

Form **990**

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

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 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GETTYSBURG AND ADAMS COUNTY, PA Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 909 FAIRFIELD ROAD City or town, state or country, and ZIP + 4 GETTYSBURG, PA 17325 F Name and address of principal officer: DEB YOCUM SAME AS C ABOVE	D Employer identification number 23-1381462 E Telephone number 717-334-9171 G Gross receipts \$ 2,898,202. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.YWCAGETTYSBURG.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1929 M State of legal domicile: PA	

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: THE YWCA GETTYSBURG & ADAMS COUNTY IS DEDICATED TO ELIMINATING RACISM, (CONTINUED ON SCHEDULE O)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of employees (Part V, line 2a)	5	189
	6 Total number of volunteers (estimate if necessary)	6	479
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	13,271.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	361.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 306,197.
9 Program service revenue (Part VIII, line 2g)		2,553,217.	2,451,134.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-15,355.	-18,825.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		92,818.	99,102.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,936,877.	2,794,235.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,719,002.	1,632,599.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,439.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,344,211.	1,270,748.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,063,213.	2,925,757.	
19 Revenue less expenses. Subtract line 18 from line 12	-126,336.	-131,522.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,101,267.	End of Year 3,989,421.
	21 Total liabilities (Part X, line 26)	2,159,813.	2,134,431.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,941,454.	1,854,990.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer JEFF CANN, DIRECTOR, FINANCE & ADMIN Type or print name and title	Date		
Paid Preparer's Use Only	Preparer's signature ▶ DOUGLAS L. BERMAN Firm's name (or yours if self-employed), address, and ZIP + 4 PARENTEBEARD LLC SUITE 200, 221 W PHILADELPHIA ST. YORK, PA 17401-2993	Date 05/06/11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
		EIN ▶		Phone no. ▶ (717) 846-7000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
THE YWCA GETTYSBURG & ADAMS COUNTY IS A COMMUNITY MEMBERSHIP ORGANIZATION FOUNDED BY WOMEN WITH THE MISSION OF SERVING PEOPLE OF ALL AGES, RACES, RELIGIONS, AND ECONOMIC LEVELS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,510,023. including grants of \$ 8,341.) (Revenue \$ 1,423,246.)
CHILD CARE PROGRAMS: THE YWCA HAS THREE CONVENIENT CHILD ENRICHMENT PROGRAM (CEP) LOCATIONS - 909 FAIRFIELD ROAD, FAIRFIELD ELEMENTARY SCHOOL AND COMMERCE PARK AT 1400 PROLINE PLACE, GETTYSBURG. THESE LOCATIONS PROVIDE FULL-DAY, HALF-DAY OR BEFORE AND AFTER SCHOOL CHILD CARE. OUR COMBINED FACILITIES OFFER CARE FOR UP TO 291 CHILDREN, AGES SIX WEEKS THROUGH 12 YEARS. THE FACILITIES INCLUDE INFANT, TODDLER, PRESCHOOL AND SCHOOL-AGE CLASSROOMS. SCHOOL-AGE CHILDREN HAVE YEAR-ROUND CARE AT THE FAIRFIELD ROAD AND COMMERCE PARK LOCATIONS. HOURS OF OPERATION FOR THE YWCA MAIN FACILITY AND THE COMMERCE PARK LOCATIONS ARE MONDAY THROUGH FRIDAY 6:30 A.M. TO 6 P.M., UNLESS OTHERWISE NOTED. BREAKFAST, SNACKS AND FAMILY-STYLE LUNCHESES ARE INCLUDED IN FULL-DAY CHILDCARE PROGRAMS.

4b (Code:) (Expenses \$ 315,617. including grants of \$ 0.) (Revenue \$ 118,738.)
HEALTH PROMOTIONS & SPORTS: THE YWCA HPS PROGRAM OFFERS PROGRAMS, CLASSES AND FACILITIES TO HELP ENSURE THE WELL BEING OF ALL PEOPLE, REGARDLESS OF RACE, GENDER, OR AGE. OUR AWARD WINNING FACILITIES INCLUDE A STATE OF THE ART FITNESS CENTER, A FULL GYMNASIUM, 2 RACQUETBALL COURTS AND SEVERAL AEROBIC/GROUP EXERCISE ROOMS. OUR PROGRAMS ARE DESIGNED TO PROMOTE LEADERSHIP, COOPERATION AND, MOST OF ALL, TO HAVE FUN WHILE IMPROVING KNOWLEDGE AND SKILLS IN AN INTEREST AREA. ALMOST 2500 PEOPLE USE OUR PROGRAMS, CLASSES AND FACILITIES ANNUALLY.

