



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

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 07-01-2008 and ending 06-30-2009

- 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
YWCA METROPOLITAN CHICAGO

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
360 N MICHIGAN AVE No 8TH FL

City or town, state or country, and ZIP + 4
CHICAGO, IL 60601

D Employer identification number
36-2179765

E Telephone number
(312) 372-6600

G Gross receipts \$ 10,687,592

F Name and address of Principal Officer
CHRISTINE BORK
360 N MICHIGAN AVE No 8TH FL
CHICAGO, IL 60601

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 Web site: WWW.YWCACHICAGO.ORG

K Type of organization Corporation trust association other

L Year of Formation 1876 | **M** State of legal domicile IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities OUR VISION IS TO ELIMINATE RACISM AND EMPOWER WOMEN		
	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)	3	38
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	38
	5 Total number of employees (Part V, line 2a)	5	180
	6 Total number of volunteers (estimate if necessary)	6	70
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,752,324	4,210,388
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,328,834	5,032,626
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,983,963	-132,832
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-67,229	6,999
		13,997,892	9,117,181
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		264,514
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,054,314	5,810,940
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b (Total fundraising expenses, Part IX, column (D), line 25 <u>829,363</u>)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,308,060	4,578,226
18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	11,362,374	10,653,680	
19 Revenue less expenses Subtract line 18 from line 12	2,635,518	-1,536,499	
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	19,626,516	16,348,266
	21 Total liabilities (Part X, line 26)	1,451,823	1,429,174
22 Net assets or fund balances Subtract line 21 from line 20	18,174,693	14,919,092	

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

Signature of officer: ***** Date: 2010-02-09

christine bork CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: LU ANN TRAPP Date: 2010-02-09 Check if self-employed: Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4: BLACKMAN KALLICK LLP
10 S RIVERSIDE PLAZA 9TH FLOOR
CHICAGO, IL 60606
EIN: Phone no: (312) 207-1040

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

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

1 Briefly describe the organization's mission

The YWCA is dedicated to eliminating racism, empowering women, and promoting peace, justice, freedom, and dignity 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 (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,897,624 including grants of \$) (Revenue \$ 1,750,324)
CHILD CARE SERVICES - PROVIDE CRITICAL SERVICES FOR WORKING FAMILIES, ENRICHMENT PROGRAMS FOR CHILDREN FROM LOW-INCOME FAMILIES, PROVIDE TRAINING TO INCREASE THE NUMBER OF HOME-BASED CHILD CARE

4b (Code) (Expenses \$ 1,609,771 including grants of \$) (Revenue \$ 2,153,058)
COUNSELING AND SUPPORT SERVICES - ENABLE SEXUAL ASSAULT SURVIVORS TO REGAIN THEIR LIVES AND HELP TEEN MOTHERS IMPROVE PARENTING SKILLS AND FINISH SCHOOL















4c (Code) (Expenses \$ 2,216,155 including grants of \$) (Revenue \$ 82,780)
INFORMATION REFERRAL AND LINKAGE - CRISIS HOTLINES PROVIDE IMMEDIATE ASSISTANCE AND REFERRALS FOR VICTIMS OF SEXUAL VIOLENCE, CHILD CARE RESOURCE & REFERRAL HELPS PARENTS LOCATE AND EVALUATE CHILD CARE

(Code) (Expenses \$ 2,681,601 including grants of \$) (Revenue \$ 1,046,464)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 8,405,151 *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)? If "Yes," complete Schedule A 	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
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? If "Yes," complete Schedule D, Part I 		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
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? If "Yes," complete Schedule D, Part IV 		No
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	Yes	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	Yes	
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? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	Yes	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the U S ?		No
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 ? If "Yes," complete Schedule F, Part I		No
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? If "Yes," complete Schedule F, Part II		No
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? If "Yes," complete Schedule F, Part III		No
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 		No
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	Yes	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 		No
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	Yes	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	Yes	
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		No
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		No
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? If "Yes," complete Schedule L, Part II		No
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? If "Yes," complete Schedule L, Part III		No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	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>		No
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>		No
c	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>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5 percent 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>		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 384		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 180		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<i>Section 501(c)(12) organizations.</i> Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

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

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	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?		
10	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	Yes	
11	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		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization? Describe the process in Schedule O	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <u>IL</u>
18	Section 6104 requires an organization to make its Form 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. <input type="checkbox"/> own website <input checked="" type="checkbox"/> another's website <input checked="" type="checkbox"/> 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. See Additional Data Table
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization CHRISTINE BORK 360 n michigan no 800 CHICAGO, IL 60601 (312) 372-6600

