

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning**

and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type.

See Specific Instructions.

**C** Name of organization**YMCA OF METROPOLITAN MILWAUKEE, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

**161 W. WISCONSIN AVENUE** **4000**

City or town, state or country, and ZIP + 4

**MILWAUKEE, WI 53203-2601****F** Name and address of principal officer: **ROBERT YAMACHIKA****SAME AS C ABOVE****D** Employer identification number**39-0806314****E** Telephone number**414-224-9622****G** Gross receipts \$**46,783,415.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included?☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.YMCAMKE.ORG****K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1858** **M** State of legal domicile: **WI****Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>35</b>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>35</b>	
	5	Total number of employees (Part V, line 2a)	<b>2868</b>	
	6	Total number of volunteers (estimate if necessary)	<b>1850</b>	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>0.</b>	
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>		
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>11,248,306.</b>	<b>6,234,712.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>31,518,959.</b>	<b>30,257,736.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>312,879.</b>	<b>696,105.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>342,563.</b>	<b>76,205.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>43,422,707.</b>	<b>37,264,758.</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>30,550.</b>	
<b>Expenses</b>	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)	<b>22,638,585.</b>	<b>22,159,292.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>730,423.</b>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>19,162,313.</b>	<b>18,731,846.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>41,831,448.</b>	<b>40,891,138.</b>
<b>Net Assets or Fund Balances</b>	19	Revenue less expenses. Subtract line 18 from line 12	<b>1,591,259.</b>	<b>-3,626,380.</b>
	20	Total assets (Part X, line 16)	<b>84,131,175.</b>	<b>79,323,270.</b>
	21	Total liabilities (Part X, line 26)	<b>41,492,173.</b>	<b>44,085,187.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>42,639,002.</b>	<b>35,238,083.</b>

**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

Signature of officer

Date

**ROBERT YAMACHIKA, PRESIDENT/CEO**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

**TROY E. MARINE, CPA**

Date

**08/04/09**Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

**BAKER TILLY VIRCHOW KRAUSE, LLP  
115 SOUTH 84TH STREET, SUITE 400  
MILWAUKEE, WI 53214**

EIN ▶

Phone no. ▶ **(414) 777-5500**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments** (see instructions)

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

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

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.

**SEE SCHEDULE O FOR CONTINUATION(S)**

4a (Code: ) (Expenses \$ 16,667,694. including grants of \$ ) (Revenue \$ 18,910,904.)

HEALTH AND WELLBEING FOR ALL - AT A TIME WHEN 27.9 PERCENT OF CHILDREN AND 26 PERCENT OF ADULTS IN WISCONSIN ARE CLASSIFIED AS OBESE, THE YMCA PROVIDES MORE THAN 120,000 PEOPLE WITH SUPPORTIVE RELATIONSHIPS AND ENVIRONMENTS THEY NEED FOR THEIR SUCCESSFUL PURSUIT OF HEALTH AND WELL-BEING. THE YMCA VIEWS HEALTH HOLISTICALLY: A HEALTHY PERSON HAS UNITY OF BODY, MIND AND SPIRIT. THE YMCA HAS IDENTIFIED THE GROWING NATIONAL OBESITY RATES IN THIS COUNTRY AS A CRITICAL SOCIAL ISSUE THAT MUST BE ADDRESSED AND OUR HEALTH AND WELL BEING PROGRAMS ARE DESIGNED TO HELP PEOPLE DEVELOP NEW SKILLS AND GROW IN SPIRIT MIND AND BODY BY SETTING REALISTIC GOALS FOR SELF IMPROVEMENT AND DISEASE PREVENTION THROUGH AN ACTIVE LIFESTYLE, PROPER NUTRITION, STRESS MANAGEMENT, AND HEALTH EDUCATION. YMCA PROGRAMS PROMOTE INTERACTION, TEAMWORK, AND

4b (Code: ) (Expenses \$ 13,103,815. including grants of \$ ) (Revenue \$ 7,254,203.)

HOLISTIC DEVELOPMENT OF CHILDREN & YOUTH - THE YMCA IS A PLACE FOR FAMILIES TO BUILD STRONG BONDS, ACHIEVE GREATER WORK/LIFE BALANCE AND BECOME MORE ENGAGED WITH THEIR COMMUNITIES. IT SERVES AS A PLACE WHERE PARENTS CAN BE ROLE MODELS TO THEIR CHILDREN BY SHOWING THEM HOW TO LIVE A HEALTHIER, BALANCED LIFESTYLE. EVERY DAY, OUR YMCA HELPS CHILDREN AND YOUTH DEEPEN POSITIVE VALUES, THEIR COMMITMENT TO SERVICE AND THEIR MOTIVATION TO LEARN. THROUGH PROGRAMS AND SERVICES, WE TEACH KIDS THE FOUR CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY. WE OFFER SUPPORT TO KIDS AND FAMILIES THROUGH AQUATICS, CAMP, AND YOUTH SPORTS, PRESCHOOL AND MENTORING. IN 2008, WE EXECUTED 200,000 INSTRUCTIONAL WEEKS OF SWIM LESSONS.

4c (Code: ) (Expenses \$ 4,418,900. including grants of \$ ) (Revenue \$ 4,279,059.)

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, GOOD VALUES AND AN APPRECIATION OF CHARITABLE SERVICE. 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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 2,227,255. including grants of \$ ) (Revenue \$ 50,004.)

4e Total program service expenses \$ 36,417,664. (Must equal Part IX, Line 25, column (B).)

