

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)

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 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF BERWYN-CICERO, INC. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2947 S. OAK PARK AVE City or town, state or country, and ZIP + 4 BERWYN, IL 60402	D Employer identification number 36-2702522 E Telephone number (708) 749-0606 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ **PAVYMCA.ORG**

J Organization type (check only one) ▶ 501(c) (**03**) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,335,447.**

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

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

	1 Contributions, gifts, grants, and similar amounts received:			
Revenue	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	151,501.	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ 151,501. noncash \$)	1e	151,501.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	865,801.	
	3 Membership dues and assessments	3	1,212,031.	
	4 Interest on savings and temporary cash investments	4	11,289.	
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss). Subtract line 6b from line 6a	6c		
7 Other investment income (describe)	7			
Revenue	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
8d	8d			
Revenue	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	34,708.	
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 1	
	9c	9c	34,708.	
Revenue	10 a Gross sales of inventory, less returns and allowances	10a	2,831.	
	b Less: cost of goods sold	10b	STATEMENT 3 713.	
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	STMT 2 2,118.	
Expenses	11 Other revenue (from Part VII, line 103)	11	57,286.	
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	2,334,734.	
	13 Program services (from line 44, column (B))	13	1,872,283.	
	14 Management and general (from line 44, column (C))	14	395,439.	
	15 Fundraising (from line 44, column (D))	15	67,232.	
	16 Payments to affiliates (attach schedule)	16	SEE STATEMENT 4 43,570.	
	17 Total expenses. Add lines 16 and 44, column (A)	17	2,378,524.	
	Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	<43,790.>
		19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,468,935.
		20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 5 <375.>
		21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	3,424,770.

**YOUNG MENS CHRISTIAN ASSOCIATION OF
BERWYN-CICERO, INC.**

Form 990 (2007)

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**Part II Statement of
Functional Expenses**

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	0.	0.	0.	0.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,214,547.	966,680.	231,783.	16,084.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	106,498.	72,419.	27,689.	6,390.
29 Payroll taxes	90,325.	61,420.	23,485.	5,420.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	144,942.	140,317.	2,893.	1,732.
34 Telephone	7,289.	5,832.	1,093.	364.
35 Postage and shipping	7,893.	6,314.	1,184.	395.
36 Occupancy				
37 Equipment rental and maintenance	78,418.	59,598.	14,115.	4,705.
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings	11,769.	10,592.	1,177.	
41 Interest	5,309.		5,309.	
42 Depreciation, depletion, etc. (attach schedule)	243,491.	194,792.	36,524.	12,175.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 6	424,473.	354,319.	50,187.	19,967.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,334,954.	1,872,283.	395,439.	67,232.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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12-27-07

Form 990 (2007)

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 7	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a THE YMCA MISSION IS PUTTING CHRISTIAN PRINCIPALS INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY BODY, MIND AND SPIRIT FOR ALL.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b	1,872,283.
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	1,872,283.

Form 990 (2007)

**YOUNG MENS CHRISTIAN ASSOCIATION OF
BERWYN-CICERO, INC.**

Form 990 (2007)

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	374,505.	45	265,698.	
	46 Savings and temporary cash investments	149,158.	46		
	47 a Accounts receivable	16,910.			
	b Less: allowance for doubtful accounts				
			24,197.	47c	16,910.
	48 a Pledges receivable				
	b Less: allowance for doubtful accounts				
			31,000.	48c	
	49 Grants receivable			49	
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts				
				51c	
	52 Inventories for sale or use		942.	52	1,377.
	53 Prepaid expenses and deferred charges			53	
	54 a Investments - publicly-traded securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		34,149.	54a	29,218.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
	55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation					
			55c		
56 Investments - other			56		
57 a Land, buildings, and equipment: basis	6,370,154.				
b Less: accumulated depreciation	3,033,360.				
		3,492,682.	57c	3,336,794.	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)			58		
59 Total assets (must equal line 74). Add lines 45 through 58		4,106,633.	59	3,649,997.	
Liabilities	60 Accounts payable and accrued expenses	156,740.	60	117,677.	
	61 Grants payable		61		
	62 Deferred revenue	106,876.	62	103,846.	
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	370,378.	64b		
	65 Other liabilities (describe <input type="checkbox"/> PERCENTAGE SUPPORT)	3,704.	65	3,704.	
	66 Total liabilities. Add lines 60 through 65		637,698.	66	225,227.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	3,437,935.	67	3,424,770.	
	68 Temporarily restricted	31,000.	68	0.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		3,468,935.	73	3,424,770.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		4,106,633.	74	3,649,997.

