

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

**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*

OMB No 1545-1150

**2005**

**Open to Public Inspection**

**A For the 2005 calendar year, or tax year beginning and ending**

<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	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> ELMHURST WALK IN MINISTRY		<b>D Employer identification number</b> 31-1650035
		Number and street (or P O box, if mail is not delivered to street address) Room/suite	City, town, or country State ZIP + 4	<b>E Telephone number</b> 630/782-6006

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

**G Accounting method.**  Cash  Accrual  
 Other (specify) ▶

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

**I Website:** ▶ NONE

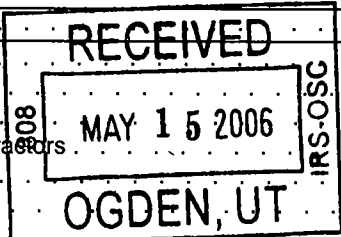
**J Organization type** (check only one)—  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**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 chooses to file a return, be sure to file a complete return. **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** ▶ \$ 48,549

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 38 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .		1	48,283
	2	Program service revenue including government fees and contracts . . . . .		2	
	3	Membership dues and assessments . . . . .		3	
	4	Investment income . . . . .		4	266
	5a	Gross amount from sale of assets other than inventory . . . . .	5a		
	5b	Less: cost or other basis and sales expenses . . . . .	5b		
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) . . . . .	5c		
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a		
	6b	Less: direct expenses other than fundraising expenses . . . . .	6b		
6c	Net income or (loss) from special events and activities (line 6a less line 6b) . . . . .	6c			
7a	Gross sales of inventory, less returns and allowances . . . . .	7a			
7b	Less: cost of goods sold . . . . .	7b			
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b) . . . . .	7c			
8	Other revenue (describe ▶ _____ ) . . . . .	8			
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . . . . .	9		48,549	
Expenses	10	Grants and similar amounts paid (attach schedule) . . . . .	10	39,201	
	11	Benefits paid to or for members . . . . .	11		
	12	Salaries, other compensation, and employee benefits . . . . .	12		
	13	Professional fees and other payments to independent contractors . . . . .	13	100	
	14	Occupancy, rent, utilities, and maintenance . . . . .	14		
	15	Printing, publications, postage, and shipping . . . . .	15	1,252	
	16	Other expenses (describe ▶ See attached statement) . . . . .	16	3,230	
17	<b>Total expenses</b> (add lines 10 through 16) . . . . .	17	43,783		
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17) . . . . .	18	4,766	
	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) . . . . .	19	29,550	
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20		
	21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20) . . . . .	21	34,316	



**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 41 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	29,550	22 34,316
23 Land and buildings . . . . .		23
24 Other assets (describe ▶ _____ ) . . . . .		24
25 <b>Total assets</b> . . . . .	29,550	25 34,316
26 <b>Total liabilities</b> (describe ▶ _____ ) . . . . .		26
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	29,550	27 34,316

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2005)

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Part III Statement of Program Service Accomplishments (See page 42 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 \$1248 - 84 PEOPLE SEEN RENTAL/MORTGAGE ASSISTANCE \$17185- 66 PEOPLE SEEN PRESCRIPTION VOUCHERS \$1930- 20 PEOPLE SEEN (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	28a	20,363
29	PUBLIC TRANSPORTATION \$2412 - 41 PEOPLE SEEN AUTO REPAIR \$2105 - 18 PEOPLE SEEN UTILITY ASSISTANCE \$10071 - 64 PEOPLE SEEN (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	29a	14,588
30	MERCY (ALL OTHERS) - 446 PEOPLE SEEN  (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	30a	4,250
31	Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	<b>39,201</b>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 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 Rosalie Ward Str 636 Swain City Elmhurst ST IL ZIP 60126	Title President Hr/WK 5	0	0	0	0
Name Rita Cooper Str 111 Harbour Terrace City ELMHURST ST IL ZIP 60126	Title Treasurer Hr/WK 3	0	0	0	0
Name See attached list Str City ST ZIP	Title Hr/WK	0	0	0	0
Name Str City ST ZIP	Title Hr/WK				