**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>	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
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>		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 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>		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>X</b>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>X</b>	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		<b>X</b>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>X</b>	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	<b>X</b>	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<b>X</b>
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?		<b>X</b>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<b>X</b>
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>		<b>X</b>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
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>		<b>X</b>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>



**Part IV** Checklist of Required Schedules (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35</b> 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	
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	<b>1a</b> 177		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> 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	<b>2a</b> 2868		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</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.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	<b>5c</b>		
<b>6a</b> Did the organization solicit any contributions that were not tax deductible?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		X
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>		X
<b>8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter: N/A			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter: N/A			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	<b>12b</b>		

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**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
<b>1a</b> Enter the number of voting members of the governing body .....	<b>1a</b>	35
<b>b</b> Enter the number of voting members that are independent .....	<b>1b</b>	35
<b>2</b> 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? .....	<b>2</b>	X
<b>3</b> 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? .....	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? .....	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders? .....	<b>6</b>	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	<b>7a</b>	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? .....	<b>8a</b>	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	X
<b>9a</b> Does the organization have local chapters, branches, or affiliates? .....	<b>9a</b>	X
<b>b</b> 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? .....	<b>9b</b>	X
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	<b>10</b>	X
<b>11</b> Is there any officer, director or 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 .....	<b>11</b>	X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>	X
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	X
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	<b>12c</b>	X
<b>13</b> Does the organization have a written whistleblower policy? .....	<b>13</b>	X
<b>14</b> Does the organization have a written document retention and destruction policy? .....	<b>14</b>	X
<b>15</b> 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:		
<b>a</b> The organization's CEO, Executive Director, or top management official? .....	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization? .....	<b>15b</b>	X
Describe the process in Schedule O. (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>	X
<b>b</b> 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? .....	<b>16b</b>	

**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**

**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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- 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 officer, director, trustee, or key employee.

(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			
P. MICHAEL MAHONEY DIRECTOR	1.00	X						0.	0.	0.
EDWARD J. ZORE DIRECTOR	1.00	X						0.	0.	0.
TED D. KELLNER DIRECTOR	1.00	X						0.	0.	0.
JACK M. BLANK DIRECTOR	1.00	X						0.	0.	0.
T. MICHAEL BOLGER DIRECTOR	1.00	X						0.	0.	0.
TERRY D. BRISCOE DIRECTOR	1.00	X						0.	0.	0.
BURLEIGH E. JACOBS DIRECTOR	1.00	X						0.	0.	0.
GAIL LIONE VICE CHAIR	1.00	X						0.	0.	0.
DANIEL J. MINAHAN DIRECTOR	1.00	X						0.	0.	0.
WAYNE C. OLDENBURG DIRECTOR	1.00	X						0.	0.	0.
MARY E. PANZER DIRECTOR	1.00	X						0.	0.	0.
ULICE PAYNE, JR. DIRECTOR	1.00	X						0.	0.	0.
JILL G. PELISEK DIRECTOR	1.00	X						0.	0.	0.
BRENTON H. RUPPLE DIRECTOR	1.00	X						0.	0.	0.
MARK SABLJAK 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.

**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			
MARK F. VETTER DIRECTOR	1.00	X						0.	0.	0.
JAY B. WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
WILLIAM B. WINTER DIRECTOR	1.00	X						0.	0.	0.
REV. ROLEN WOMACK, JR. SECRETARY	1.00	X						0.	0.	0.
TINA CHANG DIRECTOR	1.00	X						0.	0.	0.
JON D. HAMMES DIRECTOR	1.00	X						0.	0.	0.
MICHAEL J. FALBO IMMEDIATE PAST CHAIR	1.00	X						0.	0.	0.
BRUCE JACOBS DIRECTOR	1.00	X						0.	0.	0.
MICHAEL H. WHITE CHAIRMAN	1.00	X						0.	0.	0.
ROBERT J. VENABLE DIRECTOR	1.00	X						0.	0.	0.
<b>1b Total</b>								<b>1,244,557.</b>	<b>0.</b>	<b>208,387.</b>

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

8

- 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
- 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
- 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

	Yes	No
3	X	
4	X	
5		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 P.O. BOX 1957, JANESVILLE, WI 53547	BUILDING CONTRACTOR	2,395,870.
CG SCHMIDT, 11777 W. LAKE PARK DRIVE, MILWAUKEE, WI 53224	BUILDING CONTRACTOR	1,123,910.
KAHLER SLATER, 111 W. WISCONSIN AVENUE, MILWAUKEE, WI 53203	ARCHITECTS	635,753.
BUILDERS SUPPLY P.O. BOX 1957, JANESVILLE, WI 53547	BUILDING CONTRACTOR	525,303.
DAVIS & KUELTHAU, S.C. 111 E. KILBOURN #1400, MILWAUKEE, WI 53202	LEGAL CONSULTANTS	198,043.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

8

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

Form 990 (2008)



**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	627,320.				
	b Membership dues .....	1b					
	c Fundraising events .....	1c	44,900.				
	d Related organizations .....	1d					
	e Government grants (contributions) .....	1e	1944898.				
	f All other contributions, gifts, grants, and similar amounts not included above .....	1f	3617594.				
	g Noncash contributions included in lines 1a-1f: \$ .....		15,603.				
	<b>h Total.</b> Add lines 1a-1f .....			6,234,712.			
Program Service Revenue	2 a <b>MEMBERSHIP AND PROGRAM</b> .....	Business Code	900099	29302844.	29302844.		
	b <b>AUXILIARY SERVICES</b> .....		900099	954,892.	954,892.		
	c .....						
	d .....						
	e .....						
	f All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			30257736.			
	3 Investment income (including dividends, interest, and other similar amounts) .....			384,081.			384,081.
4 Income from investment of tax-exempt bond proceeds .....							
5 Royalties .....							
Other Revenue	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	(ii) Other	4691713.	4877100.		
	b Less: cost or other basis and sales expenses .....			4575617.	4681172.		
	c Gain or (loss) .....			116,096.	195,928.		
	d Net gain or (loss) .....			312,024.			312,024.
	8 a Gross income from fundraising events (not including \$ 44,900. of contributions reported on line 1c). See Part IV, line 18 .....	a	338,073.				
	b Less: direct expenses .....	b	261,868.				
	c Net income or (loss) from fundraising events .....			76,205.			76,205.
	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 .....						
	b .....						
c .....							
d All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....			37264758.	30257736.	0.	772,310.	