4c (Code:) (Expenses \$ 221,128. including grants of \$ 0.) (Revenue \$ 254,973.)
THE YWCA GETTYSBURG & ADAMS COUNTY IS CURRENTLY IN ITS 19TH YEAR OF SPONSORING ROAD SCHOLAR PROGRAMS (FORMERLY ELDERHOSTEL, EXPLORITAS). ROAD SCHOLAR OFFERS ABOUT 8,000 PROGRAMS THROUGHOUT THE U.S., CANADA AND IN 90 COUNTRIES AROUND THE WORLD. THEY HAVE 6,000 DOMESTIC PROGRAMS AND 2,000 OVERSEAS. OF THE 2,000 DOMESTIC PROGRAM PROVIDERS, GETTYSBURG IS RANKED IN THE TOP 50 BY ROAD SCHOLAR. WE RUN AN AVERAGE OF 21 PROGRAMS PER YEAR WITH OVER 400 ADULTS PARTICIPATING IN OUR PROGRAMS. THE GETTYSBURG ROAD SCHOLAR PROGRAM PROVIDES INSIGHT ON THE HISTORICAL SIGNIFICANCE THAT GETTYSBURG AND THE BATTLE IN 1863 HAS HAD ON AMERICAN HISTORY.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 426,464. including grants of \$ 14,069.) (Revenue \$ 654,177.)

4e Total program service expenses ► \$ 2,473,232.

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF
GETTYSBURG AND ADAMS COUNTY, PA**

Form 990 (2009)

23-1381462 Page **3**

Part IV Checklist of Required Schedules

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

Form **990** (2009)

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF
GETTYSBURG AND ADAMS COUNTY, PA**

Form 990 (2009)

23-1381462 Page 4

Part IV Checklist of Required Schedules (continued)

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

Form **990** (2009)

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF
GETTYSBURG AND ADAMS COUNTY, PA**

Form 990 (2009)

23-1381462 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	14		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	189		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts.	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		

Form 990 (2009)

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
	1a 19		
b	Enter the number of voting members that are independent		
	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **▶ PA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶** _____
JEFF CANN, DIRECTOR OF FINANCE AND ADMIN - (717) 334-9171
909 FAIRFIELD ROAD, GETTYSBURG, PA 17325

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TAMMIE BRUSH-CAMPBELL BOARD MEMBER	1.50	X					1,020.	0.	0.	
CAROLYN WAGAMAN PRESIDENT	0.60	X		X			0.	0.	0.	
DONNA DODSON BOARD MEMBER	1.00	X					0.	0.	0.	
LISA TULLY SECRETARY	1.30	X		X			0.	0.	0.	
MAXINE WILLIS BOARD MEMBER	2.50	X					0.	0.	0.	
ADRIENNE CAMEL BOARD MEMBER	0.40	X					0.	0.	0.	
VICKIE CORBETT VICE PRESIDENT	1.60	X		X			0.	0.	0.	
ANNE S. DOUDS BOARD MEMBER	0.90	X					0.	0.	0.	
EMILY KNOWLES-KELLETT BOARD MEMBER	0.80	X					0.	0.	0.	
JENNIFER GASTLEY BOARD MEMBER	1.00	X					0.	0.	0.	
MARIZOL JIMENEZ BOARD MEMBER	0.10	X					0.	0.	0.	
CAROLYN NUNAMAKER BOARD MEMBER	1.10	X					0.	0.	0.	
SHAREN NEALE BOARD MEMBER	1.90	X					0.	0.	0.	
ERIN ELINE AUMEN BOARD MEMBER	0.50	X					0.	0.	0.	
AMY BECK BOARD MEMBER	1.20	X					0.	0.	0.	
JANE NUTTER BOARD MEMBER	0.00	X					0.	0.	0.	
RUKHSANA RAHMAN BOARD MEMBER	1.40	X					0.	0.	0.	

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF
GETTYSBURG AND ADAMS COUNTY, PA**

Form 990 (2009)

23-1381462 Page **8**

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WENDY WEIKAL BEAUCHAT TREASURER	0.60	X		X				0.	0.	0.
MARIA ZAVALA BOARD MEMBER	0.30	X						0.	0.	0.
DEB YOCUM EXECUTIVE DIRECTOR	50.00			X				61,970.	0.	5,567.
JEFF CANN DIRECTOR-FINANCE AND ADMIN	47.00			X				45,548.	0.	6,239.
1b Total								108,538.	0.	11,806.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 0

	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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
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>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF
GETTYSBURG AND ADAMS COUNTY, PA**

Form 990 (2009)

