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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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 HANOVER AREA YMCA Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 500 NORTH GEORGE STREET City or town, state or country, and ZIP + 4 HANOVER, PA 17331	D Employer identification number 23-7172265 E Telephone number (717) 632-8211 G Gross receipts \$ 7,373,097	
F Name and address of principal officer Liam Behrens 500 NORTH GEORGE STREET HANOVER, PA 17331		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.hanoverymca.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 1971	M State of legal domicile PA

Part I Summary

1	Briefly describe the organization's mission or most significant activities To put Christian Principles into practice through programs that build healthy spirit, mind, and body for all		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of employees (Part V, line 2a)	5	470
6	Total number of volunteers (estimate if necessary)	6	370
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	100,956
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-22,307
		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,575,211	1,436,099
9	Program service revenue (Part VIII, line 2g)	5,035,259	5,544,027
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,625	-40,410
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,218	73,611
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,756,313	7,013,327
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	375,010	581,512
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,194,938	3,362,352
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) \rightarrow -7,376		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,212,788	2,243,241
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,782,736	6,187,105
19	Revenue less expenses Subtract line 18 from line 12	973,577	826,222
		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,934,293	8,029,708
21	Total liabilities (Part X, line 26)	1,263,862	1,484,731
22	Net assets or fund balances Subtract line 21 from line 20	5,670,431	6,544,977

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer: _____ Date: 2010-07-27 Liam Behrens CEO Type or print name and title
Paid Preparer's Use Only	Preparer's signature: Douglas L Berman Date: 2010-07-27 Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) Firm's name (or yours if self-employed), address, and ZIP + 4: PARENTEBEARD LLC, Suite 200 221 W PHILADELPHIA ST, YORK, PA 174012993 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

To put christian Principles into practice through programs that build healthy spirit, mind, and body for all

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,737,923 including grants of \$ 278,863) (Revenue \$ 1,292,977)

Child Care Department The purpose of the Hanover YMCA Before and After Discovery program is to provide a safe and nurturing child development environment during the critical hours before and after school Research shows that risky behavior occurs during these time periods when working parents are unable to adequately supervise their child Our program is conveniently held at the school, making it easy for parents to pick-up and drop-off In addition to providing age appropriate social, recreational and educational activities, we focus on our YMCA values of honesty, caring, respect, responsibility and faith Special activities are scheduled with input from the students Students are provided with a quiet area to do homework and/or relax Several centers are offered each day in which students can choose what area they wish to participate We provide nutritious breakfast and snack foods and encourage physical fitness activities daily All sites are licensed through the Pennsylvania Department of Public Welfare (DPW), and inspected annually Seven of our programs are currently a Keystone Star 1 site We have two programs that are a Keystone Star 2 This affiliation is marketed on our website, program brochure, message sign, at the schools and by our staff The Discovery Program provides a safe and nurturing environment for over 370 youth in grades K - 6, representing all races, religions, ethnicity, income levels and abilities We provide service to ten elementary schools, 4 middle schools and 3 parochial schools within five school districts The Senior Program Director of Youth/Family & Child Care administers the program daily Twenty-six employees are qualified as Assistant Group Supervisors, three are qualified as a Group Supervisor and hold bachelors degrees We have one employee who provides clerical assistance and four that provide transportation All employees are required to have six annual hours of training to meet DPW regulations Additionally, employees at all Keystone Stars sites are required to have several more trainings including common illness, a new employee orientation and pediatric first-aid An annual training is held to cover fire, water safety and child abuse prevention training Mini trainings are also held throughout the year at our monthly staff meetings Throughout the year, volunteers representing a variety of local organizations visit the sites to provide children with educational opportunities Parents also volunteer their time to assist with special events offered at the sites The purpose of the Early Learning Center is to provide developmentally appropriate activities in children ages one to five to assist them in gaining skills for school readiness The YMCA Children's Learning Center provides a full day Preschool for ages one to five and a half-day Kinder Class programs for ages five to six The Preschool and Kinder Class programs are licensed through the Department of Public Welfare (DPW) and accredited by the National Association of Education of the Young Child (NAEYC) These programs also hold Keystone Star Four Certification Our curriculum is based on the recommended "Creative Curriculum", which focuses on learning through play Activities include learning centers, circle time, arts & crafts, language & literacy, music, math, science, cooking, swimming, gymnastics and physical education Children in the preschool program receive breakfast, lunch, morning and afternoon snack We serve children of all races, ethnicities, religions, income levels and abilities In January 2009, our capacity increased to 99 children in the Early Learning Center We also have the capacity to serve an additional 24 children in the Hanover Kinder Class We currently serve 131 children in these programs, representing different races, religions, ethnicities, income levels and abilities Programs are promoted in our facility brochure (published three times each year), website, and flyers We also attend Kindergarten registration and/or provide information during registration time for each school district We have a total of twenty-nine employees, of which three provide administrative duties, six are lead teachers, fifteen are assistant teachers, one cook and four transportation personnel Thirty-three percent of the employees hold a bachelors degree Thirty-three percent of the employees hold an Associates Degree or Child Development Associate (CDA) Certificate The remaining employees are currently enrolled in the CDA course which will be completed in June 2010 All employees meet or exceed the guidelines set forth by DPW and Keystone Stars All employees also receive training in child abuse prevention, pediatric first-aid, playground, water and fire safety Through the "Grow Up Great" program we have had volunteers from PNC bank assist with projects Twenty-five volunteers helped move equipment and assemble the new Early Learning Center when we moved in January We have parent volunteers attend field trips and assist with fundraising through our annual art auction A local nurse visits our program throughout the year to teach the children the importance of hygiene We have a standing committee comprised of two staff and six volunteers including a representative from the board that meets regularly and provides feedback on the program

