

Form **990**

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)

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

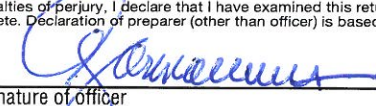
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		YMCA OF METROPOLITAN MILWAUKEE, INC.		39-0806314
		Doing Business As		E Telephone number
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	414-224-9622
161 W. WISCONSIN AVENUE		4000	G Gross receipts \$	41,414,571.
City or town, state or country, and ZIP + 4			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
MILWAUKEE, WI 53203-2601			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F Name and address of principal officer: ROBERT YAMACHIKA			If "No," attach a list. (see instructions)	
SAME AS C ABOVE			H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.YMCAMKE.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1858 M State of legal domicile: WI	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	34
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	33
	5 Total number of employees (Part V, line 2a)	5	2567
	6 Total number of volunteers (estimate if necessary)	6	687
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,234,712.	5,111,641.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,257,736.	30,888,083.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	696,105.	-215,123.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,205.	-13,231.
		37,264,758.	35,771,370.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,159,292.	21,212,354.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 826,903.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	18,731,846.	17,370,514.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	40,891,138.	38,582,868.	
19 Revenue less expenses. Subtract line 18 from line 12	-3,626,380.	-2,811,498.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	79,323,270.	76,049,084.
	22 Net assets or fund balances. Subtract line 21 from line 20	44,085,187.	41,488,794.
		35,238,083.	34,560,290.

Part II Signature Block

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.

Sign Here ▶  Date 8/10/2010

Signature of officer

ROBERT YAMACHIKA, PRESIDENT/CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ **DAVE GLOBIG** Date **08/05/10** Check if self-employed Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **WIPFLI LLP**
10000 INNOVATION DR. SUITE 250
MILWAUKEE, WI 53226-4837

EIN ▶ Phone no. ▶ **414-431-9300**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE YMCA OF METROPOLITAN MILWAUKEE IS A VOLUNTEER LED PUBLIC CHARITY THAT SERVES MEN, WOMEN, & CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES & RELIGIONS. MISSION: TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND & BODY FOR ALL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 16,506,732. including grants of \$) (Revenue \$ 19,506,300.) SEE SCHEDULE O FOR DESCRIPTION

4b (Code:) (Expenses \$ 10,068,905. including grants of \$) (Revenue \$ 6,370,332.) SEE SCHEDULE O FOR DESCRIPTION

4c (Code:) (Expenses \$ 5,361,934. including grants of \$) (Revenue \$ 4,018,492.) SEE SCHEDULE O FOR DESCRIPTION

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,804,602. including grants of \$) (Revenue \$ 4,549.)

4e Total program service expenses \$ 33,742,173.

Part IV Checklist of Required Schedules

		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X				
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>						
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X				
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X					
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X					
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>						
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>						
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>						
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>						
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>						
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>						
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X					
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>X</td> <td></td> </tr> </table>	Yes	No	X		
Yes	No						
X							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X				
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X				
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X				
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X				

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 168		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 2567		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	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 Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions 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?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
			34
1b	Enter the number of voting members that are independent		
			33
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	X	
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **WI**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **LINDA DALEY - 414-224-9622**
161 W. WISCONSIN AVENUE SUITE 4000, MILWAUKEE, WI 53203-2601