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
1b Total							426,150	0	77,312	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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
FPO Solutions 8401 102ND STREET SUITE 500 PLEASANT PRAIRE, WI 53158	ACCTING/IT OUTSOURCING	377,964

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

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 339,877					
	b	Membership dues 1b					
	c	Fundraising events 1c 535,530					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e 2,048,019					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,286,962					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total (Add lines 1a-1f) 4,210,388					
Program Service Revenue	2a	FEES AND CONTRACTS FROM BUSINESS CODE 900,099	4,835,664	4,835,664			
	b	PROGRAM SERVICE FEES 900,099	196,962	196,962			
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f \$ 5,032,626					
Other Revenue	3	Investment income (including dividends, interest other similar amounts) 520,822				520,822	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real				
			(ii) Personal				
			Less rental expenses				
			Rental income or (loss)				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	807,202			
			(ii) Other				
			Less cost or other basis and sales expenses	1,460,856			
			Gain or (loss)	-653,654			
	d	Net gain or (loss) -653,654				-653,654	
	8a	Gross income from fundraising events (not including \$ 109,555 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a 535,530					
Less direct expenses b 109,555							
Net income or (loss) from fundraising events							
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a						
		Less direct expenses b					
		Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances a						
		Less cost of goods sold b					
		Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code					
11a	MISCELLANEOUS 900,099	6,999	6,999				
b							
c							
d	All other revenue _____						
e	Total. Add lines 11a-11d \$ 6,999						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 9,117,181		5,039,625	0	-132,832		

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	220,073	220,073		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	44,441	44,441		
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	398,830	121,880	276,950	
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	4,376,670	3,771,255		501,961
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	246,898	202,482	19,862	24,554
9	Other employee benefits	365,186	294,650	25,890	44,646
10	Payroll taxes	423,356	353,371	28,503	41,482
11	Fees for services (non-employees)				
a	Management				
b	Legal	61,472		61,472	
c	Accounting	369,132		369,132	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	13,003		13,003	
g	Other	279,653	145,447	105,158	29,048
12	Advertising and promotion				
13	Office expenses	284,904	231,954	23,469	29,481
14	Information technology				
15	Royalties				
16	Occupancy	1,070,429	861,163	145,398	63,868
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest				
21	Payments to affiliates	50,000		50,000	
22	Depreciation, depletion, and amortization	233,760	212,256	20,892	612
23	Insurance	144,069	99,947	34,468	9,654
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PROGRAM ACTIVITY	1,604,646	1,604,646	0	0
b	EQUIPMENT RENTAL AND MA	120,001	94,458	23,235	2,308
c	PUBLICATION EXPENSES	106,153	51,272	703	54,178
d	MEMBERSHIP DUES	26,750	3,725	23,025	0
f	All other expenses	214,254	92,131	94,552	27,571
25	Total functional expenses. Add lines 1 through 24f	10,653,680	8,405,151	1,419,166	829,363
26	Joint Costs. Check <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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,000	1	1,000
	2 Savings and temporary cash investments	178,732	2	106,109
	3 Pledges and grants receivable, net	1,476,748	3	1,471,619
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	97,315	9	78,091
	10a Land, buildings, and equipment cost basis	10a 3,282,739		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 2,438,374	1,062,948	10c 844,365
	11 Investments—publicly traded securities	6,970,402	11	5,176,649
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	9,839,371	15	8,670,433
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,626,516	16	16,348,266	
Liabilities	17 Accounts payable and accrued expenses	985,495	17	953,816
	18 Grants payable		18	
	19 Deferred revenue		19	28,471
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties	300,000	23	300,000
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	166,328	25	146,887
	26 Total liabilities. Add lines 17 through 25	1,451,823	26	1,429,174
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,194,514	27	4,316,470
	28 Temporarily restricted net assets	2,129,568	28	1,899,848
	29 Permanently restricted net assets	9,850,611	29	8,702,774
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	18,174,693	33	14,919,092	
34 Total liabilities and net assets/fund balances	19,626,516	34	16,348,266	

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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
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?	Yes	
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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

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

Name of the organization
YWCA METROPOLITAN CHICAGO

Employer identification number

36-2179765

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 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 Part III)
- 10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

- (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 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

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

Part II Support Schedule for Organizations Described in IRC 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.)