23-1381462 Page **9**

Part VIII Statement of Revenue						
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 400.				
	b Membership dues	1b				
	c Fundraising events	1c 42,130.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 220,294.				
	g Noncash contributions included in lines 1a-1f: \$	17,732.				
	h Total. Add lines 1a-1f		262,824.			
	Program Service Revenue	2 a CHILD CARE	Business Code 624410	1423246.	1423246.	
b REC PASSES		713940	487,339.	487,339.		
c ELDERHOSTEL		713940	254,973.	254,973.		
d HEALTH PROMOTION		611710	118,738.	118,738.		
e MEMBERSHIP DUES		713940	108,925.	108,925.		
f All other program service revenue		713940	57,913.	57,913.		
g Total. Add lines 2a-2f			2451134.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		3,305.		3,305.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	35,698.			
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	35,698.			
	d Net rental income or (loss)		35,698.		35,698.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	29,202.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	30,849.	20,483.		
		c Gain or (loss)	-1,647.	-20483.		
	d Net gain or (loss)		-22,130.		-22,130.	
	8 a Gross income from fundraising events (not including \$ 42,130. of contributions reported on line 1c). See Part IV, line 18	a	88,271.			
		b Less: direct expenses	52,635.			
c Net income or (loss) from fundraising events			35,636.		35,636.	
9 a Gross income from gaming activities. See Part IV, line 19	a	1,642.				
	b Less: direct expenses					
	c Net income or (loss) from gaming activities		1,642.		1,642.	
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS REVENUE		900099	12,855.		12,855.	
	b ADVERTISING INCOME	541800	7,840.	7,840.		
	c POOL SERVICES	713940	5,431.	5,431.		
	d All other revenue					
	e Total. Add lines 11a-11d		26,126.			
12 Total revenue. See instructions.		2794235.	2451134.	13,271.	67,006.	

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF
GETTYSBURG AND ADAMS COUNTY, PA**

Form 990 (2009)

23-1381462 Page 10

Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	22,410.	22,410.		
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	129,170.	105,631.	22,993.	546.
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	1,254,466.	1,021,568.	227,074.	5,824.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	37,196.	31,711.	5,485.	
9 Other employee benefits	110,202.	93,952.	16,250.	
10 Payroll taxes	101,565.	83,793.	17,312.	460.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,000.	7,455.	7,545.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	23,523.	11,689.	11,834.	
12 Advertising and promotion	3,760.	3,442.	248.	70.
13 Office expenses	90,389.	78,195.	10,805.	1,389.
14 Information technology	5,694.	5,694.		
15 Royalties				
16 Occupancy	381,073.	330,966.	50,010.	97.
17 Travel	2,293.	2,132.	161.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	-32.		-32.	
20 Interest	87,923.	77,232.	10,691.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	215,865.	175,789.	39,074.	1,002.
23 Insurance	45,386.	36,705.	8,681.	
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 EXPENSE	226,510.	226,279.	231.	
b FOOD AND CONSUMABLES	122,692.	122,692.		
c MISCELLANEOUS	26,971.	17,614.	12,306.	-2,949.
d DUES AND SUBSCRIPTIONS	21,784.	17,766.	4,018.	
e EDUCATION	1,417.	517.	900.	
f All other expenses	500.		500.	
25 Total functional expenses. Add lines 1 through 24f	2,925,757.	2,473,232.	446,086.	6,439.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF
GETTYSBURG AND ADAMS COUNTY, PA**

Form 990 (2009)

23-1381462 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	3,568.	1	5,031.	
	2 Savings and temporary cash investments	57,715.	2	88,331.	
	3 Pledges and grants receivable, net	67,636.	3	17,818.	
	4 Accounts receivable, net	65,994.	4	71,226.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	20,911.	9	15,535.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,861,392.			
	b Less: accumulated depreciation	2,738,558.			
		3,267,636.	10c	3,122,834.	
	11 Investments - publicly traded securities	102,178.	11	121,659.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
15 Other assets. See Part IV, line 11	515,629.	15	546,987.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,101,267.	16	3,989,421.		
Liabilities	17 Accounts payable and accrued expenses	188,099.	17	212,747.	
	18 Grants payable		18		
	19 Deferred revenue	187,398.	19	169,245.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,753,296.	23	1,703,977.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	31,020.	25	48,462.	
	26 Total liabilities. Add lines 17 through 25	2,159,813.	26	2,134,431.	
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	1,228,639.	27	1,063,730.	
	28 Temporarily restricted net assets	95,008.	28	67,601.	
	29 Permanently restricted net assets	617,807.	29	723,659.	
	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	1,941,454.	33	1,854,990.	
34 Total liabilities and net assets/fund balances	4,101,267.	34	3,989,421.		