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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . .	0	
b	Did the organization file Form 1120-POL for this year? . . . . .		X
38a	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	
40a	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.	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		0
d	Enter amount of tax on line 40c reimbursed by the organization . . . . .		0

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41** List the states with which a copy of this return is filed. ▶ IL
- 42 a** The books are in care of ▶ Name Rita Cooper Telephone no. ▶ 630/782-6006  
 Located at ▶ 125 W Church Street City Elmhurst ST IL ZIP + 4 ▶ 60126-3326
- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .
- |            | Yes | No |
|------------|-----|----|
| <b>42b</b> |     | X  |
| <b>42c</b> |     | X  |
- If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_  
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .  
 If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_
- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here . . . . . ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ **43** | N/A

**Please Sign Here**

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

▶ Rosalie Ward Signature of officer Date 5-12-06  
 ▶ Rosalie Ward Type or print name and title President

**Paid Preparer's Use Only**

Preparer's signature	<u>JAMES A. EKBLAD</u>	Date	<u>5/6/06</u>	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)	<u>P00439586</u>
Firm's name (or yours if self-employed), address, and ZIP + 4	<u>JAMES A. EKBLAD, CPA, P.C.</u> <u>533 S. YORK ROAD, ELMHURST, IL 60126</u>			EIN	<u>▶ 36-3365022</u>		
				Phone no	<u>▶ 630-834-5135</u>		

**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 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

**2005**

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

ELMHURST WALK IN MINISTRY

Employer identification number

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
NONE				

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

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

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

Total number of other contractors receiving over \$50,000 for other services ▶

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

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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.	1	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3 a</b> 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	
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	3b	X
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
<b>4 a</b> 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>b</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 ► \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 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  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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	45,920	28,722	23,711	26,326	124,679
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	134	240	346	740	1,460
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	46,054	28,962	24,057	27,066	126,139
24 Line 23 minus line 17	46,054	28,962	24,057	27,066	126,139
25 Enter 1% of line 23	461	290	241	271	

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 2001 through 2004 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 _____ 22 _____ 26b _____	26d
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:

(2004) \_\_\_\_\_ (2003) 1,574 (2002) 668 (2001) 950

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_

c Add: Amounts from column (e) for lines:	15 124,679 16 _____ 17 _____ 20 _____ 21 _____	27c	124,679
d Add: Line 27a total	3,192 and line 27b total _____	27d	3,192
e Public support (line 27c total minus line 27d total)		27e	121,487
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)		27f	126,139
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	96.31%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	1.16%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 . . . . .		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is—</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



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

1	OFFICE SUPPLIES	1	1,102
2	TELEPHONE	2	1,293
3	TRAINING/VOLUNTEER APPRECIATION	3	715
4	DUES AND OTHER TAXES	4	120
5	Total other expenses	5	3,230

990-EZ (2005)

## ELMJURST WALK IN MINISTRY

31-1650035

NAME AND ADDRESS	TITLE AND AVG HOURS PER WEEK	COMPENSATION EMPLOYEE BENEFITS EXPENSE ALLOWANCES
Dorothy Thoren 704 N, Kenilworth Elmhurst, IL. 60126	Vice-President - Outreach 3	0 0 0
Susan Kelly 157 Highland Elmhurst, IL. 60126	Vice President - Financial 3	0 0 0
Janet Edgley 795 Prospect Elmhurst, IL.60181	Director 3	0 0 0
Pay Ferrarini 315 Highview Elmhurst, IL. 60126	Vice President - Site Management 3	0 0 0
Karen Mangan 224 Highland Elmhurst, IL. 60126	Vice President - Volunteer 3	0 0 0
Nancy Brook 386 Huntington Lane Elmhurst, IL. 60126	Corresponding Secretary 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
Penny O'Neill 10251 Fith Avenue Countryside, IL. 60525	Director 3	0 0 0
Mary Jo Corbett 228 Michigan Elmhurst, IL. 60126	Director 3	0 0 0
Carol Yesco 134 Arthur Elmhurst, IL. 60126	Director 3	0 0 0