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")	11,678,671	5,908,902	5,186,350	6,752,324	4,210,388	33,736,635
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3	11,678,671	5,908,902	5,186,350	6,752,324	4,210,388	33,736,635
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						33,736,635

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	11,678,671	516,984	5,186,350	6,752,324	4,210,388	33,736,635
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	508,612	516,984	522,432	558,963	520,822	2,627,813
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	123,640	4,968	16,518	28,834	6,999	180,959
11 Total Support (Add lines 7 through 10)						36,545,407
12 Gross receipts from related activities, etc (See instructions)					12	23,765,438
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	92.310 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	93.660 %

- 16a 33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- b 10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- 18 Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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 Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	

- 19a 33 1/3% 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
- b 33 1/3% 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

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization YWCA METROPOLITAN CHICAGO

Employer identification number

36-2179765

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate Contributions to, Aggregate Grants from, Aggregate value at end of year, and two questions about donor informed consent.

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

Table with 3 columns: Line number, Description, and Held at the End of the Year (2a-2d). Rows include Purpose(s) of conservation easements, Number of conservation easements, and various monitoring and reporting requirements.

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.

Table with 3 columns: Line number, Description, and Amount. Rows include reporting requirements for art and historical treasures, including revenues and assets.

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 the 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 why in Part XIV and complete the following table

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	9,850,611				
b Contributions	21,102				
c Investment earnings or losses	-1,168,939				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	8,702,774				

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

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 100 000 %
- c** Term endowment ▶ 0 %

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

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii) Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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				
b Buildings		100,193	86,530	13,663
c Leasehold improvements		1,220,287	562,731	657,556
d Equipment		1,962,259	1,789,113	173,146
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				844,365

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

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

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

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

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

(a) Description	(b) Book value
BENEFICIAL INTEREST IN TRUSTS	8,670,433
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) ▶	8,670,433

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
CONTRACT ADVANCES	23,410
DEFERRED RENT	123,477
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	146,887

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	9,117,181
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,653,680
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,536,499
4	Net unrealized gains (losses) on investments	4	-1,663,750
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-55,352
9	Total adjustments (net) Add lines 4 - 8	9	-1,719,102
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,255,601

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	7,562,986
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,663,750
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	109,555
e	Add lines 2a through 2d	2e	-1,554,195
3	Subtract line 2e from line 1	3	9,117,181
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	9,117,181

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

1	Total expenses and losses per audited financial statements	1	10,763,235
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	109,555
e	Add lines 2a through 2d	2e	109,555
3	Subtract line 2e from line 1	3	10,653,680
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	10,653,680

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 XIV, 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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE ORGANIZATION'S ENDOWMENT FUNDS CONSIST OF DONOR RESTRICTED ENDOWMENT FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES To fund operating activities of the Agency
Part XI, Line 8 - Other Adjustments		LOSS ON DISCONTINUED OPERATIONS -55352
Part XII, Line 2d - Other Adjustments		SPECIAL EVENTS EXPENSES 109555
Part XIII, Line 2d - Other Adjustments		SPECIAL EVENTS EXPENSES 109555

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open to Public Inspection

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.

Name of the organization YWCA METROPOLITAN CHICAGO

Employer identification number 36-2179765

Part I Fundraising Activities. 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, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events.

- 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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.

- 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 III 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
		LEADER LUNCHEON (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	643,408			643,408
	2 Less Charitable contributions	535,530			535,530
	3 Gross revenue (line 1 minus line 2)	107,878			107,878
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs	62,795			62,795
	7 Other direct expenses	38,171			38,171
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				100,966
9 Net income summary Combine lines 3 and 8 in column (d) ▶				6,912	

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				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility **13a**
- b** An outside facility **13b**

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?

- 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?