**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 .....	595,480.	310,174.	285,306.	
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 .....	21,563,812.	19,052,811.	1,996,615.	514,386.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....				
10 Payroll taxes .....				
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 .....	2,415,997.	2,097,897.	240,952.	77,148.
12 Advertising and promotion .....	1,792,225.	1,648,154.	30,382.	113,689.
13 Office expenses .....				
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	1,774,397.	1,728,437.	45,956.	4.
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	357,770.	267,449.	82,398.	7,923.
20 Interest .....	1,844,031.	1,844,031.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	4,214,512.	3,453,663.	760,849.	
23 Insurance .....	424,811.	385,153.	39,658.	
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 UTILITIES AND TELEPHONE .....	2,754,475.	2,635,062.	119,071.	342.
b PROGRAM, SUPPLIES AND D .....	2,213,421.	2,106,465.	99,508.	7,448.
c EQUIPMENT LEASES, RENTA .....	821,040.	790,280.	30,468.	292.
d POSTAGE AND SHIPPING .....	119,167.	98,088.	11,888.	9,191.
e .....				
f All other expenses .....				
25 Total functional expenses. Add lines 1 through 24f .....	40,891,138.	36,417,664.	3,743,051.	730,423.
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
<b>Assets</b>	1 Cash - non-interest-bearing .....	1,094,881.	1	783,914.
	2 Savings and temporary cash investments .....	453,675.	2	873,263.
	3 Pledges and grants receivable, net .....	4,113,543.	3	2,868,784.
	4 Accounts receivable, net .....	484,300.	4	962,582.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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 .....	100,376.	9	88,236.
	10a Land, buildings, and equipment: cost basis ... 10a 108,643,656.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b 42,028,338.	67,674,073.	10c	66,615,318.
	11 Investments - publicly traded securities .....	9,340,979.	11	6,350,500.
	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 .....	869,348.	15	780,673.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	84,131,175.	16	79,323,270.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	5,896,893.	17	4,676,408.
	18 Grants payable .....		18	
	19 Deferred revenue .....	887,957.	19	1,110,140.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow 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 .....	34,707,323.	23	38,298,639.
	24 Unsecured notes and loans payable .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	41,492,173.	26	44,085,187.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	24,395,370.	27	22,005,675.
	28 Temporarily restricted net assets .....	12,455,759.	28	7,925,507.
	29 Permanently restricted net assets .....	5,787,873.	29	5,306,901.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b> .....	42,639,002.	33	35,238,083.
	34 <b>Total liabilities and net assets/fund balances</b> .....	84,131,175.	34	79,323,270.

**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		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
b Were the organization's financial statements audited by an independent accountant? .....	2b	X
c If "Yes" to lines 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? .....	2c	X
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? .....	3a	X
b If "Yes," did the organization undergo the required audit or audits? .....	3b	X

Department of the Treasury  
Internal Revenue Service

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

OMB No. 1545-0047

# 2008

**Open to Public Inspection**

YMCA OF METROPOLITAN MILWAUKEE, INC.

39-0806314

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).** (Attach Schedule H.)

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 the Part III.)

0 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

1 ☐ 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?

(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? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Schedule A (Form 990 or 990-EZ) 2008

**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 - 3 .....						
<b>5</b> 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) .....						
<b>6 Public Support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>		%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>		%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
<b>b 33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
<b>17a 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			
<b>b 10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			



**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7632327.	9032387.	6538242.	11248306.	6234712.	40685974.
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 .....	33423227.	32116126.	31902785.	31976496.	30595809.	160014443
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 .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 <b>Total.</b> Add lines 1 - 5 .....	41055554.	41148513.	38441027.	43224802.	36830521.	200700417
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
c Add lines 7a and 7b .....		1775000.		4300000.		6075000.
8 <b>Public support</b> (Subtract line 7c from line 6.) .....						194625417

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 .....	41055554.	41148513.	38441027.	43224802.	36830521.	200700417
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	399,670.	291,175.	306,547.	312,879.	384,081.	1694352.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....	399,670.	291,175.	306,547.	312,879.	384,081.	1694352.
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 <b>Total support</b> (Add lines 9, 10c, 11, and 12.) .....						202394769
14 <b>First five years.</b> 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 <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	15	96.16	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	16	98.29	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	17	.84	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	18	.64	%

19a **33 1/3% support tests - 2008.** 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 ..... ☒ **X**

b **33 1/3% support tests - 2007.** 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, and 990-PF.

OMB No. 1545-0047

# 2008

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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do 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. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

YMCA OF METROPOLITAN MILWAUKEE, INC.

39-0806314

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 301,700.	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.)
		\$	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**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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 certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-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 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 taxable 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, violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 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 Trust, 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 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	9,590,278.				
b Contributions	52,222.				
c Investment earnings or losses	-205,397.				
d Grants or scholarships	0.				
e Other expenditures for facilities and programs	860,522.				
f Administrative expenses	0.				
g End of year balance	6,728,000.				