Form 990 (2009)

Part XI Financial Statements and Reporting

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

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GETTYSBURG AND ADAMS COUNTY, PA** Employer identification number **23-1381462**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) **14** %

15 Public support percentage from 2008 Schedule A, Part II, line 14 **15** %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	255,019.	308,494.	349,681.	306,197.	262,824.	1,482,215.
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	1,685,594.	1,868,027.	2,458,003.	2,588,606.	2,541,047.	11,141,277.
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 through 5	1,940,613.	2,176,521.	2,807,684.	2,894,803.	2,803,871.	12,623,492.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			5,900.	7,070.		12,970.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b			5,900.	7,070.		12,970.
8 Public support (Subtract line 7c from line 6.)						12,610,522.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	1,940,613.	2,176,521.	2,807,684.	2,894,803.	2,803,871.	12,623,492.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	35,384.	46,057.	49,752.	54,634.	39,003.	224,830.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	35,384.	46,057.	49,752.	54,634.	39,003.	224,830.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					361.	361.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	26,914.	12,671.	37,568.	45,008.	12,855.	135,016.
13 Total support (Add lines 9, 10c, 11, and 12.)	2,002,911.	2,235,249.	2,895,004.	2,994,445.	2,856,090.	12,983,699.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	97.13 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	92.57 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.73 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.84 %

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

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

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF
GETTYSBURG AND ADAMS COUNTY, PA

Employer identification number

23-1381462

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

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

Name of organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GETTYSBURG AND ADAMS COUNTY, PA	Employer identification number 23-1381462
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____	\$ 53,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____	\$ 11,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GETTYSBURG AND ADAMS COUNTY, PA	Employer identification number 23-1381462
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GETTYSBURG AND ADAMS COUNTY, PA	Employer identification number 23-1381462
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GETTYSBURG AND ADAMS COUNTY, PA	Employer identification number 23-1381462
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GETTYSBURG AND ADAMS COUNTY, PA** Employer identification number **23-1381462**

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

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

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

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

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

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

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

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

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

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

Yes No

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

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

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

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	102,178.	90,394.			
b Contributions	5,758.	17,366.			
c Net investment earnings, gains, and losses	15,009.	-4,539.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1,286.	1,043.			
g End of year balance	121,659.	102,178.			

- 2** Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Term endowment _____ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,869,129.	2,271,742.	2,597,387.
c Leasehold improvements		461,659.	122,853.	338,806.
d Equipment		530,604.	343,963.	186,641.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,122,834.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,794,235.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,925,757.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-131,522.
4	Net unrealized gains (losses) on investments	4	13,700.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	31,358.
9	Total adjustments (net). Add lines 4 through 8	9	45,058.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-86,464.

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	2,847,404.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	8,875.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	52,635.
e	Add lines 2a through 2d	2e	61,510.
3	Subtract line 2e from line 1	3	2,785,894.
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	8,341.
c	Add lines 4a and 4b	4c	8,341.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,794,235.

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

1	Total expenses and losses per audited financial statements	1	2,970,051.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	52,635.
e	Add lines 2a through 2d	2e	52,635.
3	Subtract line 2e from line 1	3	2,917,416.
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	8,341.
c	Add lines 4a and 4b	4c	8,341.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,925,757.

Part XIV Supplemental Information

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

PART V, LINE 4: THE ORGANIZATION'S INTENDED USE OF ITS ENDOWMENT FUNDS

IS FOR SCHOLARSHIP AND PROGRAM SERVICE PURPOSES.

PART X: DURING THE YEAR ENDED JUNE 30, 2010, THE ASSOCIATION

ADOPTED A NEW ACCOUNTING STANDARD, WHICH CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES RECOGNIZED IN A COMPANY'S FINANCIAL STATEMENTS

AND PRESCRIBES A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE

SUSTAINED BY EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT

Part XIV Supplemental Information (continued)

OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET.
THE STANDARD ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION,
INTEREST AND PENALTIES, AND DISCLOSURE. MANAGEMENT HAS DETERMINED THAT THE
STANDARD DOES NOT HAVE A MATERIAL IMPACT ON THE ASSOCIATION'S FINANCIAL
STATEMENTS.