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL H. WHITE CHAIRMAN	1.00	X		X			0.	0.	0.	
GAIL LIONE VICE CHAIR	1.00	X		X			0.	0.	0.	
JEFFREY LUEKEN VICE CHAIR/TREASURER	1.00	X		X			0.	0.	0.	
REV. ROLEN WOMACK, JR. SECRETARY	1.00	X		X			0.	0.	0.	
MICHAEL J. FALBO IMMEDIATE PAST CHAIR	1.00	X		X			0.	0.	0.	
AUSTIN RAMIREZ DIRECTOR	1.00	X					0.	0.	0.	
BRUCE JACOBS DIRECTOR	1.00	X					0.	0.	0.	
DANIEL J. MINAHAN DIRECTOR	1.00	X					0.	0.	0.	
DAVID HONAN DIRECTOR	1.00	X					0.	0.	0.	
JACK M. BLANK DIRECTOR	1.00	X					0.	0.	0.	
JAN WADE DIRECTOR	1.00	X					0.	0.	0.	
JAY B. WILLIAMS DIRECTOR	1.00	X					0.	0.	0.	
JEFFERY W. YABUKI DIRECTOR	1.00	X					0.	0.	0.	
JILL G. PELISEK DIRECTOR	1.00	X					0.	0.	0.	
JOHN F. STEINMILLER DIRECTOR	1.00	X					0.	0.	0.	
JOHN J. STOLLENWERK DIRECTOR	1.00	X					0.	0.	0.	
JON D. HAMMES DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOSE A. OLIVIERI DIRECTOR	1.00	X						0.	0.	0.
MARK K. VETTER DIRECTOR	1.00	X						0.	0.	0.
MARK SABLJAK DIRECTOR	1.00	X						0.	0.	0.
MARY ANN WRIGHT DIRECTOR	1.00	X						0.	0.	0.
MARY E. PANZER DIRECTOR	1.00	X						0.	0.	0.
P. MICHAEL MAHONEY DIRECTOR	1.00	X						0.	0.	0.
RICHARD J. CANTER DIRECTOR	1.00	X						0.	0.	0.
RICHARD L. SCHMIDT, JR. DIRECTOR	1.00	X						0.	0.	0.
RICK SCHLESINGER DIRECTOR	1.00	X						0.	0.	0.
ROBERT J. VENABLE DIRECTOR	1.00	X						0.	0.	0.
1b Total								1,017,555.	0.	146,146.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **9**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
JP CULLEN PO BOX 1957, JANESVILLE, WI 53547	BUILDING CONTRACTOR	1,555,964.
CRYSTAL CLEANING 10903 N. INDUSTRIAL DR, MEQUON, WI 53092	CLEANING SERVICE	407,130.
BUILDERS SUPPLY PO BOX 1957, JANESVILLE, WI 53547	BUILDING CONTRACTOR	291,493.
RITEWAY BUS PO BOX 308, RICHFIELD, WI 53076	BUS SERVICE	229,605.
JM BRENNAN PO BOX 2127, MILWAUKEE, WI 53201	MAINTENANCE	181,889.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **12**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 618,496.				
	b Membership dues	1b				
	c Fundraising events	1c 220,315.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,731,774.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,541,056.				
	g Noncash contributions included in lines 1a-1f: \$	51,425.				
	h Total. Add lines 1a-1f	5,111,641.				
	Program Service Revenue	2 a MEMBERSHIP AND PROGRAM	Business Code 624100	29899673.	29899673.	
b AUXILIARY SERVICES		624100	988,410.	988,410.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		30888083.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		132,694.		132,694.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	4751757.	131,803.		
		(ii) Other				
		b Less: cost or other basis and sales expenses	5218406.	12,971.		
		c Gain or (loss)	-466649.	118,832.		
	d Net gain or (loss)		-347,817.		-347,817.	
	8 a Gross income from fundraising events (not including \$ 220,315. of contributions reported on line 1c). See Part IV, line 18	a	398,593.			
		b Less: direct expenses	b	411,824.		
c Net income or (loss) from fundraising events			-13,231.		-13,231.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		35771370.	30888083.	0.	-228,354.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	364,151.	31,118.	219,470.	113,563.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	17,158,838.	14,696,665.	2,038,316.	423,857.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,001,627.	841,851.	129,057.	30,719.
9 Other employee benefits	910,737.	765,459.	117,346.	27,932.
10 Payroll taxes	1,777,001.	1,493,540.	228,961.	54,500.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,423,368.	1,148,156.	207,349.	67,863.
12 Advertising and promotion	1,411,318.	1,299,759.	23,865.	87,694.
13 Office expenses	644,843.	412,412.	215,767.	16,664.
14 Information technology				
15 Royalties				
16 Occupancy	3,926,545.	3,772,696.	153,849.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	219,375.	146,529.	71,595.	1,251.
20 Interest	2,414,936.	2,414,936.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,785,061.	3,270,043.	515,018.	
23 Insurance	333,903.	308,365.	25,538.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROGRAM EXPENSES	2,111,267.	2,099,066.	11,041.	1,160.
b EQUIP, LEASES, & RENTAL	793,992.	753,155.	40,837.	
c DUES	305,906.	288,423.	15,783.	1,700.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	38,582,868.	33,742,173.	4,013,792.	826,903.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	783,914.	1	1,677,005.	
	2 Savings and temporary cash investments	873,263.	2	148,566.	
	3 Pledges and grants receivable, net	2,868,784.	3	2,172,836.	
	4 Accounts receivable, net	962,582.	4	517,620.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	88,236.	9	49,838.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 111,045,565.			
	b Less: accumulated depreciation	10b 45,428,856.	66,615,318.	10c	65,616,709.
	11 Investments - publicly traded securities	6,350,500.	11	5,099,410.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	780,673.	15	767,100.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	79,323,270.	16	76,049,084.		
Liabilities	17 Accounts payable and accrued expenses	4,676,408.	17	3,779,884.	
	18 Grants payable		18		
	19 Deferred revenue	1,110,140.	19	726,545.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	36,213,023.	23	34,838,908.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	2,085,616.	25	2,143,457.	
	26 Total liabilities. Add lines 17 through 25	44,085,187.	26	41,488,794.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	22,005,675.	27	21,625,505.	
	28 Temporarily restricted net assets	7,925,507.	28	8,571,990.	
	29 Permanently restricted net assets	5,306,901.	29	4,362,795.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	35,238,083.	33	34,560,290.	
34 Total liabilities and net assets/fund balances	79,323,270.	34	76,049,084.		

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization YMCA OF METROPOLITAN MILWAUKEE, INC.	Employer identification number 39-0806314
---	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 exempt 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)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9032387.	6538242.	11248306.	6234712.	5111641.	38165288.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	32116126.	31902785.	31976496.	30595809.	31108398.	157699614
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	41148513.	38441027.	43224802.	36830521.	36220039.	195864902
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1775000.		4300000.			6075000.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	1775000.		4300000.			6075000.
8 Public support (Subtract line 7c from line 6.)						189789902

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	41148513.	38441027.	43224802.	36830521.	36220039.	195864902
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	291,175.	306,547.	312,879.	384,081.	132,694.	1427376.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	291,175.	306,547.	312,879.	384,081.	132,694.	1427376.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)	41439688.	38747574.	43537681.	37214602.	36352733.	197292278
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	96.20 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	96.16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.72 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.84 %

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

YMCA OF METROPOLITAN MILWAUKEE, INC.

39-0806314

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization YMCA OF METROPOLITAN MILWAUKEE, INC.	Employer identification number 39-0806314
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 237,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 208,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 208,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YMCA OF METROPOLITAN MILWAUKEE, INC.

Employer identification number

39-0806314

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,728,000.	9,590,278.			
b Contributions	55,894.	52,222.			
c Net investment earnings, gains, and losses	893,297.	-205,397.			
d Grants or scholarships					
e Other expenditures for facilities and programs	1,169,402.	860,522.			
f Administrative expenses					
g End of year balance	6,507,789.	6,728,000.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,475,469.		7,475,469.
b Buildings		80,825,363.	26,578,434.	54,246,929.
c Leasehold improvements		540,985.	363,902.	177,083.
d Equipment		20,283,123.	17,877,243.	2,405,880.
e Other		1,920,625.	609,277.	1,311,348.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				65,616,709.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED RENT-RITE HITE	266,694.
DEFERRED GAIN ON SALE	1,876,763.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	2,143,457.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	35,771,370.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	38,582,868.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,811,498.
4	Net unrealized gains (losses) on investments	4	1,229,104.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	904,601.
9	Total adjustments (net). Add lines 4 through 8	9	2,133,705.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-677,793.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	37,000,474.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,229,104.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,229,104.
3	Subtract line 2e from line 1	3	35,771,370.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	35,771,370.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	37,609,423.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	37,609,423.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	973,445.
c	Add lines 4a and 4b	4c	973,445.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	38,582,868.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE PRIMARY LONG-TERM FINANCIAL OBJECTIVE FOR THE

ASSOCIATION'S ENDOWMENT IS TO PRESERVE THE REAL PURCHASING POWER OF
 ENDOWMENT ASSETS AND INCOME AFTER ACCOUNTING FOR ENDOWMENT SPENDING AND
 COST OF PORTFOLIO MANAGEMENT. PERFORMANCE OF THE OVERALL ENDOWMENT AGAINST
 THIS OBJECTIVE IS MEASURED OVER ROLLING PERIODS OF ONE, THREE, AND FIVE
 YEARS. THE ENDOWMENT FUNDS ARE MANAGED TO OPTIMIZE THE LONG RUN TOTAL RATE
 OF RETURN ON INVESTED ASSETS, ASSUMING A PRUDENT LEVEL OF RISK. THE GOAL
 FOR THIS RATE OF RETURN IS ONE THAT PROVIDES FUNDING FOR THE ASSOCIATION'S