Form 990 (2007)

**YOUNG MENS CHRISTIAN ASSOCIATION OF
BERWYN-CICERO, INC.**

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b <u>N/A</u>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b <u>N/A</u>		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	85a <u>N/A</u>		
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members		
	85c <u>N/A</u>		
	d Section 162(e) lobbying and political expenditures		
	85d <u>N/A</u>		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e <u>N/A</u>		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f <u>N/A</u>		
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g <u>N/A</u>		
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	85h <u>N/A</u>		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a <u>N/A</u>		
	b Gross receipts, included on line 12, for public use of club facilities		
	86b <u>N/A</u>		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a <u>N/A</u>		
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b <u>N/A</u>		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	89b <u>N/A</u>		
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	89c <u>0.</u>		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	89d <u>0.</u>		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
	89e <u>N/A</u>		
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
	89f <u>N/A</u>		
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	89g <u>N/A</u>		
90 a	List the states with which a copy of this return is filed IL		
	b Number of employees employed in the pay period that includes March 12, 2007	90b	108
91 a	The books are in care of JOHN USMIAL Telephone no. 708-749-0606		
	Located at 2947 S OAK PARK AVE., BERWYN, IL, BERWYN, IL ZIP + 4 60402		
	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)?		
	91b <u>N/A</u>		X
	If "Yes," enter the name of the foreign country		
	<u>N/A</u>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

Form **990** (2007)

**YOUNG MENS CHRISTIAN ASSOCIATION OF
BERWYN-CICERO, INC.**

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Part VI	Other Information <i>(continued)</i>		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country N/A				
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here				<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year		92		N/A

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a MEMBER PROGRAMS					865,801.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,212,031.
95 Interest on savings and temporary cash investments			14	11,289.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					34,708.
102 Gross profit or (loss) from sales of inventory					2,118.
103 Other revenue:					
a OTHER INCOME					57,286.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		11,289.	2,171,944.
105 Total (add line 104, columns (B), (D), and (E))					2,183,233.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII	Relationship of Activities to the Accomplishment of Exempt Purposes <i>(See the instructions.)</i>
Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 10

Part IX	Information Regarding Taxable Subsidiaries and Disregarded Entities <i>(See the instructions.)</i>			
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X	Information Regarding Transfers Associated with Personal Benefit Contracts <i>(See the instructions.)</i>
(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	

Form **990** (2007)

**YOUNG MENS CHRISTIAN ASSOCIATION OF
BERWYN-CICERO, INC.**

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	----- ----- -----				
b	----- ----- -----				
c	----- ----- -----				
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	----- ----- -----				
b	----- ----- -----				
c	----- ----- -----				
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?			

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.

Please Sign Here

Signature of officer: _____ Date: _____
JOHN USMIAL, EXECUTIVE DIRECTOR / CEO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: 11/24/08
 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: **CARY J. HALL & ASSOCIATES, LLC**
1812 N 79TH COURT
ELMWOOD PARK, IL 60707
 EIN: _____
 Phone no.: **708-452-2721**

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization **YOUNG MENS CHRISTIAN ASSOCIATION OF BERWYN-CICERO, INC.** Employer identification number **36 2702522**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOHN L. USMIAL	EXEC DIRECTOR 40.00	95,341.		
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

YOUNG MENS CHRISTIAN ASSOCIATION OF

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year	0	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

YOUNG MENS CHRISTIAN ASSOCIATION OF

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	316,839.	198,018.	163,615.	550,671.	1,229,143.
16 Membership fees received	1,100,445.	1,062,314.	1,218,164.	1,170,788.	4,551,711.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	886,066.	812,363.	801,680.	853,459.	3,353,568.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	21,934.	20,038.	6,117.	3,844.	51,933.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	48,477.	27,565.	SEE STATEMENT 11		76,042.
23 Total of lines 15 through 22	2,373,761.	2,120,298.	2,189,576.	2,578,762.	9,262,397.
24 Line 23 minus line 17	1,487,695.	1,307,935.	1,387,896.	1,725,303.	5,908,829.
25 Enter 1% of line 23	23,738.	21,203.	21,896.	25,788.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 118,177.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 5,908,829.
d Add: Amounts from column (e) for lines: 18 <u>51,933.</u> 19 _____ 22 <u>76,042.</u> 26b _____					26d 127,975.
e Public support (line 26c minus line 26d total)					26e 5,780,854.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.8342%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

YOUNG MENS CHRISTIAN ASSOCIATION OF

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

YOUNG MENS CHRISTIAN ASSOCIATION OF
BERWYN-CICERO, INC.