THE ASSOCIATION'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS
FOR THE YEARS ENDED JUNE 30, 2009, 2008, AND 2007 REMAIN SUBJECT TO
EXAMINATION BY THE INTERNAL REVENUE SERVICE.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF PERPETUAL TRUST: 31358.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES RECLASSIFIED TO REVENUE: 52635.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS/ASSISTANCE EXPENSE INCLUDED IN REVENUE: 8341.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES RECLASSIFIED TO REVENUE: 52635.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS/ASSISTANCE EXPENSE INCLUDED IN REVENUE: 8341.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SOG 5K RACE	NEARLY NEW	3	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	82,754.	28,073.	19,574.	130,401.
	2 Less: Charitable contributions	31,221.	139.	10,770.	42,130.
	3 Gross income (line 1 minus line 2)	51,533.	27,934.	8,804.	88,271.
Direct Expenses	4 Cash prizes	2,250.			2,250.
	5 Noncash prizes	2,606.		121.	2,727.
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	24,740.	16,007.	6,911.	47,658.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(52,635)
	11 Net income summary. Combine line 3, column (d), and line 10				35,636.

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	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	

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF
GETTYSBURG AND ADAMS COUNTY, PA**

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ► _____

Address ► _____

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

15a	Yes	No
------------	-----	----

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a	Yes	No
------------	-----	----

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF
GETTYSBURG AND ADAMS COUNTY, PA**

Employer identification number
23-1381462

Part I **General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (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 (book, FMV, appraisal, other)	(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 ▶ _____

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

Schedule I (Form 990) 2009

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF
GETTYSBURG AND ADAMS COUNTY, PA**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and 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
PRE-KINDERGARDEN TUITION	5	0.	8,341.	FMV	ASSISTANCE WITH CHILD CARE TUITION
FINANCIAL AID TO MEMBERS	66	0.	14,069.	FMV	ASSISTANCE WITH FEES FOR USE OF FACILITIES

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

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION MAINTAINS RECORDS OF RECEIPTS FOR PROCUREMENTS, OR THEY MAINTAIN WRITTEN RECORDS OF HOW THE GRANTS FUNDS WERE USED. THE ORGANIZATION ALSO MAINTAINS ACCOUTNING DETAILS OF FUNDIND USAGE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GETTYSBURG AND ADAMS COUNTY, PA	Employer identification number	23-1381462
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMPOWERING WOMEN, AND PROMOTING PEACE, JUSTICE, FREEDOM, AND DIGNITY
FOR ALL.

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

AQUATICS PROGRAM: THE YWCA HAS ADAMS COUNTY'S ONLY COMMUNITY ACCESSIBLE
INDOOR POOL. WE OFFER YEAR-ROUND AQUATICS PROGRAMS WHICH INCLUDE
CLASSES THROUGH THE AMERICAN ARTHRITIS FOUNDATION, SENIOR WATER FITNESS
CLASSES, WEEKEND FAMILY SWIM SESSIONS, AND LEARN-TO-SWIM PROGRAMS. IN
ADDITION, WE TRAIN THE LIFE GUARDS AND WATER FITNESS INSTRUCTORS THAT
STAFF MANY AREA POOLS. OUR PROGRAMS ARE ATTENDED BY CHILDREN AS YOUNG
AS 6 MONTHS AND ADULTS AS OLD AS 92 YEARS OLD. THE POOL IS ALSO MADE
AVAILABLE FOR AREA YOUTH GROUPS AND CLUBS PROVIDING PROGRAMS FOR
UNDERSERVED YOUTH. ANNUALLY, OVER 600 CHILDREN AND ADULTS PARTICIPATE
IN PAID AQUATICS PROGRAMS. MORE THAN 10 ORGANIZATIONS RENTED OUR POOL,
AND WE PROVIDED OUR POOL FREE OF CHARGE TO 5 AREA NON-PROFITS LAST
YEAR.

EXPENSES \$ 194944. INCLUDING GRANTS OF \$ 0. REVENUE \$ 57913.

MEMBERSHIPS: YWCA MEMBERSHIPS ARE DESIGNED TO MEET THE NEEDS OF OUR
LOCAL POPULATION. A "BASIC" MEMBERSHIP IS REQUIRED TO PARTICIPATE IN
SOME YWCA PROGRAMS (FOR EXAMPLE CHILD CARE AND SHARKS SWIM TEAM) AND
DISCOUNTS ON OTHER PROGRAMS (SPORTS CAMPS, GYMNASTICS, AND WATER
FITNESS CLASSES TO NAME A FEW). A REC PASS MEMBERSHIP OFFERS UNLIMITED
ACCESS TO THE ENTIRE FITNESS FACILITY (SOME AGE RESTRICTIONS APPLY) AND
ALSO OFFERS OUR MEMBERS STEEP DISCOUNTS ON MOST PROGRAMS. IN ADDITION,

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GETTYSBURG AND ADAMS COUNTY, PA	Employer identification number	23-1381462
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PROGRAM FEES FOR WATER FITNESS CLASSES AND AEROBICS CLASSES ARE WAIVED ENTIRELY.

