

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2005

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2005 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 [ ] Other (specify)

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

J Organization type (check only one) [X] 501(c) ( 3 ) (insert no) [ ] 4947(a)(1) or [ ] 527. I Group Exemption Number: N/A.

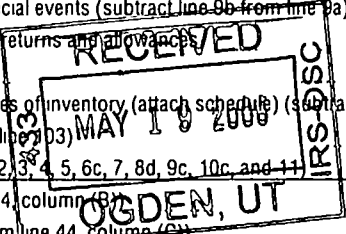
K Check here [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return. M Check [X] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 1,873,743.

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

Table with columns for Revenue, Expenses, and Net Assets. 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 a Gross rents; 7 Other investment income; 8 a Gross amount from sales of assets other than inventory; 9 Special events and activities; 10 a 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.

SCANNED JUL 12 2006



**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> , noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc	69,997.	0.	69,997.	0.
26 Other salaries and wages	750,107.	750,107.		
27 Pension plan contributions	26,096.	20,741.	5,355.	
28 Other employee benefits	33,652.	32,126.	1,526.	
29 Payroll taxes	62,571.	57,216.	5,355.	
30 Professional fundraising fees				
31 Accounting fees	5,230.		5,230.	
32 Legal fees				
33 Supplies	18,429.	18,429.		
34 Telephone	6,220.	6,220.		
35 Postage and shipping	3,541.	3,541.		
36 Occupancy	276,000.	276,000.		
37 Equipment rental and maintenance	5,256.	5,256.		
38 Printing and publications				
39 Travel	470.	470.		
40 Conferences, conventions, and meetings	5,910.	5,910.		
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	56,601.	56,601.		
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g <b>SEE STATEMENT 6</b>	43g	172,559.	162,959.	9,600.
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,492,639.	1,395,576.	97,063.
				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 \$ N/A; (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

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.

What is the organization's primary exempt purpose? ▶

SEE ATTACHED STATEMENT

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a YMCA PHYSICAL & YOUTH PROGRAMS. APPROXIMATELY 5000 MEMBERS SERVED

868,830.

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

b DAY CARE AND PRESCHOOL SERVICES APPROXIMATELY 320 YOUTH CARED FOR.

526,746.

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

c

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

1,395,576.

Form 990 (2005)

**Part IV Balance Sheets** (See the instructions.)

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	5,268.	45	5,054.
	46	Savings and temporary cash investments	187,775.	46	185,995.
	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 <span style="float: right;">▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>		54	
	55 a	Investments - land, buildings, and equipment - basis		55a	
	b	Less: accumulated depreciation		55b	55c
56	Investments - other <span style="float: right;">SEE STATEMENT 7</span>	1,168,043.	56	1,242,499.	
57 a	Land, buildings, and equipment - basis <span style="float: right;">57a 895,249.</span>		57a		
b	Less: accumulated depreciation <span style="float: right;">STMT 8 57b 534,442.</span>	375,187.	57b	57c 360,807.	
58	Other assets (describe ▶ _____)		58		
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	1,736,273.	59	1,794,355.	
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 ▶ <span style="float: right;">SEE STATEMENT 9</span> )	5,168.	65	5,165.
66	<b>Total liabilities.</b> Add lines 60 through 65	5,168.	66	5,165.	
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	1,731,105.	67	1,789,190.
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,731,105.	73	1,789,190.	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,736,273.	74	1,794,355.	





Part VI Other Information (continued)

Main form body containing questions 82a through 92, including sub-questions and data entry fields.

Table with columns 'Yes' and 'No' for questions 91b and 91c.

**Part VII Analysis of Income-Producing Activities** (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <b>YOUTH PROGRAMS &amp; LEAGUE</b>			03	232,103.	
b <b>DAY CARE CENTER &amp; PRESL</b>			03	516,363.	
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			03	586,523.	
95 Interest on savings and temporary cash investments			14	2,647.	
96 Dividends and interest from securities			14	49,418.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	6,459.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					10,245.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			03	-735.	
103 Other revenue:					
a <b>OTHER REVENUE</b>			03	8,522.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,401,300.	10,245.
105 Total (add line 104, columns (B), (D), and (E))					1,411,545.

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 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 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 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).

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.

Signature of officer: *Larry D. Elliott* Date: *5/12/06* Type or print name and title: *Larry D. Elliott, Ex. Dir.*

Preparer's signature: *Neal T. Richardson* Date: *05/11/06* Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **LINDGREN, CALLIHAN, VAN OSDOL & CO., LTD**  
**328 WEST STEPHENSON STREET**  
**FREEMONT, ILLINOIS 61032**

523163 02-03-08 EIN: \_\_\_\_\_ Phone no.: **(815) 233-1512**

**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 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

**2005**

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
LARRY ELLIOTT 217 N FAIRVIEW AVENUE, FREEPORT, IL	EXECUTIVE DIRECTOR 40.00	69,997.	4,900.	
Total number of other employees paid over \$50,000	▶ 0			