Part XIV Supplemental Information (continued)

EXISTING SPENDING POLICY. OVER THE SHORT TERM, THE RETURN FOR EACH ELEMENT OF THE ENDOWMENT PORTFOLIO SHOULD MATCH OR EXCEED EACH OF THE RETURNS FOR THE BROADER CAPITAL MARKETS IN WHICH ASSETS ARE INVESTED. THE ENDOWMENT ASSETS ARE GOVERNED BY A SPENDING POLICY THAT SEEKS TO DISTRIBUTE A SPECIFIC PAYOUT RATE OF THE ENDOWMENT BASE TO SUPPORT THE ASSOCIATION'S PROGRAMS. THE ENDOWMENT BASE IS DEFINED AS THE THREE-YEAR MOVING AVERAGE OF THE MARKET VALUE OF THE TOTAL ENDOWMENT PORTFOLIO (CALCULATED AS OF THE LAST DAY OF DECEMBER FOR THE PRIOR THREE YEARS). THE DISTRIBUTION OR PAYOUT RATE WILL BE CALCULATED AS A SPECIFIC FIXED PERCENTAGE OF THE BASE. SUCH A POLICY WILL ALLOW GREATER PREDICTABILITY OF SPENDABLE INCOME FOR BUDGETING PURPOSES AND FOR GRADUAL STEADY GROWTH FOR THE SUPPORT OF OPERATIONS BY THE ENDOWMENT. IN ADDITION, THIS POLICY WILL MINIMIZE THE PROBABILITY OF INVADING THE PRINCIPAL OVER THE LONG TERM. SPENDING IN A GIVEN YEAR WILL REDUCE THE UNIT VALUE OF EACH ENDOWMENT ELEMENT BY THE PAYOUT PERCENTAGE. IN THE CASE OF SHORT-TERM DECLINES IN THE MARKET VALUE OF THE ENDOWMENT POOL OF FUNDS, THE OVERALL SPENDING RATE MAY BE CALCULATED BELOW THE DESIGNATED PAYOUT PERCENTAGE IN ORDER TO MAINTAIN THE ORIGINAL UNIT VALUE OF CERTAIN ELEMENTS OF THE TRUE ENDOWMENT. GROWTH OF THE UNIT VALUES OVER TIME SHOULD ALLOW FOR SPENDING OF PRINCIPAL, WITHOUT DRAWING FROM THE ORIGINAL CORPUS OF A PARTICULAR GIFT.

PART X: THE ASSOCIATION ADOPTED ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ON JANUARY 1, 2009. ASC 740-10 REQUIRES AN ORGANIZATION TO DETERMINE WHETHER IT'S MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION ON THE TECHNICAL MERITS OF THE POSITION, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE FINANCIAL

Part XIV Supplemental Information (continued)

STATEMENTS. THE COMPANY RECORDED NO ASSETS OR LIABILITIES RELATED TO
UNCERTAIN TAX POSITIONS AS A RESULT OF THE ADOPTION OF ASC 740-10.

PART XI, LINE 8 - OTHER ADJUSTMENTS: UNREALIZED GAIN ON INTEREST RATE
SWAP, DISTRIBUTION OF WALTER SCHROEDER AQUATIC CENTER ENDOWMENT AND
CONSOLIDATION ADJUSTMENT.

PART XIII, LINE 2D - UNREALIZED GAIN ON INTEREST RATE SWAP

(This area is left blank for supplemental information.)

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

**► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

Name of the organization

YMCA OF METROPOLITAN MILWAUKEE, INC.

Employer identification number

39-0806314

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations

e Solicitation of non-government grants

b Internet and email solicitations

f Solicitation of government grants

c Phone solicitations

g Special fundraising events

d In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	GOLF EVENTS (event type)	14 (total number)	
Revenue	1 Gross receipts	390,598.	105,852.	122,459.	618,909.
	2 Less: Charitable contributions	182,580.	37,735.		220,315.
	3 Gross income (line 1 minus line 2)	208,018.	68,117.	122,459.	398,594.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	63,531.	41,060.	77,442.	182,033.
	7 Food and beverages	44,253.	11,179.		55,432.
	8 Entertainment	71,661.			71,661.
	9 Other direct expenses	28,573.	14,186.	59,940.	102,699.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(411,825)
	11 Net income summary. Combine line 3, column (d), and line 10				-13,231.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(_____)	
8 Net gaming income summary. Combine line 1, column (d), and line 7					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____ a Is the organization licensed to operate gaming activities in each of these states?		
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- b** An outside facility

13b		%
------------	--	---

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

YMCA OF METROPOLITAN MILWAUKEE, INC.

Employer identification number

39-0806314

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT YAMACHIKA	(i)	206,845.	0.	0.	23,309.	4,683.	234,837.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DONNA BEMBENEK	(i)	149,281.	0.	0.	17,160.	11,092.	177,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT HEGER	(i)	140,744.	0.	0.	16,060.	2,813.	159,617.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
FRANCIENE GILL	(i)	139,596.	0.	0.	16,053.	2,813.	158,462.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the Organization

YMCA OF METROPOLITAN MILWAUKEE, INC.

Employer Identification number

39-0806314

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
T. MICHAEL BOLGER DIRECTOR	1.00	X						0.	0.	0.
TED D. KELLNER DIRECTOR	1.00	X						0.	0.	0.
TERRY D. BRISCOE DIRECTOR	1.00	X						0.	0.	0.
TINA CHANG DIRECTOR	1.00	X						0.	0.	0.
ULICE PAYNE JR. DIRECTOR	1.00	X						0.	0.	0.
WAYNE C. OLDENBURG DIRECTOR	1.00	X						0.	0.	0.
ROBERT YAMACHIKA PRESIDENT/CEO	40.00	X		X				206,845.	0.	27,992.
LINDA DALEY VP CFO	40.00			X				146,814.	0.	2,841.
DONNA BEMBENEK SVP MARKETING & FUND DEV	40.00				X			149,281.	0.	28,252.
ROBERT HEGER EXECUTIVE VP OPERATIONS	40.00				X			140,744.	0.	18,873.
FRANCIENE GILL VP H/R	40.00				X			139,596.	0.	18,866.
JON LANGE VP PROGRAM SERVICES	40.00				X			118,946.	0.	24,797.
DAVID FRITZKE IT EXECUTIVE	40.00				X			115,329.	0.	24,525.