WE HAVE UNIQUELY PRICED MEMBERSHIPS FOR YOUTHS (UNDER 13), JUNIORS (13 - HIGH SCHOOL), COLLEGE STUDENTS, ADULTS, SENIORS (OVER 59), AS WELL AS FAMILY MEMBERSHIPS FOR 2 PARENT FAMILIES, SINGLE PARENT FAMILIES AND SENIOR FAMILIES. WE ALSO OFFER EXTRA DISCOUNTS TO MILITARY PERSONNEL AND SENIORS. OUR CURRENT MEMBERSHIP IS COMPRISED OF OVER 3,000 REC PASS HOLDERS AND ALMOST 500 BASIC MEMBERS.

EXPENSES \$ 172155. INCLUDING GRANTS OF \$ 0. REVENUE \$ 596264.

HALLMARK AND MISSION: RACIAL JUSTICE AND WOMEN'S ECONOMIC ADVANCEMENT ARE THE HALLMARKS OF THE YWCA. TO PROMOTE THESE IDEALS IN OUR COMMUNITY, THE YWCA GETTYSBURG & ADAMS COUNTY OFFERS PROGRAMS THAT ENCOURAGE DISCUSSION ABOUT RACE AND APPRECIATION FOR THE DIVERSITY IN OUR COMMUNITY, AND PROVIDE WOMEN AND GIRLS OPPORTUNITIES FOR ECONOMIC ADVANCEMENT. OUR PROGRAMS INCLUDE:

1. LEGOS AND STEM SAVVY PROVIDE OPPORTUNITIES FOR SCHOOL-AGE GIRLS TO EXPLORE ROBOTICS, ROCKETRY, AND OTHER SCIENTIFIC FIELDS THROUGH HANDS-ON ACTIVITIES AND TRIPS TO SCIENCE CENTERS, ETC. FORTY-FIVE GIRLS PARTICIPATED IN THE ELEMENTARY AND HIGH SCHOOL PROGRAMS DURING 2010, AND A MIDDLE SCHOOL PROGRAM IS UNDER DEVELOPMENT.
2. ECONOMIC EMPOWERMENT TRAINING FOR WOMEN OFFERS INFORMATION ON RESUME WRITING AND INTERVIEWING SKILLS, BASIC FINANCIAL MANAGEMENT, AND DRESSING FOR SUCCESS.

3. FAMILY FOLKLORIC FRIDAYS INCLUDE SPANISH AND ENGLISH LANGUAGE

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CLASSES, FOLKLORIC DANCE LESSONS, AND A MEAL.

4. TIME TO TALK STUDY CIRCLES FACILITATE DISCUSSION OF RACIAL JUSTICE
AND DIVERSITY. APPROXIMATELY 40 PEOPLE PARTICIPATED IN T2T GROUPS IN
2010.

5. CULTURAL CELEBRATION EVENTS, HELD SEVERAL TIMES EACH YEAR, HIGHLIGHT
THE FOOD, MUSIC, DANCE, AND OTHER ASPECTS OF A PARTICULAR CULTURE. EACH
EVENT ATTRACTS 150-200 PEOPLE.

EXPENSES \$ 34860. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FINANCIAL AID: THE YWCA'S MEMBERSHIP ASSISTANCE PROGRAM PROVIDES
FINANCIAL AID FOR PARTICIPATION IN THE YW AND ITS PROGRAMS. ASSISTANCE
IS NEED-BASED AND PROVIDED ON A SLIDING FEE SCALE. IT IS MADE POSSIBLE
THROUGH PRIVATE AND CORPORATE DONATIONS AS WELL AS PROCEEDS FROM THE
ANNUAL BUBBA BASH VOLLEYBALL TOURNAMENT. DURING THIS FISCAL YEAR 66
FAMILIES, INCLUDING MORE THAN 100 CHILDREN, USED THIS SERVICE.

EXPENSES \$ 24505. INCLUDING GRANTS OF \$ 14069. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 7A: THE NOMINATING COMMITTEE SHALL
PRESENT A BALLOT OF NOMINEES FOR THE BOARD OF DIRECTORS. SUCH BALLOT OF
NOMINEES SHALL BE PRESENTED TO THE ASSOCIATION ELECTORATE BY DIRECT MAIL;
OR, BE MADE AVAILABLE AT ALL ASSOCIATION PROGRAM SITES, PROVIDING NOTICE OF
SUCH AVAILABILITY SHALL BE POSTED AND DISTRIBUTED IN PUBLIC AREAS OF THE
ASSOCIATION PROGRAM SITES. VOTING MEMBERS (FEMALE MEMBERS 15 YEARS OF AGE
OR OLDER) WILL BE INVITED TO CAST A BALLOT.