- 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 ▶ \$ _____

Yes No

15a

17a

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspection

Name of the organization

YWCA METROPOLITAN CHICAGO

Employer identification number

36-2179765

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	32	44,441			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Site visits are conducted for programs who are awarded grant funding The purpose of the visit is to insure that materials that were funded were purchased and are being used properly and in accordance to what the program had described as it's purpose or need

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LAURA THRALL	(i)	184,628			14,069	16,393	215,090	
	(ii)							
Christine Bork	(i)	133,669			10,192	13,611	157,472	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization
YWCA METROPOLITAN CHICAGO

Employer identification number

36-2179765

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	ALL OTHER PROGRAMS INCLUDING RESEARCH AND ADVOCACY, SUPPLEMENTARY EDUCATION, AND PHYSICAL AND SOCIAL DEVELOPEMENT Expenses \$ 2681601 including grants of \$ 0 Revenue \$ 1046464

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		members - Any woman or girl at least twelve (12) years of age may join the Association Any qualified woman or girl contributing \$1 or more in cash or securities annually, or signing an annual pledge to support the mission of the Association, shall be a Member of the Association Voting - In any proceeding in which voting by Members is called for, each Member twelve (12) years of age or older, in good standing, shall be entitled to cast one (1) vote The voting Members, acting in accordance with provisions in the Bylaws, shall be responsible for (a) Electing a Board of Directors to whom they delegate responsibility for the direction of the Association, and (b) Voting on matters requiring a Member vote, as determined by the Board of Directors One-third (1/3) of the entire number of the Board of Directors, exclusive of ex-officio Directors, shall be elected annually by voting Members from candidates nominated according to provisions in Article 11 of the Bylaws

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		see response to Part VI, Question 6

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Governing body review of Form 990 - The board retains the services of an independent CPA firm to prepare the organization's Form 990 Management reviews the completed Form 990 and provides a full copy to all voting members of the board prior to filing The board is provided a reasonable amount of time to review and ask any questions to management who can contact the auditing firm if necessary A MEETING OR CONFERENCE CALL IS SCHEDULED FOR THE CPA FIRM AND ORGANIZATION MANAGEMENT TO DISCUSS THE FORM 990 WITH THE AUDIT COMMITTEE PRIOR TO FILING

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Officers, directors and key employees are annually required to complete a conflict of interest disclosure statement Potential conflicts are logged with and monitored by the Chief Financial Officer and Audit Committee

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		CEO/Executive Director Compensation - The President of the Board of Directors appoints a Search Committee to fill a vacancy in the Chief Executive Officer position This committee ensures appropriate compensation by reviewing market standards for comparable size agencies before hiring the CEO, which will be commensurate with experience and background After the CEO is hired, the President appoints a Compensation Committee to conduct the annual performance review of the Chief Executive Officer and determine appropriate compensation The annual performance review includes performance objectives on quantitative and qualitative metrics If these measures are not achieved the CEO compensation could be affected Other Officer's and Key Employees - The TPL (Talent Performance & Leadership) department (comparable to the Human Resource Department), sets salary grades and salary standards based on market standards and internal policies to ensure appropriate compensation Additionally annual performance reviews ensure adjustments based on each employees performance

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Public Disclosure of Documents - Governing documents and financial statements are available through applicable governmental agencies, the conflict of interest policy is available upon written request

Software ID:
Software Version:
EIN: 36-2179765
Name: YWCA METROPOLITAN CHICAGO

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A Bright Beginning-Academy 1480 Bloomingdale Rd Glendale Heights, IL 60139	36-4098498	501(C)(3)	10,762				PLAYGROUND, INFANT AND TODDLER EQUIPMENT
Aurora Child Development 60 S Lincoln Ave Aurora, IL 60505	36-2735029	501(C)(3)	7,544				FLOORING FOR CHILD CARE FACILITY
Bethlehem Lutheran Church 1145 N 5th Ave St Charles, IL 60174	36-2181956	501(C)(3)	7,650				PLAYGROUND EQUIPMENT, AV EQUIPMENT
Childtime Childcare Inc 127 E St Charles Rd Villa Park, IL 60181	36-2616190		5,023				Sensory/Science Materials, classroom furniture, outside shade structure for playground
College of DuPage 425 Fawell Boulevard Glen Ellyn, IL 60137	36-2594972	501(C)(3)	5,794				CLASSROOM MATERIALS
Elgin Day Care Center 210 National St Elgin, IL 60120	36-2181967	501(C)(3)	7,423				Playground improvements AND Multicultural Materials
Fox Valley Montessori 1850 Commonwealth Ave Aurora, IL 60506	23-7011994	501(C)(3)	8,250				Technology, Sensory AND Physical Fitness equipment
Hinsdale Community Nursery 415 W 8th Street Hinsdale, IL 60521	36-6001273	501(C)(3)	5,213				Classroom Materials, 2-way radios (safety), technology
Kids Connection 2011 Dean St St Charles, IL 60174	36-4500030		5,260				CLASSROOM MATERIALS
Knowledge Learning Corp 2264 Bloomingdale Rd Glendale Heights, IL 60139	75-1304369		9,207				CLASSROOM MATERIALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Saw Day Care Center PO Box 500 Burlington, IL 60109	36-4380514		10,767				Blinds, Floor Re-finishing, Bathroom Renovation
See Saw Day Care Center East41W625 Russell Rd Plato Center, IL 60124	36-4380514		10,989				FENCE
Share & Care Learning Center1 N Lincolnway N Aurora, IL 60542	36-4367070		16,732				Security system, classroom materials
Through the Eyes of a Child29W 100 Butterfield 100 Warrenville, IL 60555	68-0583255		5,328				Classroom materials AND furniture
Trinity Care Center233 E Maple Roselle, IL 60172	36-2415161	501(C)(3)	15,003				Intercom system, kitchen appliance, carpet, classroom furniture
Weekday Children's Center300 E Gartner Rd Naperville, IL 60540	36-2685027	501(C)(3)	7,180				Sandbox AND cover, classroom materials, classroom counters

Additional Data

Software ID:
Software Version:
EIN: 36-2179765
Name: YWCA METROPOLITAN CHICAGO

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
JOANN S LILEK , PRESIDENT	1 00	X		X				0	0	0
Gwendolyn Hatten Butler , VICE PRESIDENT	1 00	X		X				0	0	0
Dori McWhorter , VICE PRESIDENT	1 00	X		X				0	0	0
Julie Scott , TREASURER	1 00	X		X				0	0	0
Catherine Kelly , SECRETARY	1 00	X		X				0	0	0
LORETTA ABRAMS , DIRECTOR	1 00	X						0	0	0
MARIE ALLEN , DIRECTOR	1 00	X						0	0	0
Patti Barnett , DIRECTOR	1 00	X						0	0	0
Aileen Blake , DIRECTOR	1 00	X						0	0	0
Zaazaax Shay Brokmond , DIRECTOR	1 00	X						0	0	0
Marisa Bryce , DIRECTOR	1 00	X						0	0	0
Carol Bullock , DIRECTOR	1 00	X						0	0	0
Cindy Burrell , DIRECTOR	1 00	X						0	0	0
Alice Byrne , DIRECTOR	1 00	X						0	0	0
Eva Chess , DIRECTOR	1 00	X						0	0	0
Yolanda Daniel , DIRECTOR	1 00	X						0	0	0
Emilia DiMenco , DIRECTOR	1 00	X						0	0	0
Dr Karen Eng , DIRECTOR	1 00	X						0	0	0
Janet Foutty , DIRECTOR	1 00	X						0	0	0
Colleen Gowl , DIRECTOR	1 00	X						0	0	0
Lisa Wilhelm Haag , DIRECTOR	1 00	X						0	0	0
Kimberly Hunter , DIRECTOR	1 00	X						0	0	0
Ubong E Ituen , DIRECTOR	1 00	X						0	0	0
Jeanette Kilo-Smith , DIRECTOR	1 00	X						0	0	0
Alexis MacDowall , DIRECTOR	1 00	X						0	0	0
Nadine Moore , DIRECTOR	1 00	X						0	0	0
Susan Nordstrom Lopez , DIRECTOR	1 00	X						0	0	0
Anastasia O'Brien , DIRECTOR	1 00	X						0	0	0
Janis Robinson , DIRECTOR	1 00	X						0	0	0
Mary Rodino , DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Section Aaa

(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			
Lynn Rosinsky , dIRECTOR	1 00	X						0	0	0
Beverley Sibblies , dIRECTOR	1 00	X						0	0	0
Donna N Smith , dIRECTOR	1 00	X						0	0	0
Deborah Stevens , dIRECTOR	1 00	X						0	0	0
Gaye van den Hombergh , dIRECTOR	1 00	X						0	0	0
Linda A Watters , dIRECTOR	1 00	X						0	0	0
Monica Walker , dIRECTOR	1 00	X						0	0	0
GuoHua Wu , dIRECTOR	1 00	X						0	0	0
LAURA THRALL , CHIEF EXECUTIVE OFFICER	37 50			X				184,628	0	30,462
Christine Bork , COO/CEO	37 50			X				133,669	0	23,803
Craig Adkins , Chief Financial Officer	37 50			X				107,853	0	23,047