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

- a Board designated or quasi-endowment ☒ 21.10 %  
 b Permanent endowment ☒ 78.90 %  
 c Term endowment ☒ .00 %

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) Depreciation	(d) Book value
1a Land		7,478,909.		7,478,909.
b Buildings		78,818,991.	24,125,023.	54,693,968.
c Leasehold improvements		540,985.	337,568.	203,417.
d Equipment		20,021,346.	17,007,864.	3,013,482.
e Other		1,783,425.	557,883.	1,225,542.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				66,615,318.

Schedule D (Form 990) 2008



<b>Part VII</b>	<b>Investments - Other Securities.</b> 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 and other financial products .....		
Closely-held equity interests .....		
Other _____		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►		

<b>Part VIII</b>	<b>Investments - Program Related.</b> See Form 990, Part X, line 13.
------------------	--

[illegible]

<b>Part IX</b>	<b>Other Assets.</b> See Form 990, Part X, line 15.
----------------	---

[illegible]

<b>Part X</b>	<b>Other Liabilities.</b> See Form 990, Part X, line 25.
---------------	--

(a) Description of liability	(b) Amount
Federal income taxes	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.)	

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 Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	37,264,758.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	40,891,138.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-3,626,380.
4	Net unrealized gains (losses) on investments	4	-2,502,092.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,272,447.
9	Total adjustments (net). Add lines 4-8	9	-3,774,539.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-7,400,919.

**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	34,762,666.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-2,502,092.
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	-2,502,092.
3	Subtract line 2e from line 1	3	37,264,758.
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 should equal Form 990, Part I, line 12.)	5	37,264,758.

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

1	Total expenses and losses per audited financial statements	1	43,277,676.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	2,386,538.
e	Add lines 2a through 2d	2e	2,386,538.
3	Subtract line 2e from line 1	3	40,891,138.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	40,891,138.

**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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART V, LINE 4: THE ENDOWMENT ASSETS ARE GOVERNED BY A SPENDING POLICY**

**THAT SEEKS TO DISTRIBUTE A SPECIFIC PAYOUT RATE OF THE ENDOWMENT BASE TO**

**SUPPORT THE ASSOCIATIONS PROGRAMS. THE ENDOWMENT BASE IS DEFINED AS THE**

**THREE-YEAR MOVING AVERAGE OF THE MARKET VALUE OF THE TOTAL ENDOWMENT**

**PORTFOLIO (CALCULATED AS 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. SPENDING IN A GIVEN YEAR WILL REDUCE THE**

**UNIT VALUE OF EACH ENDOWMENT ELEMENT BY THE PAYOUT PERCENTAGE. IN NO CASE**

**Part XIV** Supplemental Information (continued)

WILL FUNDS DESIGNATED AS PERMANENTLY RESTRICTED ENDOWMENTS BE REDUCED  
BELOW THEIR INITIAL UNIT VALUE. THE PRIMARY LONG-TERM FINANCIAL OBJECTIVE  
FOR THE ASSOCIATION S ENDOWMENTS IS TO PRESERVE THE REAL  
(INFLATION-ADJUSTED) PURCHASING POWER OF ENDOWMENT ASSETS AND INCOME AFTER  
ACCOUNTING FOR ENDOWMENT SPENDING, INFLATION AND COSTS OF PORTFOLIO  
MANAGEMENT. PERFORMANCE OF THE OVERALL ENDOWMENT AGAINST THIS OBJECTIVE  
IS MEASURED OVER ROLLING PERIODS OF ONE, THREE AND FIVE YEARS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED LOSS ON INTEREST RATE SWAP

CONSOLIDATION ADJUSTMENT

PART XIII, LINE 2D: UNREALIZED LOSS ON INTEREST RATE SWAP.

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

# 2008

### Open To Public Inspection

Name of the organization

YMCA OF METROPOLITAN MILWAUKEE, INC.

Employer identification number  
39-0806314

<b>Part I</b>	<b>Fundraising Activities.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
---------------	---

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

- a ☐ Mail solicitations  
b ☐ Email solicitations  
c ☐ Phone solicitations  
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. Form 990-EZ filers are not required to complete this table.

(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			
<b>Total</b> .....						

- 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))
		GOLF EVENT (event type)	RAFFLES (event type)	7 (total number)	
Revenue	1 Gross receipts .....	169,653.	45,693.	126,318.	341,664.
	2 Less: Charitable contributions .....	44,900.			44,900.
	3 Gross revenue (line 1 minus line 2) .....	124,753.	45,693.	126,318.	296,764.
Direct Expenses	4 Cash prizes .....				
	5 Non-cash prizes .....				
	6 Rent/facility costs .....	62,073.			62,073.
	7 Other direct expenses .....	30,727.	24,508.	140,452.	195,687.
	8 Direct expense summary. Add lines 4 through 7 in column (d) .....				( 257,760. )
9 Net income summary. Combine lines 3 and 8 in column (d) .....					39,004.

**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))
Revenue	1 Gross revenue .....				
	2 Cash prizes .....				
	3 Non-cash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
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 lines 1 and 7 in column (d) .....				

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? .....