Supplemental Information on Tax-Exempt Bonds
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
▶ Attach to Form 990. See separate instructions.

Name of the organization **YMCA OF METROPOLITAN MILWAUKEE, INC.** Employer identification number **39-0806314**

Part I Bond Issues SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
							Yes	No	Yes	No
A	REDEVELOPMENT AUTHORITY OF THE CITY OF MILWAUKEE	39-1186734	NONE	11/12/03	15695000.	REFINANCE COSTS OF CONSTRUCTION AND EQ		X		X
B	REDEVELOPMENT AUTHORITY OF THE CITY OF MILWAUKEE	39-1186734	60242NEB3	05/01/08	5,555,000.	REFUND 1998 SERIES TAX-EXEMPT BONDS		X		X
C										
D										
E										

Part II Proceeds

	A		B		C		D		E	
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue? ...										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
b Are there any research agreements with respect to the financed property which may result in private business use? ...										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization **YMCA OF METROPOLITAN MILWAUKEE, INC.** Employer identification number **39-0806314**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
P. MICHAEL MAHONEY	DIRECTOR	57,632.	OFFICER OF		X
JAY B. WILLIAMS	DIRECTOR	43,224.	OFFICER OF		X
RICHARD L. SCHMIDT, JR.	DIRECTOR	19,061.	SISTER IS E		X
RICHARD L. SCHMIDT, JR.	DIRECTOR	143,743.	BROTHER-IN-		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization
YMCA OF METROPOLITAN MILWAUKEE, INC.

Employer identification number
39-0806314

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		32,696.	ITEM SELLING PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	5	129.	ITEM SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>USE OF SUITE</u>)	X	1	9,600.	COST OF THE SUITE
26 Other ▶ (<u>MISCELLANEOUS</u>)	X	5	9,000.	COST OF THE SERVICES
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YMCA OF METROPOLITAN MILWAUKEE, INC.

Employer identification number

39-0806314

FORM 990, PART VI, SECTION A, LINE 2: DIRECTOR P. MICHAEL MAHONEY IS AN OFFICER OF PARK BANK, WHICH IS PART OF THE BANK GROUP THAT HOLDS THE ORGANIZATION'S BONDS. DIRECTOR JAY B. WILLIAMS IS AN OFFICER OF THE PRIVATEBANK, WHICH IS ALSO PART OF THE BANK GROUP THAT HOLDS THE ORGANIZATION'S BONDS. DIRECTOR RICHARD L. SCHMIDT, JR., HAS A SISTER AND A BROTHER-IN-LAW WHO ARE EMPLOYED BY THE ORGANIZATION. MORE DETAILS CONCERNING THESE RELATIONSHIPS ARE REPORTED ON SCHEDULE L.

FORM 990, PART VI, SECTION B, LINE 11: THE CHIEF FINANCIAL OFFICER REVIEWS THE FORM 990 WITH THE FINANCE COMMITTEE OR EXECUTIVE COMMITTEE. A COPY OF THE FORM 990 IS GIVEN TO MEMBERS OF THE COMMITTEE FOR THEIR REVIEW PRIOR TO THE CFO'S PRESENTATION AT A COMMITTEE MEETING. THE CFO REVIEWS THE DOCUMENT AND ENTERTAINS ANY QUESTIONS RAISED BY THE COMMITTEE MEMBERS. ADDITIONALLY, ALL MEMBERS OF THE BOARD RECEIVE NOTIFICATION WHEN THE FINAL FORM 990 IS AVAILABLE ON THE WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, THE YMCA SENDS OUT THE CONFLICT OF INTEREST POLICY TO THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES ALONG WITH A CERTIFICATE OF COMPLIANCE TO BE SIGNED AND RETURNED TO THE YMCA. THE CERTIFICATE INCLUDES A REQUEST TO DISCLOSE ANY KNOWN CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE BOARD DETERMINES THE CEO'S COMPENSATION BASED UPON ESTABLISHED GOALS AND METRICS. THE CEO'S COMPENSATION, INCLUDING BASE PAY, BENEFITS AND PERQUISITES ARE REVIEWED EVERY SECOND YEAR. INDEPENDENT COMPENSATION CONSULTANTS, SULLIVAN COTTER &

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YMCA OF METROPOLITAN MILWAUKEE, INC.

Employer identification number

39-0806314

ASSOCIATES, ARE RETAINED TO CONDUCT A COMPENSATION REVIEW. COMPENSATION IS
BENCHMARKED AGAINST OTHER SIMILARLY SIZED YMCA'S, NOT-FOR-PROFITS, AND
GENERAL INDUSTRY EMPLOYERS. THE REPORT IS PROVIDED TO THE COMPENSATION
COMMITTEE FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: THE YMCA'S 990, AUDITED FINANCIAL
STATEMENTS AND ANNUAL REPORT ARE AVAILABLE VIA OUR PUBLIC WEBSITE.
ADDITIONAL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: REDEVELOPMENT AUTHORITY OF THE CITY OF MILWAUKEE

(F) DESCRIPTION OF PURPOSE:

REFINANCE COSTS OF CONSTRUCTION AND EQUIPPING NORTHSIDE CENTER

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: P. MICHAEL MAHONEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 57632.

(D) DESCRIPTION OF TRANSACTION: OFFICER OF PARK BANK, WHICH IS A PART OF
THE BANK GROUP THAT HOLDS THE ORGANIZATION'S BONDS. TRANSACTION AMOUNT
REPRESENTS INTEREST PAID TO PARK BANK BY THE ORGANIZATION.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JAY B. WILLIAMS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YMCA OF METROPOLITAN MILWAUKEE, INC.

Employer identification number

39-0806314

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 43224.

(D) DESCRIPTION OF TRANSACTION: OFFICER OF THE PRIVATEBANK, WHICH IS A
PART OF THE BANK GROUP THAT HOLDS THE ORGANIZATION'S BONDS. TRANSACTION
AMOUNT REPRESENTS INTEREST PAID TO THE PRIVATEBANK BY THE ORGANIZATION.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: RICHARD L. SCHMIDT, JR.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 19061.

(D) DESCRIPTION OF TRANSACTION: SISTER IS EMPLOYED BY THE ORGANIZATION -
INCLUDES BASE SALARY AND BENEFITS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: RICHARD L. SCHMIDT, JR.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 143743.

