROVEMENT INVESTMENTS	2,030.
TOTAL TO FORM 990, PART I, LINE 20	<19,454.>

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	1,477.	1,477.		
PROGRAM EXPENSE	68,215.	68,215.		
BUILDING MAINTENANCE AND REPAIR	701.	701.		
CONTRIBUTIONS	100,190.	100,190.		
FOOD EXPENSE - DAY CARE	19,514.	19,514.		
PROMOTION	10,497.	10,497.		
SALES TAX	651.	651.		
INSURANCE	26,582.	26,582.		
MISCELLANEOUS	2,227.	2,227.		
VEHICLE EXPENSE	3,970.	3,970.		
UTILITIES	0.			
CUSTODIAL FEES	0.			
TRUST FEES	1,523.		1,523.	

PAYMENTS TO RETIRED DIRECTORS	9,600.		9,600.
RECRUITMENT	200.	200.	
CHILDREN'S CENTER SUPPLIES	5,517.	5,517.	
IMPROVEMENTS	6,681.	6,681.	
TOTAL TO FM 990, LN 43	257,545.	246,422.	11,123.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
PART III

EXPLANATION

TO PROVIDE PHYSICAL FITNESS AND YOUTH PROGRAMS AND TO PROVIDE DAY CARE AND PRESCHOOL SERVICES.

FORM 990 OTHER INVESTMENTS STATEMENT 8

DESCRIPTION	VALUATION METHOD	AMOUNT
SEE ATTACHED	MARKET VALUE	979,870.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		979,870.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS	326,430.	180,168.	146,262.
EQUIPMENT	353,671.	235,091.	118,580.
TOTAL TO FORM 990, PART IV, LN 57	680,101.	415,259.	264,842.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CINDY LOWER FREEPORT, IL 61032	DIRECTOR 0.	0.	0.	0.
JIM GASTEL FREEPORT, IL	DIRECTOR 0.	0.	0.	0.
JAN SANDERS FREEPORT, IL	DIRECTOR 0.	0.	0.	0.
DAVE FONDA FREEPORT, IL	DIRECTOR 0.	0.	0.	0.
BILL LEIBMAN FREEPORT, IL	DIRECTOR 0.	0.	0.	0.
JOE CRAWFORD FREEPORT, IL	DIRECTOR 0.	0.	0.	0.
HUGH KNAPP FREEPORT, IL	DIRECTOR 0.	0.	0.	0.
BILLY TAYLOR FREEPORT, IL	DIRECTOR 0.	0.	0.	0.
VALERIE STABENOW FREEPORT, IL	DIRECTOR 0.	0.	0.	0.
DOUG MASON FREEPORT, IL	DIRECTOR 0.	0.	0.	0.
JIM STOUT FREEPORT, IL	DIRECTOR 0.	0.	0.	0.

FAMILY YMCA OF NORTHWEST ILLINOIS

36-2169195

TERI WINTER FREEPORT, IL	DIRECTOR 0.	0.	0.	0.
MARK WRIGHT FREEPORT, IL	DIRECTOR 0.	0.	0.	0.
JACK HERRMANN FREEPORT, IL	DIRECTOR 0.	0.	0.	0.
TIM SIEVERS FREEPORT, IL	DIRECTOR 0.	0.	0.	0.
WENDY GUSTAFSON FREEPORT, IL	DIRECTOR 0.	0.	0.	0.
KIM GRIMES FREEPORT, IL	DIRECTOR 0.	0.	0.	0.
JEFF STADEL LENA, IL	DIRECTOR 0.	0.	0.	0.
LARRY ELLIOTT FREEPORT, IL	EXEC-DIR 40	63,560.	4,393.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>63,560.</u>	<u>4,393.</u>	<u>0.</u>

FORM 990

OTHER INVESTMENTS

Support for Statement 8

<u>Shares or Par Value</u>		<u>Market Value as of 12/31/2000</u>
42,528	Money Market Fund	\$ 42,528
200	First Lena Corporation	6,200
50,000	Providian National Bank CD, 6 5%, due 10/28/02	50,000
25,000	Federal Natl Mortgage, 7 125%, due 3/15/07	27,531
25,000	Federal Home Loan Mtg Corp, 5 625%, due 3/15/11	49,563
25,000	Federal Home Loan Mtg Corp, 5 75%, due 4/15/08	25,750
25,000	Federal Natl Mortgage, 7 125%, due 2/15/05	27,297
35,000	Ford Motor Credit Co , 6 50%, due 2/28/02	35,206
25,000	New England Telephone and Telegraph, 6 3%, due 12/16/02	25,832
25,000	American General Finance, 6 375%, due 3/01/03	26,026
50,000	National Rural Utility Finance, 6 0%, due 1/15/04	51,808
25,000	Baltimore Gas & Electric, 5 5%, due 4/15/04	25,565
30,000	Salomon Inc , 6 5%, due 10/15/02	30,917
50,000	Wells Fargo, 6 125%, due 02/15/06	51,916
788	Dreyfus Emerging Leaders Fund	27,392
1489	Fidelity Contrafund	63,696
2,414	Janus Fund	59,397
410	Liberty Acorn International Fund	7,572
200	Fifth Third Bankcorp	12,266
1362	Fifth Third Mid Cap	19,515
842	Fifth Third Quality Growth Fund	15,068
396	Scudder Global Fund	8,592
630	Vanguard 500 Index Fund	66,667
271	US Bancorp	5,672
800	Sara Lee Corp	17,784
	Life Insurance - Cash Value	83,609
38,835	Money Market Fund	38,836
25,000	Federal Home Ln Mtg, 4 75%, due 06/28/04	25,656
25,000	Federal Home Ln Mtg, 7 00%, due 02/15/03	26,266
25,000	Associates Corporation, 6 0%, due 12/01/02	25,743
		<u>\$ 979,870</u>

Application for Extension of Time To File an Exempt Organization Return

▶ 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)

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

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

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	FAMILY YMCA OF NORTHWEST ILLINOIS	36-2169195
	Number, street, and room or suite no If a P O box see instructions 2998 PEARL CITY RD	
File by the due date for filing your return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions FREEPORT, IL 61032	

COPY

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 EZ | <input type="checkbox"/> Form 990 T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

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

1 I request an automatic 3 month (6 month, for 990-T corporation) extension of time until AUGUST 15, 2002 to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ calendar year 2001 or

▶ tax year beginning _____, and ending _____

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

3a If this application is for Form 990 BL 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990 PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____

c Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

Signature and Verification

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

Signature ▶ Neil T. Richardson Title ▶ CPA Date ▶ 5/14/02

LHA For Paperwork Reduction Act Notice, see instruction