	Yes	No
9a		
10a		
11		
12		



**13** Indicate the percentage of gaming activity operated in:

a The organization's facility .....	<b>13a</b>	%
b An outside facility .....	<b>13b</b>	%

**14** Provide 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:

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 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

▶ Attach to Form 990. To be completed by organizations that  
answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**YMCA OF METROPOLITAN MILWAUKEE, INC.**

Employer identification number

**39-0806314**

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <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) |

**b** If line 1a is 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

**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?

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

**a** Receive a severance payment or change of control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**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:

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

**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:

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**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

**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

Yes No

1b

2

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

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

Schedule J (Form 990) 2008



**Part II** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

**PART I, LINE 4A: JIM WATTS RECEIVED \$21,901 IN WAGES AND \$2,038 IN BENEFITS**

**IN 2009**

**SCHEDULE J-2**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**  
Open to Public  
Inspection

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

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			
JEFFREY J. LUEKEN VICE CHAIR/TREASURER	1.00	X						0.	0.	0.
JEFFREY W. YABUKI DIRECTOR	1.00	X						0.	0.	0.
MARY ANN WRIGHT DIRECTOR	1.00	X						0.	0.	0.
JAN WADE DIRECTOR	1.00	X						0.	0.	0.
RICK SCHLESINGER DIRECTOR	1.00	X						0.	0.	0.
JOSE A. OLIVIERI DIRECTOR	1.00	X						0.	0.	0.
RICHARD L. SCHMIDT, JR. DIRECTOR	1.00	X						0.	0.	0.
KATHLEEN HUSTON DIRECTOR	1.00	X						0.	0.	0.
DAVID HONAN DIRECTOR	1.00	X						0.	0.	0.
RICHARD J. CANTER DIRECTOR	1.00	X						0.	0.	0.
JEFFREY A. JOERRES DIRECTOR	1.00	X						0.	0.	0.
DENNIS J. KUESTER DIRECTOR	1.00	X						0.	0.	0.
LINDA STEWART DIRECTOR	1.00	X						0.	0.	0.
ROBERT YAMACHIKA PRESIDENT/CEO	40.00			X				211,900.	0.	36,488.
LINDA DALEY VP CFO	40.00			X				73,406.	0.	1,203.
TERRI WELLMAN VP PROJECT DEVELOPMENT	40.00				X			154,174.	0.	29,119.
DONNA BEMBENEK SR VP MARKETING & FUND D	40.00				X			156,000.	0.	27,881.
ROBERT HEGER EXECUTIVE VP OPERATIONS	40.00					X		146,000.	0.	20,256.
FRANCIENE GILL VP H/R	40.00					X		142,682.	0.	19,879.
JON LANGE VP PROGRAM SERVICES	40.00					X		122,000.	0.	25,207.

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

Schedule J-2 (Form 990) 2008



Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**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
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**LHA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.  
Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

**YMCA OF METROPOLITAN MILWAUKEE, INC.**

Employer identification number  
**39-0806314**

**Part I Bond Issues (Required for 2008) 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
REDEVELOPMENT AUTHORITY A OF THE CITY OF MILWAUKEE	39-1186734	NONE	11/12/20	15695000.	REFINANCE COSTS OF CONSTRUCTION AND EQ		X		X
REDEVELOPMENT AUTHORITY B 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 (Optional for 2008)**

	A		B		C		D		E
	Yes	No	Yes	No	Yes	No	Yes	No	
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									
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 (Optional for 2008)**

	A		B		C		D		E
	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?									

332121  
12-19-08 LHA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

YMCA OF METROPOLITAN MILWAUKEE, INC.

Employer identification number

39-0806314

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

DEVELOPMENT OF MORAL AND ETHICAL BEHAVIOR, SOCIAL SKILLS AND SELF  
ESTEEM. IN 2008, MORE THAN 40,000 EACH MONTH PARTICIPATED IN GROUP  
EXERCISE, PROVIDING THE SUPPORT AND ENVIRONMENT TO HELP PEOPLE STAY  
ACTIVE EACH WEEK. WE SERVE ALL AGES, ABILITIES, RACES, NATIONALITIES  
AND RELIGIONS AND PROVIDE FINANCIAL ASSISTANCE TO THOSE WHO NEED IT. IN  
2008, WE SERVED 120,329 PERSONS IN OUR COMMUNITY AND PROVIDED FINANCIAL  
ASSISTANCE IN THE AMOUNT OF \$4 MILLION FOR PROGRAM AND MEMBERSHIP  
ASSISTANCE.

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

OUR RESIDENTIAL AND DAY CAMPING PROGRAMS OFFER ADVENTURE AND LEARNING  
ACTIVITIES THAT PROVIDE 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. OUR CAMPS ARE OPEN  
TO ALL, REGARDLESS OF INCOME OR SPECIAL NEEDS, SO THAT CHILDREN  
APPRECIATE DIVERSITY, BECOME COMMUNITY LEADERS AND DEVELOP LIFELONG  
VALUES. IN 2008 WE SERVED THOUSANDS YOUTH, PROVIDING MORE THAN 20,000  
WEEKS OF SUMMER CAMPING EXPERIENCES.

THROUGH OUR ONE ON ONE MENTORING FOR MIDDLE SCHOOL STUDENTS AND  
SPONSOR-A-SCHOLAR FOR HIGH SCHOOL STUDENTS, CARING VOLUNTEERS AND  
DEDICATED STAFF PROVIDE SUPPORT AND GUIDANCE TO MORE THAN 600 KIDS.  
THROUGH HOMEWORK HELP, POSITIVE GUIDANCE, AND SOCIAL INTERACTION, 100%  
OF THE STUDENTS WHO WERE INVOLVED IN THE FOUR YEAR-SPONSOR-A-SCHOLAR

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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**2008**

Open to Public  
Inspection

Name of the organization

YMCA OF METROPOLITAN MILWAUKEE, INC.