(D) DESCRIPTION OF TRANSACTION: BROTHER-IN-LAW IS EMPLOYED BY THE
ORGANIZATION - INCLUDES BASE SALARY AND BENEFITS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE PURPOSE OF THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN
MILWAUKEE, INC. IS TO STRENGTHEN THE FOUNDATIONS OF COMMUNITY BY

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YMCA OF METROPOLITAN MILWAUKEE, INC.

Employer identification number

39-0806314

FOCUSING ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL
RESPONSIBILITY. THROUGH OUR MISSION TO PUT CHRISTIAN PRINCIPLES INTO
PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR
ALL, WE STRIVE TO ENHANCE THE LIVES OF CHILDREN, FAMILIES AND
INDIVIDUALS IN OUR COMMUNITIES REGARDLESS OF RACE, CREED, AGE, AND
ECONOMIC CIRCUMSTANCES, PHYSICAL OR MENTAL ABILITIES.

THE YMCA OF METROPOLITAN MILWAUKEE HAS SERVED THE MILWAUKEE AREA FOR
MORE THAN 150 YEARS. OUR GOAL IS TO ENSURE THAT EVERY INDIVIDUAL HAS
ACCESS TO THE ESSENTIALS THEY NEED TO GROW, THRIVE AND LEARN.

IN 2009, MORE THAN 115,000 CHILDREN AND ADULTS TOOK ADVANTAGE OF
MILWAUKEE YMCA SERVICES AND PARTICIPATED IN OUR YMCA ACTIVITIES, WHERE
THE EMPHASIS IS PLACED ON THE WHOLE PERSON TO DEVELOP THEIR MORAL,
SPIRITUAL, INTELLECTUAL, SOCIAL, AND PHYSICAL WELL-BEING. GUIDED BY A
COMMITMENT TO SERVING ALL WHO WISH TO PARTICIPATE, THE YMCA PROVIDES
CONSIDERABLE FINANCIAL ASSISTANCE TO MILWAUKEE-AREA RESIDENTS. IN
2009, WE PROVIDED MORE THAN \$4.6 MILLION OF FULL OR PARTIAL
SCHOLARSHIPS TO YOUTH, FAMILIES AND INDIVIDUALS, USED TOWARDS PROGRAMS
FOR KIDS, URBAN CAMPUS PROGRAMS, ONE-ON-ONE AND SPONSOR-A-SCHOLAR
MENTORING, BLACK ACHIEVERS, GIRL'S NIGHT OUT, DAY CAMP, RESIDENT CAMP,
YMCA MEMBERSHIPS AND MANY OTHERS. WITH APPRECIATION FOR THE DIVERSITY
OF PEOPLE, THE YMCA ENDEAVORS TO PROVIDE THE RESOURCES, PROGRAMS,
ACTIVITIES AND FACILITIES TO MEET THE NEEDS OF INDIVIDUALS AND FAMILIES
THROUGHOUT THE COMMUNITY.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YMCA OF METROPOLITAN MILWAUKEE, INC.

Employer identification number

39-0806314

DURING THE SUMMER OF 2009, THE YMCA HEALTHY LIFESTYLE VILLAGE WAS
OPENED TO THE COMMUNITY. THE YMCA HEALTHY LIFESTYLE VILLAGE IS AN
INTEGRATIVE PARTNERSHIP BETWEEN THE YMCA OF METROPOLITAN MILWAUKEE,
WHEATON FRANCISCAN HEALTHCARE AND THE WALTER SCHROEDER AQUATIC CENTER.
THE YMCA HEALTHY LIFESTYLE VILLAGE IS A 'DESTINATION CAMPUS,' WHERE
PEOPLE CAN LEARN, PLAN, AND TAKE ACTION TO IMPROVE THEIR HEALTH AND
QUALITY OF LIFE.

THE YMCA PROVIDES LICENSED CHILD CARE, BEFORE AND AFTER SCHOOL CARE,
AND OTHER EARLY EDUCATION AND PRESCHOOL ENRICHMENT CLASSES FOR MORE
THAN 5,400 CHILDREN EACH YEAR. OFFERING PEACE OF MIND TO WORKING
PARENTS AND A SAFE, EDUCATIONAL ENVIRONMENT FOR CHILDREN, OUR CHILD
CARE PROGRAMS BUILD A SOLID FOUNDATION FOR OUR YOUNGEST MEMBERS.

THROUGH OUR YMCA CAMPING PROGRAMS, CHILDREN (IN THE SUMMER) AND
FAMILIES (DURING FALL, WINTER, AND SPRING) LEARNED ABOUT THE OUTDOORS,
AND HOW TO WORK, PLAY, AND LIVE WITH A GROUP, DEVELOPING A BETTER
UNDERSTANDING OF THEMSELVES AND OF INTERGROUP, INTERRACIAL, AND
INTERNATIONAL RELATIONSHIPS. CAMPING PROGRAMS ALSO TEACH LEADERSHIP,
TEAMWORK, AND SELF-CONFIDENCE. IN ADDITION, EDUCATION PROGRAMS ARE
AVAILABLE THROUGHOUT THE SCHOOL YEAR FOR STUDENTS AND COMMUNITY GROUPS
TO LEARN ABOUT THE ENVIRONMENT AND OUR ECOSYSTEM.

THROUGH ONE-ON-ONE AND SPONSOR-A-SCHOLAR MENTORING PROGRAMS, STUDENTS
RECEIVE THE SUPPORT AND ENCOURAGEMENT NEEDED TO ACHIEVE BOTH PERSONALLY
AND ACADEMICALLY. IN 2009, WE SERVED 350 MIDDLE SCHOOL STUDENTS, 250

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2009

Open to Public
Inspection

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HIGH SCHOOL STUDENTS AND 145 COLLEGIATE SCHOLARS. SPONSOR-A-SCHOLAR GRADUATION RATE IS AN ASTOUNDING 98.7%, WITH 97% OF THOSE GRADUATES PURSUING POST-SECONDARY EDUCATION.

WE WORK TO RESPOND TO CRITICAL SOCIAL NEEDS IN ORDER TO HELP CHILDREN, FAMILIES AND INDIVIDUALS OF ALL AGES REACH THEIR FULL POTENTIAL. AS A RESULT, THE URBAN CAMPUS OF THE YMCA OF METROPOLITAN MILWAUKEE IS ONE OF THE NEWEST ENDEAVORS UNDERTAKEN BY THE YMCA IN 2009. WE COMBINED THE BOARD, STAFF AND MEMBERSHIP BASE OF THE FIVE URBAN CENTERS; DOWNTOWN, NORTHSIDE, PARKLAWN, JOHN C. CUDAHY AND THE COMMUNITY DEVELOPMENT CENTER. OUR URBAN CENTERS ARE LOCATED IN AREAS THAT ARE FACED WITH MANY CHALLENGES, WHICH SERVE TO STRENGTHEN OUR SENSE OF MISSION THAT IS EVIDENT IN THE WORK WE DO EVERY DAY.

MEMBERSHIP ENABLES CHILDREN, FAMILIES AND INDIVIDUALS TO PARTICIPATE IN YMCA PROGRAMS THAT HELP THEM GROW HEALTHY IN SPIRIT, MIND AND BODY. FURTHERMORE, MEMBERSHIP DUES COVERED PART OF THE COSTS OF MANY OF THE PROGRAMS DESCRIBED ABOVE IN WHICH MEMBERS PARTICIPATED AT REDUCED RATES. THE YMCA'S ANNUAL CAMPAIGN AND SPECIAL FUND RAISING EVENTS RAISED MONEY TO SUBSIDIZE MEMBERSHIP AND PROGRAM FEES FOR PEOPLE WHO COULD NOT OTHERWISE AFFORD TO PARTICIPATE. WITH MORE THAN 115,000 UNIQUE INDIVIDUALS FROM EVERY ZIP CODE IN THE FOUR-COUNTY MILWAUKEE METROPOLITAN AREA, THE YMCA HAS INDEED DEVELOPED A COMMUNITY OF MEMBERS AND PARTICIPANTS THAT REPRESENTS AND INCLUDES THE DIVERSITY OF PEOPLE IN THEIR RESPECTIVE COMMUNITIES, REGARDLESS OF RACE, CREED, ECONOMIC CIRCUMSTANCES, OR PHYSICAL OR MENTAL ABILITIES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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YMCA OF METROPOLITAN MILWAUKEE, INC.

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39-0806314

OUR YMCA CENTERS ENCOMPASS THE ENTIRE METROPOLITAN AREA - EXTENDING OUR REACH NORTH TO OUR FEITH FAMILY CENTER IN PORT WASHINGTON, ALL THE WAY SOUTH TO OUR SOUTH SHORE CENTER IN CUDAHY - THE YMCA OF METROPOLITAN MILWAUKEE IS UNIQUELY POSITIONED TO RESPOND TO THE NEEDS OF OUR COMMUNITIES THROUGH PROGRAM OFFERINGS, SERVICES AND SUPPORT THAT ARE THE BASIS OF OUR ORGANIZATION. THROUGH THE MISSION OF THE YMCA, WE CONTINUALLY BUILD RELATIONSHIPS WITH OUR MEMBERS, FAMILIES, YOUTH AND ADULTS IN ORDER TO SUSTAIN A LASTING IMPACT AND STRENGTHEN THE COMMUNITIES THAT WE LIVE IN.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS
HEALTHY LIVING - IMPROVING THE NATION'S HEALTH AND WELL-BEING - TODAY, OUR NATION IS FACING A SERIOUS HEALTH CRISIS AND THE YMCA IS WORKING TO ADDRESS THIS CRITICAL ISSUE BY DIRECTLY ENGAGING CHILDREN AND ADULTS FROM ALL SEGMENTS OF OUR COMMUNITIES TO ACHIEVE BETTER HEALTH. THE OBESITY EPIDEMIC IS ONE OF THE ISSUES AT THE FOREFRONT OF OUR NATION'S GROWING HEALTH CRISIS, WITH A STAGGERING 30% OF CHILDREN AND 64% OF ADULTS IN WISCONSIN THAT ARE OVERWEIGHT OR OBESE.

IN RESPONSE TO THE GROWING HEALTH CRISIS, THE YMCA IS REDEFINING ITSELF AND ENGAGING COMMUNITIES TO BETTER SUPPORT PEOPLE OF ALL AGES WHO ARE STRUGGLING TO ACHIEVE AND MAINTAIN WELL-BEING OF SPIRIT, MIND AND BODY. INSIDE THE YMCA, WE ARE INFLUENCING AND MOTIVATING PEOPLE TO MAKE POSITIVE CHANGES IN THEIR PURSUIT OF WELL-BEING. AND, OUTSIDE THE YMCA, WE ARE HELPING CREATE AND SUSTAIN HEALTHIER COMMUNITIES THROUGH

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YMCA OF METROPOLITAN MILWAUKEE, INC.

Employer identification number

39-0806314

PARTNERSHIPS AND COLLABORATIONS. IN 2009, OUR PROGRAMS OFFERED
THOUSANDS OF MEMBERS AND COMMUNITY PARTICIPANTS THE OPPORTUNITY TO
BECOME INVOLVED IN HEALTHY ACTIVITIES.

THE YMCA, WHEATON FRANCISCAN HEALTHCARE AND THE WALTER SCHROEDER
AQUATIC CENTER OPENED THE FIRST EVER YMCA HEALTHY LIFESTYLE VILLAGE IN
THE MILWAUKEE AREA ON THE SITE OF THE RITE-HITE FAMILY YMCA IN BROWN
DEER. THE YMCA HEALTHY LIFESTYLE VILLAGE SERVES AS A 'DESTINATION
CAMPUS,' WHERE PEOPLE CAN LEARN, PLAN, AND TAKE ACTION TO IMPROVE THEIR
HEALTH AND QUALITY OF LIFE. THE JOINT CAMPUS PROVIDES A COMPREHENSIVE
SET OF SERVICES FOR HEALTH AND FITNESS, WELLNESS EDUCATION, FAMILY
PROGRAMMING AND SCREENINGS TO YMCA MEMBERS, WHEATON FRANCISCAN
HEALTHCARE PATIENTS, AND THE COMMUNITY AT LARGE.

AT THE YMCA, WE PROVIDE PARENT AND CHILD ENRICHMENT ACTIVITIES THROUGH
A VARIETY OF CLASS OFFERINGS AND FAMILY EVENTS. WE FOCUS ON OFFERING
NUTRITION EDUCATION, GROUP SUPPORT CLASSES, WELLNESS COACHES AND MORE
TO HELP SUPPORT OUR MEMBERS IN MAINTAINING HEALTHY LIFESTYLES. IN
ADDITION, PERSONAL TRAINING PROVIDES MEMBERS WITH THE ONE-ON-ONE
ATTENTION NEEDED TO MEET, ACHIEVE AND EXCEED GOALS MONTH TO MONTH.
HIGHLY TRAINED STAFF WORKED WITH INDIVIDUALS ON VARIOUS ASPECTS
INCLUDING: SPORTS-SPECIFIC TRAINING, WEIGHT MANAGEMENT ASSISTANCE,
LIFESTYLE CHANGE ASSISTANCE, AND SUPPORT AND GUIDANCE TO KEEP
INDIVIDUALS MOTIVATED.