FORM 990, PART VI, SECTION A, LINE 7B: VOTING MEMBERS (FEMALE MEMBERS 15

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

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YEARS OF AGE OR OLDER) MAY VOTE ON THE FOLLOWING ACTIONS:

1)CHANGES TO THE BY-LAWS

2)DISSOLUTION OF THE ENDOWMENT FUND: THE YWCA ENDOWMENT POLICY, ADOPTED ON JUNE 11, 2009, STATES: IN THE EVENT THAT THE YWCA FACES FINANCIAL HARDSHIP SUCH THAT CONTINUED OPERATION IS IN QUESTION, WITH THE CONCURRENCE OF ITS LEGAL COUNSEL, THE YWCA MAY DISSOLVE ANY PORTION OF THE ENDOWMENT TO CONTINUE OPERATION. SUCH AN ACTION REQUIRES A 51% APPROVAL VOTE BY THE MEMBERSHIP AFTER A 30 DAY ADVERTISING PERIOD INCLUDING SIGNAGE PLACED IN ALL YWCA FACILITIES AND NOTICES PLACED DAILY FOR 5 CONSECUTIVE DAYS IN AT LEAST TWO MEDIA OUTLETS SERVING ADAMS COUNTY.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT 990 WILL BE EMAILED TO ALL BOARD MEMBERS. EACH BOARD MEMBER WILL CERTIFY VIA EMAIL THAT THEY HAVE HAD AN OPPORTUNITY TO REVIEW THE 990 AND ASK QUESTIONS. RESPONSES WILL BE REQUIRED FROM 100% OF BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY APPLIES TO BOARD MEMBERS AND CERTAIN VOLUNTEERS. A SEPARATE POLICY APPLIES TO EMPLOYEES OF THE ORGANIZATION. AN INTERESTED PARTY IS UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KNOWN OR REASONABLY SHOULD BE KNOWN. A DISCLOSURE STATEMENT AND QUESTIONNAIRE IS COMPLETED UPON HIS OR HER ASSOCIATION WITH THE YWCA OF GETTYSBURG AND ADAMS COUNTY AND SHALL BE UPDATED ANNUALLY. AN ADDITIONAL DISCLOSURE STATEMENT AND QUESTIONNAIRE SHALL BE FILED AT SUCH TIME AS AN ACTUAL OR POTENTIAL CONFLICT ARISES.

BOARD MEMBERS SHALL SUBMIT THEIR COMPLETED DISCLOSURES STATEMENTS AND

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--------------------------	---	--------------------------------	------------

QUESTIONNAIRES TO THE PRESIDENT OF THE BOARD, OR IN CASE OF THE PRESIDENT'S
DISCLOSURE, TO THE SECRETARY OF THE BOARD. THE SECRETARY SHALL PROVIDE
COPIES TO THE EXECUTIVE DIRECTOR. IN THE CASE OF VOLUNTEERS, THE
DISCLOSURE STATEMENTS SHALL BE PROVIDED TO THE EXECUTIVE DIRECTOR. THE
EXECUTIVE DIRECTOR SHALL PROVIDE COPIES TO THE SECRETARY OF THE BOARD OF
DIRECTORS.

WHEN THERE IS REASON TO BELIEVE THAT AN ACTUAL OR POTENTIAL CONFLICT OF
INTEREST EXISTS, THE BOARD OF DIRECTORS SHALL DETERMINE THE APPROPRIATE
ORGANIZATIONAL RESPONSE. WHERE AN ACTUAL OR POTENTIAL CONFLICT EXISTS WITH
RESPECT TO A SPECIFIC PROPOSED ACTION OR TRANSACTION, THE YWCA OF
GETTYSBURG AND ADAMS COUNTY SHALL REFRAIN FROM THE PROPOSED ACTION OR
TRANSACTION UNTIL SUCH TIME AS THE PROPOSED ACTION OR TRANSACTION HAS BEEN
APPROVED BY THE DISINTERESTED MEMBERS OF THE BOARD OF DIRECTORS. AN
INTERESTED PARTY WHO HAS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST WITH
RESPECT TO A PROPOSED ACTION OR TRANSACTION SHALL NOT PARTICIPATE IN ANY
WAY IN, OR BE PRESENT DURING, THE DELIBERATIONS AND DECISION MAKING WITH
RESPECT TO SUCH ACTION OR TRANSACTION. THE INTERESTED PARTY MAY, UPON
REQUEST, BE AVAILABLE TO ANSWER QUESTIONS OR PROVIDE MATERIAL FACTUAL
INFORMATION ABOUT THE PROPOSED ACTION OR TRANSACTION. AN INTERESTED PARTY
SHALL NEITHER BE COUNTED FOR PURPOSES OF DETERMINING WHETHER A QUORUM IS
PRESENT NOR FOR PURPOSES OF DETERMINING WHAT CONSTITUTES A MAJORITY VOTE OF
DIRECTORS IN ATTENDANCE. THE MINUTES OF THE MEETING SHALL REFLECT THAT THE
CONFLICT DISCLOSURE WAS MADE, THE VOTE TAKEN, AND WHERE APPLICABLE, THE
ABSTENTION FROM VOTING AND PARTICIPATION BY THE INTERESTED PARTY.