Employer identification number

39-0806314

PROGRAM IN 2008 GRADUATED FROM HIGH SCHOOL. FROM THE STUDENTS WHO GRADUATED FROM HIGH SCHOOL, 93% ENROLLED IN A COLLEGE/UNIVERSITY AND 4% ENROLLED IN POST-SECONDARY OPPORTUNITY AND/OR THE MILITARY. THE YMCA PROVIDES A SCHOLARSHIP TO EACH COLLEGE STUDENT AND MAINTAINS A CONNECTION THROUGHOUT THEIR COLLEGE CAREER TO ENSURE THEY ARE SUPPORTED AND SUCCESSFUL.

ESTABLISHED IN 1982, THE YMCA BLACK ACHIEVERS PROGRAM IN MILWAUKEE IS A COOPERATIVE VENTURE THAT MARSHALS THE RESOURCES OF THE HOME, THE SCHOOL, THE CORPORATE COMMUNITY AND THE YMCA TO ENABLE YOUTH TO SET AND ATTAIN HIGH EDUCATION AND CAREER GOALS. AFRICAN-AMERICAN PROFESSIONALS FROM THE MILWAUKEE COMMUNITY SERVE AS ROLE MODELS AND FOSTER PERSONAL, EDUCATIONAL AND PROFESSIONAL GROWTH AMONG YMCA TEEN ACHIEVERS AT YMCA CENTERS. EACH YEAR, APPROXIMATELY 88% OF THE TEENS IMPROVE THEIR GRADE POINT AVERAGE BY ONE LETTER GRADE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS IS AVAILABLE FOR THOSE WHO CANNOT AFFORD TO PAY THROUGH STATE W-2 FUNDING AND PRIVATE DONATIONS. IN 2008, WE SERVED 1140 PARTICIPANTS AND PROVIDED FINANCIAL ASSISTANCE IN THE AMOUNT OF \$708,302.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
THE YMCA-CDC AND VOLUNTEERS FROM AMERICORPS HELPED TO WINTERIZE 100 HOMES THIS WINTER THROUGH THE Y WARMER WINTERS PROGRAM, PROVIDING WARMTH AND MEASURABLE SAVINGS TO THOSE FAMILIES.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

YMCA OF METROPOLITAN MILWAUKEE, INC.

Employer identification number

39-0806314

THE COMMUNITY DEVELOPMENT CENTERS NEIGHBORHOOD IMPROVEMENT PROGRAM  
WORKS TO RENOVATE AND REPAIR THE HOMES OF LOW INCOME HOMEOWNERS. IN  
2008, WE RENOVATED MORE THAN 20 PROPERTIES AND PROVIDED MORE THAN  
\$563,000 OF HOME REPAIRS.

THREE COMMUNITY ORGANIZERS, THROUGH THE YMCA-CDC, WORK WITH RESIDENTS  
IN LOW-INCOME NEIGHBORHOODS TO ADDRESS COMMUNITY CONCERNS AND GIVE A  
VOICE TO THOSE WHO ARE OFTEN NOT HEARD. THROUGH COMMUNITY  
EVENTS/GATHERINGS, RESOURCE FAIRS AND GRASS-ROOTS ORGANIZING, THOUSANDS  
OF RESIDENTS ARE POSITIVELY IMPACTED EACH YEAR.

IN 2008, WE EMPLOYED 37 AMERICORPS MEMBERS TO SUPPORT OUR YMCA MISSION.  
THE YMCA AMERICORPS MEMBERS SERVE IN A VARIETY OF CAPACITIES INCLUDING  
FULL TIME, PART TIME AND SUMMER POSITIONS. MEMBERS ARE PLACED AT  
VARIOUS BRANCHES AND CAMPS WITHIN THE YMCA OF METROPOLITAN MILWAUKEE  
ADDRESSING THE CRITICAL NEEDS OF THE COMMUNITY. MEMBERS WORK IN THE  
FOLLOWING AREAS OF SERVICE: ENVIRONMENTAL EDUCATION, MENTORING,  
COMMUNITY OUTREACH, ACADEMIC ENRICHMENT, AFTER SCHOOL PROGRAMS, GIRLS  
NIGHT OUT, YOUTH SPORTS, COMMUNITY FARMING AND TEEN SAFE PLACE. YMCA  
AMERICORPS ALSO COLLABORATES WITH PHILADELPHIA COMMUNITY FARMS WORKING  
WITH YOUTH AND SPECIAL NEEDS INDIVIDUALS AND AT COMMON BOND COMMUNITIES  
ASSISTING WITH AFTER SCHOOL, SUMMER AND LITERACY PROGRAMS.  
EXPENSES \$ 2227255. INCLUDING GRANTS OF \$ 0. REVENUE \$ 50004.

FORM 990, PART VI, SECTION A, LINE 2: A BOARD MEMBER IS THE  
BROTHER-IN-LAW OF THE VP OF PROGRAM SERVICES

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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**2008**  
**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 10: 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 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 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 & 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.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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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

FORM 990, PART I, LINE 1

ORGANIZATION'S MISSION

THE PURPOSE OF THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN  
MILWAUKEE, INC. IS TO BUILD STRONG KIDS, STRONG FAMILIES AND STRONG  
COMMUNITIES. 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. NO ONE IS EVER  
TURNED AWAY FOR INABILITY TO PAY.

FOR 150 YEARS, THE YMCA HAS RESPONDED TO COMMUNITY NEED, BUILDING  
CENTERS AND OFFERING PROGRAMS THAT FULFILL THE SPIRITUAL, MENTAL AND  
PHYSICAL NEEDS OF ITS RESIDENTS. THE YMCA WORKS TO PROVIDE FAMILIES,  
YOUTH AND INDIVIDUALS WITH RESOURCES AND SERVICES IN THE AREAS OF  
HEALTH AND WELLNESS, YOUTH AND FAMILY, AND URBAN EDUCATION.