Employer identification number

36-2702522

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 \$5,000 or 2% of the amount on line 1 of these forms. (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** check the box in the heading of their Form 990, 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 Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF BERWYN-CICERO, INC.	Employer identification number 36-2702522
---	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ARTHUR FOUNDATION <hr/> 3322 S OAK PARK AVE <hr/> BERWYN, IL 60402	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ROMANA JOHNSON <hr/> 45 NORTHGATE ROAD <hr/> RIVERSIDE, IL 60546	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	LAWRENCE BELL <hr/> 369 DOWNING <hr/> RIVERSIDE, IL 60546	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
DANCE, GOLF OUTING AND OTHER SPECIAL EVENTS	34,708.		34,708.		34,708.
TO FM 990, PART I, LINE 9	34,708.		34,708.		34,708.

FORM 990

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

STATEMENT 2

INCOME

1. GROSS RECEIPTS	2,831	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		2,831
4. COST OF GOODS SOLD (LINE 13)	713	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		2,118

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	942	
7. MERCHANDISE PURCHASED	998	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS	150	
11. ADD LINES 6 THROUGH 10		2,090
12. INVENTORY AT END OF YEAR	1,377	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		713

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 4

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
YMCA	101 N. WACKER CHICAGO, IL 60607	
PURPOSE OF PAYMENT		AMOUNT
DUES		43,570.
TOTAL TO FORM 990, PART I, LINE 16		43,570.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<375.>
TOTAL TO FORM 990, PART I, LINE 20	<375.>

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
BUSES AND OTHER RENTAL	33,167.	33,167.		
OTHER	9,579.	8,521.	1,058.	
INSURANCE	78,658.	62,926.	11,799.	3,933.
CONTRACTED SERVICES	62,659.	50,127.	9,399.	3,133.
HOUSE KEEPING	22,726.	18,181.	3,409.	1,136.
UTILITIES	163,481.	130,785.	24,522.	8,174.
PROMOTIONS	50,413.	46,822.		3,591.
GRANT EXPENSE	3,790.	3,790.		
TOTAL TO FM 990, LN 43	424,473.	354,319.	50,187.	19,967.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
PART III

EXPLANATION

THE YMCA IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES TO THE PEOPLE OF BERWYN, CICERO AND THE SURROUNDING COMMUNITIES

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS	FMV	29,218.			29,218.
TO FORM 990, LINE 54A, COL B		29,218.			29,218.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALBERT L. BASILE 2947 S PAK PARK AVENUE BERWYN, IL 60402	BOARD MEMBER 5.00		0.	0. 0.
LAWRENCE D BELL 2947 S PAK PARK AVENUE BERWYN, IL 60402	BOARD MEMBER 5.00		0.	0. 0.
BARRY J. CANNIZZO 2947 S PAK PARK AVENUE BERWYN, IL 60402	BOARD MEMBER 5.00		0.	0. 0.
ESTHER CORPUZ 2947 S PAK PARK AVENUE BERWYN, IL 60402	BOARD MEMBER 5.00		0.	0. 0.
GENE CZAJKA 2947 S PAK PARK AVENUE BERWYN, IL 60402	BOARD MEMBER 5.00		0.	0. 0.

ANA ESPINOZA 2947 S PAK PARK AVENUE BERWYN, IL 60402	2ND VICE PRESIDENT 5.00	0.	0.	0.
CHRISTINE M. GRANO 2947 S PAK PARK AVENUE BERWYN, IL 60402	BOARD MEMBER 5.00	0.	0.	0.
BETTY HOLLAND 2947 S PAK PARK AVENUE BERWYN, IL 60402	BOARD MEMBER 5.00	0.	0.	0.
DEAN JOHNSON 2947 S PAK PARK AVENUE BERWYN, IL 60402	BOARD MEMBER 5.00	0.	0.	0.
JOSEPH M. KROC 2947 S PAK PARK AVENUE BERWYN, IL 60402	1ST VICE PRESIDENT 5.00	0.	0.	0.
DAVID A OSBORN 2947 S PAK PARK AVENUE BERWYN, IL 60402	PRESIDENT 5.00	0.	0.	0.
DENISE PAV 2947 S PAK PARK AVENUE BERWYN, IL 60402	BOARD MEMBER 5.00	0.	0.	0.
JOSEPH PAV 2947 S PAK PARK AVENUE BERWYN, IL 60402	BOARD MEMBER 5.00	0.	0.	0.
ROBERT POWELL 2947 S PAK PARK AVENUE BERWYN, IL 60402	TREASURER 5.00	0.	0.	0.
RICHARD SUSRALSKI 2947 S PAK PARK AVENUE BERWYN, IL 60402	SECRETARY 5.00	0.	0.	0.
JAMIE E SWICIONIS 2947 S PAK PARK AVENUE BERWYN, IL 60402	PAST PRESIDENT 5.00	0.	0.	0.
GERALD ZABOJNIK 2947 S PAK PARK AVENUE BERWYN, IL 60402	BOARD MEMBER 5.00	0.	0.	0.
JOHN USMIAL 2947 S PAK PARK AVENUE BERWYN, IL 60402	EXECUTIVE DIRECTOR/ CEO 40.00	0.	0.	0.