YMCA PROGRAMS PROMOTE SOCIAL INTERACTION, SELF-ESTEEM AND TEAMWORK. IN

SCHEDULE O
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2009, MORE THAN DOUBLE THE NUMBER OF SENIORS PARTICIPATED IN PROGRAMS THAT PROVIDE THE OPPORTUNITY TO STAY ACTIVE AND IN ADDITION, FIND A PLACE TO SOCIALIZE AND ENJOY HEALTHY LIVING. GROUP EXERCISE PROGRAMMING SAW MORE THAN 53,000 ENROLLMENTS IN 2009. CLASSES RANGING FROM ZUMBA TO BODYPUMP ENGAGED MEMBERS WHILE THEY FOCUSED ON GETTING HEALTHY. IN ADDITION, MEMBERS WERE ABLE TO BUILD RELATIONSHIPS WITH INSTRUCTORS AND OTHER MEMBERS.

WE SERVE ALL AGES, ABILITIES, RACES, NATIONALITIES AND RELIGIONS AND PROVIDE FINANCIAL ASSISTANCE TO THOSE WHO NEED IT. IN 2009, WE SERVED 115,000 UNIQUE INDIVIDUALS IN OUR COMMUNITY AND PROVIDED FINANCIAL ASSISTANCE IN THE AMOUNT OF \$4.6 MILLION FOR PROGRAM AND MEMBERSHIP ASSISTANCE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS EVERY DAY, OUR YMCA HELPS YOUTH TO DEEPEN POSITIVE VALUES, THEIR COMMITMENT TO SERVICE AND THEIR MOTIVATION TO LEARN. IN 2009, YOUTH PROGRAMMING OFFERED THOUSANDS OF CHILDREN THE OPPORTUNITY TO BECOME HEALTHY IN SPIRIT, MIND AND BODY. OUR YOUTH DEVELOPMENT PROGRAMS HELP KIDS BUILD SELF-ESTEEM, LEARN IN A SAFE ENVIRONMENT, DEVELOP FRIENDSHIPS, FIND HEALTHY OUTLETS FOR NEGATIVE FEELINGS, AND GET ACTIVE.

THROUGH ONE-ON-ONE AND SPONSOR-A-SCHOLAR MENTORING PROGRAMS, STUDENTS RECEIVE THE SUPPORT AND ENCOURAGEMENT NEEDED TO ACHIEVE BOTH PERSONALLY AND ACADEMICALLY. IN 2009, WE SERVED 350 MIDDLE SCHOOL STUDENTS, 250

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

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Employer identification number

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HIGH SCHOOL STUDENTS AND 145 COLLEGIATE SCHOLARS. SPONSOR-A-SCHOLAR

GRADUATION RATE IS AN ASTOUNDING 98.7% (MILWAUKEE PUBLIC SCHOOLS

GRADUATION RATE WAS 68% IN 2008), WITH 97% OF THOSE GRADUATES PURSUING

POST-SECONDARY EDUCATION.

IN 2009, WE SERVED MORE THAN 250 YOUTH THROUGH THE YMCA BLACK ACHIEVERS

PROGRAM. AN OUTSTANDING 100% OF BLACK ACHIEVER TEENS GRADUATE FROM HIGH

SCHOOL, WITH 95% OF THOSE GRADUATES PURSUING POST-SECONDARY OR MILITARY

OPPORTUNITIES. THE PROGRAM HELPS YOUTH RAISE ACADEMIC STANDARDS,

EXPLORE DIVERSE COLLEGE AND CAREER OPTIONS, DEVELOP POSITIVE SENSE OF

SELF AND INTERACT WITH PROFESSIONALS OF COLOR WHO SERVE AS ROLE MODELS.

IN 2009, CORPORATIONS, BUSINESSES AND ORGANIZATIONS NOMINATED 50

SUCCESSFUL ROLE MODELS IN PROFESSIONAL AND MANAGERIAL POSITIONS WHO

SERVED AS ADULT ACHIEVERS. THE PROGRAM PROVIDES A BENEFICIAL OUTLET FOR

VOLUNTEERISM, COMMUNITY SERVICE, LEADERSHIP DEVELOPMENT AND NETWORKING

OPPORTUNITIES FOR THE ADULT ACHIEVERS. AS A RESULT, THE ADULT ACHIEVERS

ALONG WITH THE SUPPORT OF AN ADDITIONAL 50 ALUMNI VOLUNTEERS ALLOWED US

TO SERVE MORE THAN 250 YOUTH. ALUMNI VOLUNTEERS BENEFIT OUR PROGRAM BY

PROVIDING KEY LEADERSHIP AND SUPPORT WEEK TO WEEK AND DURING EVENTS

LIKE THE BLACK COLLEGE TOUR.

RESIDENT CAMPS, CAMP MATAWA AND CAMP MINIKANI, AS WELL AS YMCA DAY

CAMPS SERVED APPROXIMATELY 5,500 KIDS, PROVIDING A SAFE ENVIRONMENT TO

LEARN AND PLAY DURING THE SUMMER MONTHS. OUR RESIDENTIAL AND DAY

CAMPING PROGRAMS OFFER ADVENTURE AND LEARNING ACTIVITIES THAT PROVIDE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

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Employer identification number

39-0806314

CHALLENGE, EDUCATION, AND PROMOTE SPIRITUAL AWARENESS, MENTAL
DEVELOPMENT, PHYSICAL WELL-BEING, SOCIAL GROWTH, AND SELF-RESPECT. OUR
CAMPS PROVIDE A REVERENCE FOR NATURE AND RESPECT FOR THE
INTER-RELATEDNESS OF ALL LIVING THINGS ON EARTH. IN ADDITION, OUR CAMPS
PROVIDE EDUCATION PROGRAMS TO SCHOOL GROUPS THROUGHOUT THE YEAR.
STUDENTS, AND THE COMMUNITY, LEARN ABOUT OUR ENVIRONMENT AND THE
CONNECTION TO OUR ECOSYSTEM. THE ENVIRONMENTAL EDUCATION CLASSES TEACH
PEOPLE TO ACTIVELY USE OUR NATURAL SPACES AND HOW TO ADOPT SUSTAINABLE
PRACTICES. OUR CAMPS ARE OPEN TO ALL, REGARDLESS OF INCOME OR SPECIAL
NEEDS, SO THAT CHILDREN APPRECIATE DIVERSITY, BECOME COMMUNITY LEADERS
AND DEVELOP LIFELONG VALUES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