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IN THE EVENT AN EMPLOYEE FEELS THAT THERE MAY BE AN APPEARANCE OF A
CONFLICT OF INTEREST, THE POTENTIAL FOR A CONFLIT OF INTEREST, OR AN ACTUAL
CONFLICT OF INTEREST CANNOT BE AVOIDED; THE EMPLOYEE MUST REPORT THE
SITUATION TO THE EXECUTIVE DIRECTOR. THE REPORT SHOULD BE IN WRITING, AND
SHOULD DESCRIBE THE NATURE OF THE POTENTIAL CONFLICT OF INTEREST. THE
EXECUTIVE DIRECTOR WILL DETERMINE IF ANOTHER COURSE OF ACTION SHOULD BE
FOLLOWED. THE EXECUTIVE DIRECTOR MUST MAKE ANY CONCERNS REGARDING CONFLICT
OF INTERESTS KNOWN TO THE PRESIDENT OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C:
THE ORGANIZATION HAS ESTABLISHED AN AUDIT COMMITTEE THAT ASSUMES
RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF THE
INDEPENDENT ACCOUNTANT. THERE HAS BEEN NO CHANGE IN THE PROCESS FROM
THE PREVIOUS YEAR.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2009

Department of the Treasury Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning JUL 1, 2009, and ending JUN 30, 2010

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing organization name (YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GETTYSBURG AND ADAMS COUNTY, PA), address (909 FAIRFIELD ROAD, GETTYSBURG, PA 17325), and other identifying information.

H Describe the organization's primary unrelated business activity. ADVERTISING IN PUBLICATIONS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of JEFF CANN, DIRECTOR OF FINANCE AND Telephone number (717) 334-9171

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (5,431), Cost of goods sold (4,070), and Total (3,853).

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows include Compensation of officers, directors, and trustees (14-19), Charitable contributions (20), Depreciation (21-22), and Unrelated business taxable income (30-34).

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34		35c	54.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36	
37 Proxy tax. See instructions		37	
38 Alternative minimum tax		38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39	54.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
b Other credits (see instructions)	40b		
c General business credit. Attach Form 3800	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d		40e	
41 Subtract line 40e from line 39		41	54.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		42	
43 Total tax. Add lines 41 and 42		43	54.
44a Payments: A 2008 overpayment credited to 2009	44a		
b 2009 estimated tax payments	44b		
c Tax deposited with Form 8868	44c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44f		
45 Total payments. Add lines 44a through 44f		45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		47	54.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		48	
49 Enter the amount of line 48 you want: Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		49	

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

N/A

1 Inventory at beginning of year	1	0.	6 Inventory at end of year	6	0.
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	4,070.
3 Cost of labor	3	3,802.	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				X
b Other costs (attach schedule)	4b	268.			
5 Total. Add lines 1 through 4b	5	4,070.			

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: _____ Date: _____
Title: **DIRECTOR, FINANCE & ADMIN**

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

Paid Preparer's Use Only
Preparer's signature: **DOUGLAS L. BERMAN** Date: **05/06/11**
Firm's name (or yours if self-employed), address, and ZIP code: **PARENTEBEARD LLC SUITE 200, 221 W PHILADELPHIA ST. YORK, PA 17401-2993**
Check if self-employed
Preparer's SSN or PTIN: **P01269555**
EIN: **23-2932984**
Phone no.: **(717) 846-7000**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 18)

1. Description of property		
(1)		
(2)		
(3)		
(4)		

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** **(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals Enter here and on page 1, Part I, line 7, column (A) **0.** Enter here and on page 1, Part I, line 7, column (B) **0.**

Total dividends-received deductions included in column 8 **0.**

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
7. Taxable Income	8. Net unrelated income (loss) (see instructions)			
(1)				
(2)				
(3)				
(4)				

Totals Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) **0.** Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) **0.**

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) YWORKS	7,840.	5,348.	2,492.		16,004.	2,492.
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	7,840.	5,348.				2,492.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			0.

EXTENSION

STATEMENT 2

JEFF CANN, DIRECTOR OF FINANCE AND ADMIN - 909 FAIRFIELD ROAD - GETTYSBURG,
PA 17325