NOW MORE THAN EVER INDIVIDUALS AND FAMILIES ARE SEEKING THE SUPPORT AND  
SENSE OF COMMUNITY THAT THE YMCA PROVIDES. HISTORY SHOWS THAT IN TIMES

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

Schedule O (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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**2008**

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YMCA OF METROPOLITAN MILWAUKEE, INC.

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39-0806314

OF ECONOMIC DIFFICULTY PEOPLE TURN TO THE YMCA FOR SUPPORT, LOCAL FUN  
ACTIVITIES, NETWORKING OPPORTUNITIES, WAYS TO REDUCE STRESS, OR TO  
SIMPLY MAKE LIVING A HEALTHY LIFESTYLE A PRIORITY IN THEIR LIVES.

OVERALL, YMCA PROGRAMS SPAN A WIDE RANGE OF INTERESTS AND HELP OTHERS  
ADOPT HEALTHIER LIFESTYLES. WE SERVE FAMILIES THROUGH ACTIVITIES THAT  
ENCOURAGE THEM TO PLAY TOGETHER, PROVIDE SUMMER CAMP FOR KIDS THAT KEEP  
THEM AWAY FROM THE TV OR COMPUTER SCREEN AND OUTSIDE WITH FRIENDS, OR  
SWIM LESSONS THAT TEACH LIFELONG SKILLS WHILE KEEPING THEM MOVING; THE  
YMCA IS PARTICIPATING IN THE SOLUTION.

IN 2008, MORE THAN 120,000 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  
2008, WE PROVIDED MORE THAN \$4 MILLION OF FULL OR PARTIAL SCHOLARSHIPS  
TO YOUTH, FAMILIES AND INDIVIDUALS, USED TOWARDS PROGRAMS FOR KIDS,  
CENTRAL CITY 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**  
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Department of the Treasury  
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Name of the organization

YMCA OF METROPOLITAN MILWAUKEE, INC.

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39-0806314

THE YMCA OF METROPOLITAN MILWAUKEE, ALONG WITH MORE THAN 2,600 YMCAS ACROSS THE COUNTRY, IS ENGAGED IN A NATIONAL EFFORT: YMCA ACTIVATE AMERICA(TM). THE INITIATIVE IS THE YMCA'S BOLD APPROACH TO DIRECTLY ADDRESS OUR NATION'S GROWING HEALTH CRISIS. THE YMCA IS UNIQUELY QUALIFIED TO WORK WITHIN OUR COMMUNITIES AND COLLABORATE WITH VARIOUS PARTNERS TO FIND SOLUTIONS TO THE NATION'S HEALTHCARE CRISIS.

THROUGH OUR HEALTHY LIFESTYLE PROGRAMS, ADULTS AND CHILDREN DEVELOP AN APPRECIATION FOR THE HEALTH OF THEIR MINDS AND BODIES, AND FIND THE SUPPORT THEY NEED FROM CARING, KNOWLEDGEABLE YMCA STAFF TO MAKE HEALTHY LIFESTYLES A HABIT. THEY ACCOMPLISH THIS BY LEARNING TO SET AND ACHIEVE PERSONAL GOALS; BY DEVELOPING THE DISCIPLINE AND CONFIDENCE TO BEGIN AND MAINTAIN HEALTHY LIFESTYLES, CONTROL WEIGHT, AND MANAGE STRESS; AND BY GAINING PHYSICAL STAMINA AND POSITIVE ATTITUDES TO USE IN WORK, PLAY, AND FAMILY LIFE.

THROUGH AQUATICS PROGRAMS, CHILDREN AND ADULTS LEARN WATER SAFETY PRACTICES AND SWIMMING SKILLS, WHICH WILL PROVIDE YEARS OF ENJOYMENT, A HEALTHY OUTLET AND MAY SAVE THEIR LIVES. EACH SUMMER, THE YMCA PROVIDES FREE, BASIC WATER SAFETY CLASSES TO CHILDREN IN THE CENTRAL-CITY WHO TRADITIONALLY HAVE NOT BEEN EXPOSED TO WATER OR SAFE WATER BEHAVIOR.

SPORTS, RECREATION, AND CAMPING PROGRAMS OFFER COUNTLESS OPPORTUNITIES TO TEACH CHILDREN AND ADULTS SELF CONFIDENCE, SELF RESPECT, AND AN APPRECIATION OF THEIR OWN WORTH AND THE WORTH OF ALL OTHER INDIVIDUALS.

THROUGH LEARNING AND PLAYING TEAM SPORTS, PEOPLE HAVE GAINED GAME

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SKILLS AND HAD FUN. HOWEVER, COMPETITION AND WINNING TAKE SECONDARY IMPORTANCE TO LEARNING VALUES SUCH AS TEAMWORK, PATIENCE, PERSEVERANCE, CONFIDENCE, AND SELF ESTEEM, AND RESPECT FOR THE OPPONENT. YOUTH SPORTS PROGRAMS ALSO BUILD FAMILY RELATIONSHIPS AND PROVIDE LEADERSHIP OPPORTUNITIES FOR ADULTS. PARENTS ACT AS VOLUNTEER COACHES FOR ALL THE TEAMS. BROTHERS AND SISTERS PLAY IN THE SAME LEAGUES. FAMILIES ARE ENCOURAGED TO ATTEND THE GAMES. AND WHILE CHILDREN ARE LEARNING THESE SKILLS, THE STAFF IS INCORPORATING THE YMCA'S FOUR CORE VALUES CARING, HONESTY, RESPECT AND RESPONSIBILITY INTO EACH SESSION.