EARLY CHILDHOOD EDUCATION - OUR CHILD CARE PROGRAMS OFFER HIGH QUALITY
CHILD CARE ACTIVITIES FOR INFANTS, TODDLERS, PRESCHOOL AND SCHOOL AGE
CHILDREN FROM ALL SEGMENTS OF OUR COMMUNITY. WE OFFER A VARIETY OF
STATE LICENSED CHILDCARE PROGRAMS, BOTH FULL AND PART-TIME, WHICH
PROVIDE A SAFE AND NURTURING ENVIRONMENT WHERE YOUTH CAN DEVELOP
SELF-ESTEEM AND LEARN THE FOUR CORE VALUES OF THE Y. WOVEN INTO THE
FABRIC OF THE YMCA MISSION IS A COMMITMENT TO STRENGTHENING FAMILIES.
OUR CHILDCARE PROGRAMS PROVIDE THE CRITICAL FOUNDATION FOR CHILDREN TO
GROW AND DEVELOP HELP PARENTS LEARN MORE ABOUT HOW TO RAISE CHILDREN
THAT ARE HAPPY AND HEALTHY IN SPIRIT, MIND AND BODY. FOR MANY WORKING
PARENTS, THE YMCA PROVIDES THE PEACE OF MIND THEY NEED AND NURTURING
CARE FOR THEIR CHILDREN. FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE
WHO CANNOT AFFORD TO PAY THROUGH STATE W-2 FUNDING AND PRIVATE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2009

Open to Public
Inspection

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YMCA OF METROPOLITAN MILWAUKEE, INC.

Employer identification number

39-0806314

DONATIONS. IN 2009, WE SERVED 1,087 PARTICIPANTS AND PROVIDED
FINANCIAL ASSISTANCE IN THE AMOUNT OF \$277,036.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES

THE YMCA OF METROPOLITAN MILWAUKEE SERVES AS A COMMUNITY RESOURCE TO
THE CHILDREN, TEENS, FAMILIES, ADULTS AND SENIORS OF THE GREATER
MILWAUKEE AREA FOR MORE THAN 150 YEARS. IN 2009 WE SERVED APPROXIMATELY
115,000 UNIQUE INDIVIDUALS FROM MILWAUKEE, OZAUKEE, WAUKESHA AND
WASHINGTON COUNTIES, OF WHICH, APPROXIMATELY 40,000 ARE CHILDREN AND
YOUTH.

DURING THE YEAR, OUR COMMUNITY DEVELOPMENT CENTER PROVIDED LOW-INCOME
RESIDENTS WITH FINANCIAL ASSISTANCE FOR 40 MINOR HOME REPAIRS AND 28
REHABILITATION PROJECTS AVERAGING OVER \$25,000 PER HOME. IN ADDITION,
WE HAVE INVESTED OVER \$250,000 IN LEAD ABATEMENT IN THE LAST 5 YEARS
AND SUPPORTED NEIGHBORHOOD CLEANUPS AND WATCH BLOCK CLUBS. LAST YEAR WE
DISTRIBUTED OVER 3,000 BACKPACKS AND SUPPLIES TO CHILDREN IN THE METRO
MILWAUKEE AREA.

IN 2009, THE YMCA WAS SUPPORTED THROUGH PROGRAM VOLUNTEERS AND POLICY
VOLUNTEERS, WHICH ALLOWED THE YMCA TO EXTEND OUR REACH EVEN FURTHER
INTO THE COMMUNITIES WE SUPPORT. VOLUNTEERS HELPED WITH VARIOUS
PROGRAMMING AND MEMBERSHIP AREAS INCLUDING YOUTH SPORTS, YOUTH
DEVELOPMENT AND FACILITIES. VOLUNTEERS AT OUR YMCA CENTERS ARE INVOLVED
IN A VARIETY OF PROGRAMS AND SERVICES. THROUGH OUR SPONSOR-A-SCHOLAR
AND ONE-ON-ONE MENTORING PROGRAMS, WE HAD MORE THAN 360 VOLUNTEERS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2009

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Employer identification number

39-0806314

SERVING OUR YOUTH AS MENTORS.

THROUGH AFFORDABLE PRICING AND MEMBERSHIP SCHOLARSHIPS, WE ENSURE THAT
ALL PEOPLE HAVE ACCESS TO THE YMCA. IN ADDITION, COMMUNITY SERVICE
PROJECTS, SPECIAL EVENTS LIKE HEALTHY KIDS DAY, NEIGHBORHOOD OUTREACH
INITIATIVES, AND CORPORATE WELLNESS PROGRAMS ALLOWED US TO BROADEN THE
SCOPE OF OUR MISSION.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **YMCA OF METROPOLITAN MILWAUKEE, INC.** **Employer identification number**
39-0806314

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
YMCA YOUTH LEADERSHIP ACADEMY, INC. - 39-2043466, 161 W. WISCONSIN AVE #4000, MILWAUKEE, WI 53202	CHARTER SCHOOL	WISCONSIN	501(C)(3)	LINE 2	N/A

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(d) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)	X	
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) YMCA YOUTH LEADERSHIP ACADEMY	I	544,482.
(2) YMCA YOUTH LEADERSHIP ACADEMY	P	1,893,662.
(3) YMCA YOUTH LEADERSHIP ACADEMY	R	1,680,700.
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of- year assets	(f) Dispropor- tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization YMCA OF METROPOLITAN MILWAUKEE, INC.	Employer identification number 39-0806314
	Number, street, and room or suite no. If a P.O. box, see instructions. 161 W. WISCONSIN AVENUE, NO. 4000	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MILWAUKEE, WI 53203-2601	

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 |

LINDA DALEY - 161 W. WISCONSIN AVENUE SUITE 4000 - MILWAUKEE, WI 53203-2601

- The books are in the care of ▶ **414-224-9622** Telephone No. ▶ **414-224-9622** 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 corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2009** 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.	3a	\$
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.	3b	\$
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.	3c	\$ 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.