JEANNE STANIEC 2947 S PAK PARK AVENUE BERWYN, IL 60402	BOARD MEMBER 5.00	0.	0.	0.
RICHARD CANCELLARE 2947 S PAK PARK AVENUE BERWYN, IL 60402	BOARD MEMBER 5.00	0.	0.	0.
ROSA IBARRA 2947 S PAK PARK AVENUE BERWYN, IL 60402	BOARD MEMBER 5.00	0.	0.	0.
LISA SWICIONIS 2947 S PAK PARK AVENUE BERWYN, IL 60402	BOARD MEMBER 5.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		0.	0.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 10

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FEEES COLLECTED TO SUPPORT THE INDIVIDUAL PROGRAMS OFFERED AT THE YMCA
94	DUES AND MEMBERSHIP FEES ARE COLLECTED TO SUPPORT THE OVERALL FACILITIES AT THE YMCA
101	ANNUAL DANCE AND RACE INVOLVES THE COMMUNITY, EXPOSES THE YMCA TO THE COMMUNITY, AND PROMOTES PROGRAMS AT THE YMCA
103A	OTHER INCOME REPRESENTS ADDITIOANL SERVICES SUCH AS REFRESHMENTS AND SUPPLIES OFFERED TO THE MEMBERS. THIS REVENUE IS OFFSET BY THE COST OF PROVIDING SUCH SERVICES.
102	SALE OF YMCA ITEMS AND MISC, SUPPLIES TO ITS MEMBERS

SCHEDULE A OTHER INCOME STATEMENT 11

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	48,477.	27,565.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	48,477.	27,565.	0.	0.

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-5645-03

Report for the Fiscal Period:

Beginning 07/01/2007

& Ending 06/30/2008
MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee
- MO DAY YR

Federal ID # 36-2702522

Are contributions to the organization tax deductible? Yes No

Date Organization was created:

<p>LEGAL NAME YOUNG MENS CHRISTIAN ASSOCIATION OF BERWYN-CICERO, INC.</p> <p>MAIL ADDRESS 2947 S. OAK PARK AVE</p> <p>CITY, STATE BERWYN, IL</p> <p>ZIP CODE 60402</p>	<p>Year-end amounts</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>A) ASSETS</td> <td>A) \$</td> <td style="text-align: right;">3,649,997.</td> </tr> <tr> <td>B) LIABILITIES</td> <td>B) \$</td> <td style="text-align: right;">225,227.</td> </tr> <tr> <td>C) NET ASSETS</td> <td>C) \$</td> <td style="text-align: right;">3,424,770.</td> </tr> </table>	A) ASSETS	A) \$	3,649,997.	B) LIABILITIES	B) \$	225,227.	C) NET ASSETS	C) \$	3,424,770.															
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<p>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</p> <p>D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)</p> <p>E) GOVERNMENT GRANTS & MEMBERSHIP DUES</p> <p>F) OTHER REVENUES</p> <p>G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">PERCENTAGE</th> <th style="width: 30%;"></th> <th style="width: 30%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">45.167%</td> <td>D) \$</td> <td style="text-align: right;">1,054,841.</td> </tr> <tr> <td style="text-align: center;">51.897%</td> <td>E) \$</td> <td style="text-align: right;">1,212,031.</td> </tr> <tr> <td style="text-align: center;">2.936%</td> <td>F) \$</td> <td style="text-align: right;">68,575.</td> </tr> <tr> <td style="text-align: center;">100%</td> <td>G) \$</td> <td style="text-align: right;">2,335,447.</td> </tr> </tbody> </table>	PERCENTAGE		AMOUNT	45.167%	D) \$	1,054,841.	51.897%	E) \$	1,212,031.	2.936%	F) \$	68,575.	100%	G) \$	2,335,447.									
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<p>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</p> <p>H) OPERATING CHARITABLE PROGRAM EXPENSE</p> <p>I) EDUCATION PROGRAM SERVICE EXPENSE</p> <p>J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)</p> <p>J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$</p> <p>K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS</p> <p>L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)</p> <p>M) MANAGEMENT AND GENERAL EXPENSE</p> <p>N) FUNDRAISING EXPENSE</p> <p>O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">78.723%</td> <td>H) \$</td> <td style="text-align: right;">1,872,996.</td> </tr> <tr> <td style="text-align: center;">%</td> <td>I) \$</td> <td></td> </tr> <tr> <td style="text-align: center;">78.723%</td> <td>J) \$</td> <td style="text-align: right;">1,872,996.</td> </tr> <tr> <td style="text-align: center;">1.831%</td> <td>K) \$</td> <td style="text-align: right;">43,570.</td> </tr> <tr> <td style="text-align: center;">80.554%</td> <td>L) \$</td> <td style="text-align: right;">1,916,566.</td> </tr> <tr> <td style="text-align: center;">16.620%</td> <td>M) \$</td> <td style="text-align: right;">395,439.</td> </tr> <tr> <td style="text-align: center;">2.826%</td> <td>N) \$</td> <td style="text-align: right;">67,232.</td> </tr> <tr> <td style="text-align: center;">100%</td> <td>O) \$</td> <td style="text-align: right;">2,379,237.</td> </tr> </tbody> </table>	78.723%	H) \$	1,872,996.	%	I) \$		78.723%	J) \$	1,872,996.	1.831%	K) \$	43,570.	80.554%	L) \$	1,916,566.	16.620%	M) \$	395,439.	2.826%	N) \$	67,232.	100%	O) \$	2,379,237.
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<p>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)</p> <p>PROFESSIONAL FUNDRAISERS:</p> <p>P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS</p> <p>Q) TOTAL FUNDRAISERS FEES AND EXPENSES</p> <p>R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)</p> <p>PROFESSIONAL FUNDRAISING CONSULTANTS:</p> <p>S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">100%</td> <td>P) \$</td> <td></td> </tr> <tr> <td style="text-align: center;">%</td> <td>Q) \$</td> <td></td> </tr> <tr> <td style="text-align: center;">%</td> <td>R) \$</td> <td></td> </tr> <tr> <td></td> <td>S) \$</td> <td></td> </tr> </tbody> </table>	100%	P) \$		%	Q) \$		%	R) \$			S) \$													
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<p>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</p> <p>T) NAME, TITLE: JOHN USMIAL, EXECUTIVE DIRECTOR</p> <p>U) NAME, TITLE: JAMIE KUCERA, SENIOR PROGRAM DIRECTOR</p> <p>V) NAME, TITLE: MARILYN LAMATINA, FINANCE DIRECTOR</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>T) \$</td> <td style="text-align: right;">95,341.</td> </tr> <tr> <td>U) \$</td> <td style="text-align: right;">55,000.</td> </tr> <tr> <td>V) \$</td> <td style="text-align: right;">46,912.</td> </tr> </tbody> </table>	T) \$	95,341.	U) \$	55,000.	V) \$	46,912.																		
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<p>V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES</p> <p>W) DESCRIPTION: YOUTH</p> <p>X) DESCRIPTION: COMMUNITY RECREATIONAL FACILITIES</p> <p>Y) DESCRIPTION: ADULT</p>	<p>List on back side of instructions</p> <p style="text-align: center;">CODE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>W) #</td> <td style="text-align: right;">040</td> </tr> <tr> <td>X) #</td> <td style="text-align: right;">044</td> </tr> <tr> <td>Y) #</td> <td style="text-align: right;">041</td> </tr> </tbody> </table>	W) #	040	X) #	044	Y) #	041																		
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IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>FIFTH THIRD BANK, ROLLING MEADOWS, IL 60008 #23-23-000-8342149</u> <u>NATIONAL CITY, PO BOX 8043, ROYAL OAK, MI #602601331</u> <u>FIFTH THIRD BANK, 105 S YORK ROAD, ELMHURST, IL #3557369</u>		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>JOHN USMIAL 708-749-0606</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

JOHN USMIAL

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

798101
04-27-07

PREPARER (PRINT NAME)

SIGNATURE

DATE