

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year 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. D Employer identification number: 36-2169195. E Telephone number: 815 235-9622. F Accounting method: X Cash, Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations.

G Website: N/A. H(a) Is this a group return for affiliates? Yes X No. H(b) If "Yes," enter number of affiliates.

J Organization type (check only one) X 501(c) (3) (insert no) 4947(a)(1) or 527. H(c) Are all affiliates included? N/A Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes X No.

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. I Group Exemption Number.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,684,510. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 Gross rents; 7 Other investment income; 8 Gross amount from sales of assets other than inventory; 9 Special events and activities; 10 Gross sales of inventory, less returns and allowances; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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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 Page 2

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 \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	68,200.	0.	68,200.	0.
26	Other salaries and wages	646,595.	646,595.		
27	Pension plan contributions	27,945.	22,726.	5,219.	
28	Other employee benefits	26,990.	25,500.	1,490.	
29	Payroll taxes	54,676.	49,482.	5,194.	
30	Professional fundraising fees				
31	Accounting fees	5,140.		5,140.	
32	Legal fees				
33	Supplies	14,411.	14,411.		
34	Telephone	6,519.	6,519.		
35	Postage and shipping	3,490.	3,490.		
36	Occupancy	273,935.	273,935.		
37	Equipment rental and maintenance	11,188.	11,188.		
38	Printing and publications				
39	Travel	408.	408.		
40	Conferences, conventions, and meetings	7,841.	7,841.		
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	56,571.	56,571.		
43	Other expenses not covered above (itemize):				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 6	152,006.	142,406.	9,600.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,355,915.	1,261,072.	94,843.	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? <input type="checkbox"/> SEE STATEMENT 7	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 \$ _____)	873,051.
b DAY CARE AND PRESCHOOL SERVICES APPROXIMATELY 320 YOUTH CARED FOR. (Grants and allocations \$ _____)	388,021.
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)	1,261,072.

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	5,916.	45	5,268.	
	46 Savings and temporary cash investments	186,922.	46	187,775.	
	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	1,142,387.	56	1,168,043.	
57 a Land, buildings, and equipment basis	57a 882,849.				
b Less accumulated depreciation STMT 9	57b 507,662.	378,624.	57c	375,187.	
58 Other assets (describe <input type="checkbox"/>)			58		
59 Total assets (add lines 45 through 58) (must equal line 74)		1,713,849.	59	1,736,273.	
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"/> SEE STATEMENT 10)		4,439.	65	5,168.
66 Total liabilities (add lines 60 through 65)		4,439.	66	5,168.	
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	1,709,410.	67	1,731,105.	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		1,709,410.	73	1,731,105.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		1,713,849.	74	1,736,273.

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

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
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?		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 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 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? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
90 a	List the states with which a copy of this return is filed ILLINOIS		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 106		
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 page 33 of the instructions)

	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 <u>YOUTH PROGRAMS & LEAGUE</u>			03	210,336.	
b <u>DAY CARE CENTER & PRESL</u>			03	381,035.	
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			03	590,595.	
95 Interest on savings and temporary cash investments			14	1,233.	
96 Dividends and interest from securities			14	36,554.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	6,198.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					10,170.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			03	491.	
103 Other revenue					
a <u>OTHER REVENUE</u>			03	8,129.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		1,234,571.	10,170.
105 Total (add line 104, columns (B), (D), and (E))					1,244,741.

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 page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
100	SALE OF INVESTMENTS ARE USED FOR THE EXEMPT PURPOSE OF PHYSICAL FITNESS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

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

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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

6/29/05 Date **Larry D. Elliott, Ex. Dir.** Type or print name and title

____ Date Check if self- Preparer's SSN or PTIN

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

2004

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 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

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 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.)	150,558.	244,979.	66,611.	52,278.	514,426.
16 Membership fees received	594,420.	607,109.	567,628.	538,230.	2,307,387.
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	554,860.	612,292.	583,676.	542,966.	2,293,794.
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	45,035.	57,864.	65,439.	65,975.	234,313.
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	1,344,873.	1,522,244.	1,283,354.	1,199,449.	5,349,920.
24 Line 23 minus line 17	790,013.	909,952.	699,678.	656,483.	3,056,126.
25 Enter 1% of line 23	13,449.	15,222.	12,834.	11,994.	
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 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 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 (2003) 0. (2002) 0. (2001) 0. (2000) 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. (2003) 0. (2002) 0. (2001) 0. (2000) 0.					
c Add: Amounts from column (e) for lines 15 514,426. 16 2,307,387. 17 2,293,794. 20 _____ 21 _____					27c 5,115,607.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 5,115,607.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f 5,349,920.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 95.6203%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 4.3797%

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

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)		
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	
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	
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	

2004 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	PROGRAM SERVICES											
1	LEASEHOLD IMPROVEMENTS	VARIABLES		20.00	16	333,610.			333,610.	191,524.		10,802.
2	EQUIPMENT	VARIABLES		10.00	16	549,239.			549,239.	259,567.		45,769.
	* 990 PAGE 2 TOTAL					882,849.		0.	882,849.	451,091.	0.	56,571.
	* GRAND TOTAL 990 PAGE 2 DEPR					882,849.		0.	882,849.	451,091.	0.	56,571.

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
FACILITY RENTAL, FREEPORT, IL	1	6,198.
TOTAL TO FORM 990, PART I, LINE 6A		6,198.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	2
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS SECURITIES	312,535.	302,365.	0.	10,170.
TO FORM 990, PART I, LINE 8	312,535.	302,365.	0.	10,170.

FORM 990

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

STATEMENT 3

INCOME

1. GROSS RECEIPTS	5,645	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		5,645
4. COST OF GOODS SOLD (LINE 13)	5,154	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		491

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED	5,154	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		5,154
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		5,154

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	4
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<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>
YMCA OF THE USA	101 WACKER DR, CHICAGO, IL
<u>PURPOSE OF PAYMENT</u>	<u>AMOUNT</u>
NATIONAL CONFERENCE DUES	21,796.
TOTAL TO FORM 990, PART I, LINE 16	<u>21,796.</u>

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED GAIN (LOSS) ON MARKET VALUE OF ENDOWMENT INVESTMENTS	22,845.
UNREALIZED GAIN (LOSS) ON MARKET VALUE OF CAPITAL IMPROVEMENT INVESTMENTS	<430.>
TOTAL TO FORM 990, PART I, LINE 20	<u>22,415.</u>

FORM 990	OTHER EXPENSES	STATEMENT	6
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<u>DESCRIPTION</u>	<u>(A)</u> <u>TOTAL</u>	<u>(B)</u> <u>PROGRAM SERVICES</u>	<u>(C)</u> <u>MANAGEMENT AND GENERAL</u>	<u>(D)</u> <u>FUNDRAISING</u>
BANK CHARGES	8,055.	8,055.		
PROGRAM EXPENSE	52,087.	52,087.		
BUILDING MAINTENANCE AND REPAIR	474.	474.		
EQUIPMENT PURCHASES	8,581.	8,581.		
FOOD EXPENSE - DAY CARE	20,104.	20,104.		
PROMOTION	8,191.	8,191.		
SALES TAX	310.	310.		
INSURANCE	39,805.	39,805.		
MISCELLANEOUS	2,330.	2,330.		
VEHICLE EXPENSE	2,469.	2,469.		
TRUST FEES	0.			
PAYMENTS TO RETIRED DIRECTORS	9,600.		9,600.	
TOTAL TO FM 990, LN 43	<u>152,006.</u>	<u>142,406.</u>	<u>9,600.</u>	

Shares or Par Value		Market Value as of 12/31/04
55969	Money Market Fund	55,969
181	Cash	181
11103	Midwest Bank CD, 4.67%, due 07/19/05	11,103
50000	Kent Bank CD, 3.5%, due 10/30/05	50,000
25000	Federal Natl. Mortgage, 4.25%, due 7/15/07	25,524
25000	Federal Natl. Mortgage, 4.375%, due 10/15/06	25,500
25000	Federal Natl. Mortgage, 7.125%, due 3/15/07	27,008
25000	Federal Natl. Mortgage, 7.125%, due 2/15/05	25,133
50000	Federal Home Loan Mtg Corp, 5.625%, due 3/15/11	54,047
25000	Federal Home Loan Mtg Corp, 5.75%, due 4/15/08	26,695
25000	Federal Home Loan Bank, 3.25%, due 8/15/05	25,070
35000	Bank of America Corp., 4.75%, due 10/15/06	35,845
50000	Wells Fargo, 6.125%, due 02/15/06	51,518
25000	American General Finance, 4.625%, due 5/15/09	25,440
25000	City Group, Inc., 4.75%, due 12/15/10	25,404
25000	Countrywide Home, 4.25%, due 12/19/07	25,280
25000	General Electric Capital, 3.75%, due 12/15/09	24,604
25000	Verizon Global Funding, 4.00%, due 1/15/08	25,208
1895	Fifth Third Mid Cap	28,139
2129	Fifth Third Micro Cap Value Fund	23,655
2234	Fifth Third Strategic Income Fund	25,933
3250	American Growth Fund	88,990
770	Dodge & Cox Stock Fund	100,202
1435	American Funds Europacific	51,128
330	Manager's Special Equity Fund	29,810
1345	T Rowe Price Mid Cap Value Fund	31,041
	Life insurance-cash value	120,789
38,543	Money Market Fund	38,543
1	Cash	1
20,000	Midwest Bank CD, 4.67%, due 7/23/05	20,000
630	Vanguard Index Trust	<u>70,283</u>
		1,168,043

FORM 990

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

STATEMENT 11

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.
DAVE BARGER FREEPORT, IL	DIRECTOR 0.	0.	0.	0.
TERESA HINES 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.
T.J. JACKSON FREEPORT, IL	DIRECTOR 0.	0.	0.	0.
WAYNE OLIVER 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.
ALAN WENZEL LENA, IL	DIRECTOR 0.	0.	0.	0.
LARRY ELLIOTT FREEPORT, IL	EXEC-DIR 40	68,200.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>68,200.</u>	<u>0.</u>	<u>0.</u>

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.**

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

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print	Name of Exempt Organization FAMILY YMCA OF NORTHWEST ILLINOIS	Employer identification number 36-2169195
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. 2998 PEARL CITY RD	COPY
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FREEPORT, IL 61032	

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

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

• The books are in the care of ▶ **FAMILY YMCA OF NORTHWEST ILLINOIS**
Telephone No ▶ **815-235-9622** FAX No. ▶ _____

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

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2004** 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

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