**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	▶ 0	

**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	▶ 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 <b>▶</b> \$ _____ \$ _____ (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.		<b>X</b>
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?		<b>X</b>
b Lending of money or other extension of credit?		<b>X</b>
c Furnishing of goods, services, or facilities?		<b>X</b>
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		<b>X</b>
e Transfer of any part of its income or assets?		<b>X</b>
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.)		<b>X</b>
b Do you have a section 403(b) annuity plan for your employees?		<b>X</b>
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		<b>X</b>
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?		<b>X</b>
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>

**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) 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.)	132,250.	150,558.	244,979.	66,611.	594,398.
16 Membership fees received	590,595.	594,420.	607,109.	567,628.	2,359,752.
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	591,371.	554,860.	612,292.	583,676.	2,342,199.
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	43,985.	45,035.	57,864.	65,439.	212,323.
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	1,358,201.	1,344,873.	1,522,244.	1,283,354.	5,508,672.
24 Line 23 minus line 17	766,830.	790,013.	909,952.	699,678.	3,166,473.
25 Enter 1% of line 23	13,582.	13,449.	15,222.	12,834.	
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 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 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: (2004) 0. (2003) 0. (2002) 0. (2001) 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 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) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add: Amounts from column (e) for lines: 15 594,398. 16 2,359,752. 17 2,342,199. 20 _____ 21 _____					27c 5,296,349.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 5,296,349.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 5,508,672.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 96.1457%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 3.8543%

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.  
 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	

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

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

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

**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				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**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.) **N/A**

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
	<b>a</b> Volunteers		
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> 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.



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	341,255.			341,255.	202,325.		11,184.
2	EQUIPMENT	VARIABLES		10.00	16	553,994.			553,994.	275,516.		45,417.
	* 990 PAGE 2 TOTAL					895,249.		0.	895,249.	477,841.	0.	56,601.
	PROGRAM SERVICES					895,249.		0.	895,249.	477,841.	0.	56,601.
	* GRAND TOTAL 990 PAGE 2 DEPR											

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
FACILITY RENTAL, FREEPORT, IL		1	6,459.
TOTAL TO FORM 990, PART I, LINE 6A			6,459.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	2
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
VARIOUS SECURITIES	294,440.	284,195.	0.	10,245.	
TO FORM 990, PART I, LINE 8	294,440.	284,195.	0.	10,245.	

FORM 990

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

STATEMENT 3

INCOME

1. GROSS RECEIPTS . . . . .	4,013	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		4,013
4. COST OF GOODS SOLD (LINE 13) . . . . .	4,748	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		-735

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .		
7. MERCHANDISE PURCHASED . . . . .	4,748	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		4,748
12. INVENTORY AT END OF YEAR . . . . .		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .		4,748

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	4
<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		25,130.	
TOTAL TO FORM 990, PART I, LINE 16		25,130.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
UNREALIZED GAIN (LOSS) ON MARKET VALUE OF ENDOWMENT INVESTMENTS		-8,946.	
UNREALIZED GAIN (LOSS) ON MARKET VALUE OF CAPITAL IMPROVEMENT INVESTMENTS			
TOTAL TO FORM 990, PART I, LINE 20		-8,946.	

FORM 990	OTHER EXPENSES				STATEMENT	6
<u>DESCRIPTION</u>	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
BANK CHARGES	8,250.	8,250.				
PROGRAM EXPENSE	46,899.	46,899.				
BUILDING MAINTENANCE AND REPAIR	567.	567.				
EQUIPMENT PURCHASES	8,362.	8,362.				
FOOD EXPENSE - DAY CARE	29,571.	29,571.				
PROMOTION	7,139.	7,139.				
SALES TAX	371.	371.				
INSURANCE	46,437.	46,437.				
MISCELLANEOUS	6,060.	6,060.				
VEHICLE EXPENSE	3,576.	3,576.				
LOST ON DISPOSAL OF EQUIPMENT	5,727.	5,727.				
PAYMENTS TO RETIRED DIRECTORS	9,600.		9,600.			
TOTAL TO FM 990, LN 43	172,559.	162,959.	9,600.			

FORM 990	OTHER INVESTMENTS	STATEMENT	7
DESCRIPTION	VALUATION METHOD	AMOUNT	
SEE ATTACHED	MARKET VALUE	1,242,499.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,242,499.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS	341,255.	213,509.	127,746.
EQUIPMENT	553,994.	320,933.	233,061.
TOTAL TO FORM 990, PART IV, LN 57	895,249.	534,442.	360,807.

FORM 990	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION		AMOUNT	
PAYROLL WITHHOLDING DUE TO NEIGHBORHOOD YMCA MEETINGS		1,111.	
		4,054.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		5,165.	

FORM 990

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

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DARYL TESSMANN FREEPORT, IL 61032	DIRECTOR 0.00	0.	0.	0.
JIM GASTEL FREEPORT, IL 61032	DIRECTOR 0.00	0.	0.	0.
JAN SANDERS FREEPORT, IL 61032	DIRECTOR 0.00	0.	0.	0.
DAVE FONDA FREEPORT, IL 61032	DIRECTOR 0.00	0.	0.	0.
BILL LEIBMAN FREEPORT, IL 61032	DIRECTOR 0.00	0.	0.	0.
BRIAN HELM FREEPORT, IL 61032	DIRECTOR 0.00	0.	0.	0.
DR. JEFF GEHLSSEN FREEPORT, IL 61032	DIRECTOR 0.00	0.	0.	0.
TERESA HINES FREEPORT, IL 61032	DIRECTOR 0.00	0.	0.	0.
VALERIE STABENOW FREEPORT, IL 61032	DIRECTOR 0.00	0.	0.	0.
DOUG MASON FREEPORT, IL 61032	DIRECTOR 0.00	0.	0.	0.
JIM STOUT FREEPORT, IL 61032	DIRECTOR 0.00	0.	0.	0.

FAMILY YMCA OF NORTHWEST ILLINOIS

36-2169195

TERI WINTER FREEPORT, IL 61032	DIRECTOR 0.00	0.	0.	0.
MARK WRIGHT FREEPORT, IL 61032	DIRECTOR 0.00	0.	0.	0.
T.J. JACKSON FREEPORT, IL 61032	DIRECTOR 0.00	0.	0.	0.
BILL ALLIND FREEPORT, IL 61032	DIRECTOR 0.00	0.	0.	0.
WENDY GUSTAFSON FREEPORT, IL 61032	DIRECTOR 0.00	0.	0.	0.
ALAN WENZEL LENA, IL	DIRECTOR 0.00	0.	0.	0.
LARRY ELLIOTT FREEPORT, IL 61032	EXEC-DIR 40.00	69,997.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>69,997.</u>	<u>0.</u>	<u>0.</u>

**Depreciation and Amortization 990**  
**(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return	Business or activity to which this form relates	Identifying number
<b>FAMILY YMCA OF NORTHWEST ILLINOIS</b>	<b>FORM 990 PAGE 2</b>	<b>36-2169195</b>

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	105,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	420,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	56,601.

**Part III MACRS Depreciation (Do not include listed property) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2005	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27 5 yrs.	MM	S/L	
	/		27 5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	56,601.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)  
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No							
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>25</b> Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use							25		
<b>26</b> Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
<b>27</b> Property used 50% or less in a qualified business use:									
		%				S/L -			
		%				S/L -			
		%				S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28		
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners			
<b>39</b> Do you treat all use of vehicles by employees as personal use?			
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.			

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2005 tax year:					
<b>43</b> Amortization of costs that began before your 2005 tax year					43
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					44

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE

To provide physical fitness and youth programs and to provide day care and preschool activities.

- a. The Family YMCA of Northwest Illinois's mission is "To put Christian principles into practice in all we do building healthy spirit, mind and body for all." To this end and acknowledging the YMCA's substantive work in the past of helping people, the YMCA offers a wide array of programming. Programs are developed to identify and meet specific needs of members and guests ranging in age from infant to senior.

Additionally, the YMCA has a long-standing commitment to providing financial assistance to children and adults who have legitimate financial needs. In 2005 the Family YMCA of Northwest Illinois provided \$90,560.25 in membership and program fee subsidies for qualified individuals. A simple and confidential process initiated by the scholarship candidate verifies qualification on a sliding fee considering income and household size as determining factors.

The YMCA welcomes all people without regard to race, color, religion, national origins, gender, age, marital status, disability, Veteran status, sexual orientation, or any other characteristics protected by federal or state law.

- b. YMCA programs are designed to further YMCA mission. Our YMCA seeks to help our members:
1. develop self-confidence and self-respect – and an appreciation of their own worth as individuals.
  2. develop a faith for daily living based upon the teachings of Jesus, that they may achieve their highest potential as children of God.
  3. grow as responsible members of their families and as citizens of their communities.
  4. appreciate that health of mind and body is a sacred gift, and that physical fitness and mental well-being are conditions to be achieved and maintained.
  5. recognize the worth of all persons, and work for interracial and inter-group understanding.
  6. develop a sense of world-mindedness and work for world-wide understanding.
  7. develop their capacities for leadership and use them responsibly in their own groups and community life.

The development of character: caring, honesty, respect and responsibilities is an integral part of YMCA programs including but not limited to:

- Health and nutrition education for some 1100 4-6<sup>th</sup> grade students
- Before and after school childcare offered at all grade schools and middle school
- Before and after school childcare offered for special needs students
- Swim team for 70 youth
- Daycare for 100 youth and their families
- Fitness classes and facilities to all members and guests
- Youth sports serving 1665 youth and families.
- Progressive age appropriate swim lessons
- Summer Day Camp serving 120 weekly

Membership Data:

- 4427 people were members of our YMCA. This included:
- 1915 youth
- 2176 adults
- 336 seniors

Of these,

- 242 adults and 231 youth received financial aid for YMCA memberships, valued at \$62,454.95
- 46 youth received financial aid for YMCA programs valued at \$1,124.00
- 45 youth received financial aid for YMCA child care valued at \$13,051.04
- 62 youth received financial aid for YMCA camp valued at \$13,576.26

In total, \$90,560.25 was allocated to subsidize program and people, which is 5% of our total budget.