IN CAMPING PROGRAMS CHILDREN (IN THE SUMMER) AND FAMILIES (DURING FALL, WINTER, AND SPRING) LEARN 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.

THE YMCA PROVIDES CHILD CARE AND BEFORE/AFTER SCHOOL CARE FOR 1600 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 PRESCHOOL ENRICHMENT PROGRAMS, MORE THAN 6,000 PARTICIPANTS ENJOY A FUN ENVIRONMENT TO PLAY, LEARN AND DEVELOP SOCIAL AND MENTAL SKILLS AND GET PREPARED FOR SCHOOL.

THROUGH OUR ONE ON ONE MENTORING FOR MIDDLE SCHOOL STUDENTS AND SPONSOR-A-SCHOLAR FOR HIGH SCHOOL STUDENTS, CARING VOLUNTEERS AND

**SCHEDULE O**  
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Department of the Treasury  
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DEDICATED STAFF PROVIDE SUPPORT AND GUIDANCE TO APPROXIMATELY 430 KIDS. THROUGH HOMEWORK HELP, POSITIVE GUIDANCE, AND SOCIAL INTERACTION, 98% OF THE STUDENTS WHO WERE INVOLVED IN THE FOUR YEAR-SPONSOR-A-SCHOLAR PROGRAM IN 2008-2009 GRADUATED FROM HIGH SCHOOL.

FROM THE STUDENTS WHO GRADUATED FROM HIGH SCHOOL, 98% WERE ACCEPTED TO A COLLEGE/UNIVERSITY OR ENROLLED IN POST-SECONDARY OPPORTUNITY AND/OR THE MILITARY. THE YMCA PROVIDES A SCHOLARSHIP TO EACH COLLEGE STUDENT AND MAINTAINS A CONNECTION THROUGHOUT THEIR COLLEGE CAREER TO ENSURE THEY ARE SUPPORTED AND SUCCESSFUL.

ESTABLISHED IN 1982, THE BLACK ACHIEVERS PROGRAM IN MILWAUKEE IS A COOPERATIVE VENTURE THAT MARSHALS THE RESOURCES OF THE HOME, THE SCHOOL, THE CORPORATE COMMUNITY AND THE YMCA TO ENABLE YOUTH TO SET AND ATTAIN HIGH EDUCATION AND CAREER GOALS. AFRICAN-AMERICAN PROFESSIONALS FROM THE MILWAUKEE COMMUNITY SERVE AS ROLE MODELS AND FOSTER PERSONAL, EDUCATIONAL AND PROFESSIONAL GROWTH AMONG YMCA TEEN ACHIEVERS AT YMCA CENTERS. EACH YEAR, APPROXIMATELY 88% OF THE TEENS IMPROVE THEIR GRADE POINT AVERAGE BY ONE LETTER GRADE. THE YMCA WILL AWARD \$10,000 IN SCHOLARSHIPS TO THE 2009 HIGH SCHOOL GRADUATES AND \$5,000 IN SCHOLARSHIP SUPPORT WILL BE AWARDED TO ALUMNI ACHIEVERS THAT ARE CURRENTLY IN COLLEGE.

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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

YMCA OF METROPOLITAN MILWAUKEE, INC.

Employer identification number  
39-0806314

PROGRAMS DESCRIBED ABOVE IN WHICH MEMBERS PARTICIPATED AT REDUCED  
RATES. AN ANNUAL FUND DRIVE (THE STRONG KIDS 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 120,000 PARTICIPANTS 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.

Name of the organization

Employer identification number  
39-0806314

**YMCA OF METROPOLITAN MILWAUKEE, INC.**

## Part I Identification of Disregarded Entities

[illegible]

## Part II

[illegible]

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule R (Form 990) 2008

### Part III Identification of Related Organizations Taxable as a Partnership

[illegible]

## Part IV Identification of Related Organizations Taxable as a Corporation or Trust

[illegible]

**Part V** Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.**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
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to other organization(s)		<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from other organization(s)		<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for other organization(s)		<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by other organization(s)		<input checked="" type="checkbox"/>
<b>f</b> Sale of assets to other organization(s)		<input checked="" type="checkbox"/>
<b>g</b> Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
<b>h</b> Exchange of assets		<input checked="" type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		<input checked="" type="checkbox"/>
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		<input checked="" type="checkbox"/>
<b>n</b> Sharing of paid employees		<input checked="" type="checkbox"/>
<b>o</b> Reimbursement paid to other organization for expenses		<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid by other organization for expenses		<input checked="" type="checkbox"/>
<b>q</b> Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>

**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	I	587,982.
(2) YMCA YOUTH LEADERSHIP	P	964,328.
(3)		
(4)		
(5)		
(6)		

## Part VI

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.

[illegible]



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Asset No.	Description	Date Acquired	Method	Life	Convention	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	LAND	VARIOUS	L		HY		7,478,909.				7,478,909.			0.	
12	LAND IMPROVEMENTS	VARIOUS	SL	15.00	HY16		995,792.				995,792.	557,883.		66,386.	624,269.
13	BUILDINGS	VARIOUS	SL	30.00	HY16		79359976.				79359976.	24273347.		2,645,333.	26918680.
14	MACHINERY AND EQUIPMENT	VARIOUS	SL	7.00	HY16		20021346.				20021346.	17197108.		2,824,238.	20021346.
16	BUILDINGS UNDER CONSTRUCTION	VARIOUS	L		HY		787,633.				787,633.			0.	
	* TOTAL 990 PAGE 10 DEPR						108643656.				108643656.	42028338.		5,535,957.	47564295.

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone