

**Short Form**

**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)

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

**2004**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

<b>A For the 2004 calendar year, or tax year beginning and ending</b>		<b>D Employer identification number</b>
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> ELMHURST WALK IN MINISTRY Number and street (or P O box, if mail is not delivered to street address) Room/suite 125 W. CHURCH STREET City, town, or country State ZIP + 4 ELMHURST IL 60126-3326	<b>E Telephone number</b> 31-1650035 630/782-6006
		<b>F Group Exemption Number</b> . . . ▶
		<b>G Accounting method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶
		<b>H Check</b> <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

**I Website:** ▶ NONE

**J Organization type** (check only one)—  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K Check**  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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ.** ▶ \$ 46,054

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See page 37 of the instructions.)			
	1 Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	45,920
	2 Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	3 Membership dues and assessments . . . . .	<b>3</b>	
	4 Investment income . . . . .	<b>4</b>	134
	5 a Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	b Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) . . . . .	<b>5c</b>	
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 45,920 of contributions reported on line 1) . . . . .	<b>6a</b>	
	b Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	
	c Net income or (loss) from special events and activities (line 6a less line 6b) . . . . .	<b>6c</b>	
	7 a Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
	b Less: cost of goods sold . . . . .	<b>7b</b>	
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b) . . . . .	<b>7c</b>	
	8 Other revenue (describe ▶ ) . . . . .	<b>8</b>	
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . . . . . ▶	<b>9</b>	46,054
<b>Expenses</b>	10 Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	36,784
	11 Benefits paid to or for members . . . . .	<b>11</b>	
	12 Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	13 Professional fees and other payments to independent contractors . . . . .	<b>13</b>	100
	14 Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	15 Printing, publications, postage, and shipping . . . . .	<b>15</b>	1,251
	16 Other expenses (describe ▶ See attached statement.) . . . . .	<b>16</b>	2,068
	<b>17 Total expenses</b> (add lines 10 through 16) . . . . . ▶	<b>17</b>	40,203
<b>Net Assets</b>	18 Excess or (deficit) for the year (line 9 less line 17) . . . . .	<b>18</b>	5,851
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	23,699
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	
	<b>21 Net assets or fund balances at end of year</b> (combine lines 18 through 20) . . . . . ▶	<b>21</b>	29,550

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. (See page 40 of the instructions.)

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments . . . . .		23,699	<b>22</b>	29,550
23 Land and buildings . . . . .			<b>23</b>	
24 Other assets (describe ▶ ) . . . . .			<b>24</b>	
<b>25 Total assets</b> . . . . .		23,699	<b>25</b>	29,550
26 Total liabilities (describe ▶ ) . . . . .			<b>26</b>	
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .		23,699	<b>27</b>	29,550

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? ASSISTANCE TO THE NEEDY			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	GAS VOUCHERS \$936 - 66 PEOPLE SEEN RENTAL/MORTGAGE ASSISTANCE \$11620 - 49 PEOPLE SEEN PRESCRIPTION VOUCHERS \$1081 - 20 PEOPLE SEEN (Grants \$ )	28a	13,637
29	PUBLIC TRANSPORTATION \$1619 - 51 PEOPLE SEEN AUTO REPAIR \$5233 - 30 PEOPLE SEEN UTILITY ASSISTANCE \$9220 - 62 PEOPLE SEEN (Grants \$ )	29a	16,072
30	MERCY (ALL OTHERS) - 600 PEOPLE SEEN (Grants \$ )	30a	7,075
31	Other program services (attach schedule) (Grants \$ )	31a	
32	Total program service expenses (add lines 28a through 31a)	32	36,784

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name Jan Edgley Str 795 Prospect City Elmhurst ST IL ZIP 60126	Title President Hr/WK 5	0	0	0
Name Rita Cooper Str 111 Harbour Terrace City ELMHURST ST IL ZIP 60126	Title Treasurer Hr/WK 3	0	0	0
Name See attached list Str City ST ZIP	Title Hr/WK	0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . .		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . .		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) . . .		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions . . . ▶ 37a	0	
b	Did the organization file Form 1120-POL for this year? . . . . .		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved . . . . . 38b		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 . . . . . 39a		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . 39b		
40 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	501(c)(3) and (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? If "Yes," attach an explanation . . . . .		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 . . . ▶		0
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization . . . . . ▶		0
41	List the states with which a copy of this return is filed. ▶ IL		
42	The books are in care of ▶ Name Rita Cooper Business check here <input type="checkbox"/> Telephone no. ▶ 630/782-6006 Located at ▶ 125 W Church Street City Elmhurst ST IL ZIP + 4 ▶ 60126-3326		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43		N/A

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

Please

*Jan Edgley*

Date 5/10/05

dent

Date / / Check if Preparer's SSN or PTIN (See Gen Inst W)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

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

OMB No 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

ELMHURST WALK IN MINISTRY

31-1650035

**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
Name Str NONE ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000				

**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
Name Str NONE ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Total number of others receiving over \$50,000 for professional services		

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

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities, compensation, and grants.

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

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A )
11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 X 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.)

Table with 2 columns: (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 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	28,722	23,711	26,326	17,678	96,437
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
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	240	346	740	387	1,713
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	28,962	24,057	27,066	18,065	98,150
24 Line 23 minus line 17	28,962	24,057	27,066	18,065	98,150
25 Enter 1% of line 23	290	241	271	181	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶	26a	
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.	▶	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶	26c	
d Add Amounts from column (e) for lines: 18 _____ 19 _____		26d	
22 _____ 26b _____	▶	26e	
e Public support (line 26c minus line 26d total)	▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	

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:		(2003) 1,574	(2002) 668	(2001) 950	(2000) 130
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:		(2003) _____	(2002) _____	(2001) _____	(2000) _____
c Add. Amounts from column (e) for lines: 15 96,437 16 _____		27c	96,437		
17 _____ 20 _____ 21 _____	▶	27d	3,322		
d Add: Line 27a total 3,322 and line 27b total _____	▶	27e	93,115		
e Public support (line 27c total minus line 27d total)	▶	27e	93,115		
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	▶	27f	98,150		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27g	94.87%		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h	1.75%		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

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

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.) ..... ..... .....		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement ) ..... ..... .....		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .		
b	Admissions policies? . . . . .		
c	Employment of faculty or administrative staff? . . . . .		
d	Scholarships or other financial assistance? . . . . .		
e	Educational policies? . . . . .		
f	Use of facilities? . . . . .		
g	Athletic programs? . . . . .		
h	Other extracurricular activities? . . . . .		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ..... ..... .....		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		





**Line 16 (990-EZ) - Other expenses**

1	Fund Raising	1	
2	OFFICE SUPPLIES	2	649
3	TELEPHONE	3	1,166
4	TRAINING/VOLUNTEER APPRECIATION	4	133
5	DUEA AND OTHER TAXES	5	120
6		6	
7		7	
8		8	
9		9	
10		10	
11	Total other expenses	11	2,068

990-EZ (2004)

ELMJURST WALK IN MINISTRY

31-1650035

NAME AND ADDRESS	TITLE AND AVG HOURS PER WEEK	COMPENSATION EMPLOYEE BENEFITS EXPENSE ALLOWANCES
JANET HODGE 435 ELM PARK ELMHURST, IL. 60126	VICE-PRESIDENT - OUTREACH 3	0 0 0
SUSAN SAKASH 124 ADELIA ELMHURST, IL. 60126	VICE PRESIDENT - FINANCIAL 3	0 0 0
ELEANOR WOOD 230 S, ILLINOIS VILLA PARK, IL. 60181	DIRECTOR 3	0 0 0
ROSALIE WARD 636 SWAIN ELMHURST, IL. 60126	VICE PRESIDENT - SITE MGMT 3	0 0 0
KAREN MANGAN 224 HIGHLAND ELMHURST, IL. 60126	VICE PRESIDENT - VOULNTEER 3	0 0 0
BETH BUTLER 259 ARLINGTON ELMHURST, IL. 60126	DIRECTOR 3	0 0 0
VAL STEWART 130 W MADISON ELMHURST, IL. 60126	SECRETARY 3	0 0 0
JUDY GREAVES 17 W 220 RODECK LANE BENSENVILLE, IL. 60106	DIRECTOR 3	0 0 0
KIM MARSHALL 43 YORKSHIRE WOODS OAKBROOK, IL. 60523	DIRECTOR 3	0 0 0
MARY JO CORBETT 228 MIGHIGAN ELMHURST, IL. 60126	DIRECTOR 3	0 0 0
CAROL YESCO 134 ARTHUR ELMHURST, IL. 60126	DIRECTOR 3	0 0 0