4b (Code) (Expenses \$ 811,214 including grants of \$ 63,746) (Revenue \$ 628,942)

Gymnastics Department Hanover YMCA Gymnastics Program develops children in our community physically, mentally, and socially Our program fosters physical development by guiding children through strength and flexibility exercises, balance exercises, motor skill development exercises, cardiovascular exercises, tactile awareness, and artistic gymnastics skills Our program mentally stimulates children by requiring focus for an extended period of time to master specific skill goals and by supplementing classroom learning with physical examples We teach reading (lateral movement, visual tracking), math (counting, patterns, addition and subtraction), music (rhythm, tempo, choreography) We also teach mental discipline and fortitude in our team programs We also teach social skills like how to be a part of a team, how to function in a classroom environment, how to share, how to be a member of a line, and how to take turns These skills are reinforced in age appropriate skill level classes and team programs for children ages 14 months-18 years Our program is divided into three key groups Preschool, Developmental Class, and Team Our Preschool program is our base In this program, we help children ages 14 months-4 years explore their world through movement, rhythm, and sensory perception Our Developmental Class program expands on the skills developed in our Preschool program to introduce the fundamentals of Artistic Gymnastics to children ages 4 and up Children in Developmental Class progress through our Rainbow Achievement Program, which allows them to acquire and demonstrate proficiency at skills on their level before moving on to tackle more challenging skills Our Team and Pre-Team Programs are available by invitation only to children ages 4-18 We offer both men's & women's levels 4-10 of USA Gymnastics, Bronze and Silver levels of USAIGC Gymnastics, and all All-Star Cheer for ages 4-18 We also offer specialty programs including Ladies' Gymnastics, Bus-In Gymnastics, Homeschool, Special Needs, Ballet, and Gymnastics Camps These programs provide a gymnastics sampler or special service designed to attract a more narrow audience Achievements Preschool total session sign-ups for 2009 = 702 Preschool individuals served for 2009 = 407 Developmental Class total session sign-ups for 2009 = 998 Developmental Class individuals served for 2009 = 540 Team and Pre-Team individuals served for 2009 = 338 Gymnastics Camp total session sign-ups for 2009 = 336 Gymnastics Camp individuals served for 2009 = 196 Specialty total session sign-ups for 2009 = 358 Specialty individuals served for 2009 = 297

4c (Code) (Expenses \$ 1,323,491 including grants of \$ 129,737) (Revenue \$ 2,812,435)

Membership Department The YMCA is a membership based, charitable, community service organization dedicated to helping people build healthy spirit, mind, and body through programs and memberships We welcome and serve all people regardless of age, income, race, religion, gender, or ability to pay Membership to the YMCA enables people to utilize equipment and facilities designed specifically for improving personal health and wellness goals YMCA staff assists and lead members through training of use of equipment and by assisting them with setting realistic goals The YMCA is a recreational and community hub in our town People gather to socialize and feel a great sense of belonging at the YMCA All programs are open to nonmembers, as well Financial assistance is available to anyone unable to afford membership fees The YMCA is utilized by dozens of community groups, agencies, government, schools, churches, clubs, and more for a vast variety of activities and events The YMCA served 19,271 members in 2009 and offered 7 sessions of programs throughout the calendar year

(Code) (Expenses \$ 1,364,228 including grants of \$ 58,167) (Revenue \$ 708,717)

4d Other program services (Describe in Schedule O)
(Expenses \$ 1,364,228 including grants of \$ 58,167) (Revenue \$ 708,717)

4e Total program service expenses \$ 5,236,856

Part IV Checklist of Required Schedules

Table with 3 main columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 20 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules *(continued)*

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>	21	Yes	
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>	22	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, questions 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>	23		No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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>	25a		No
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>	25b		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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>	27		No
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>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
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>	35		No
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>	36		No
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>	37		No
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	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 65		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 470		
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)	Yes	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
	4a		
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		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
	5b		
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?		
	5c		
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?		No
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
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?	Yes	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
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?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ROBERT BANKERT Chief Financial Officer 500 N GEORGE STREET Hanover, PA 17331 (717) 632-8211

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, and **current** key employees. 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, or 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 or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Tony Hartlaub President	50	X		X				0	0	0
Bobbi Little VICE PRESIDENT	50	X		X				0	0	0
Lisa Greth VICE PRESIDENT	50	X		X				0	0	0
David Muela SECRETARY	50	X		X				0	0	0
Rod Rager Treasurer	50	X		X				0	0	0
Nick Vlahos Past President	50	X						0	0	0
Sue Aldinger DIRECTOR	50	X						0	0	0
David BENFIELD DIRECTOR	50	X						0	0	0
John Burdis DIRECTOR	50	X						0	0	0
Jennifer Carter dIRECTOR	50	X						0	0	0
Bob Coradi dIRECTOR	50	X						0	0	0
Gina D'Agata dIRECTOR	50	X						0	0	0
Mike Fiery dIRECTOR	50	X						0	0	0
Mike Fink dIRECTOR	50	X						0	0	0
Jeremy Frey dIRECTOR	50	X						0	0	0
Roxana Grimes dIRECTOR	50	X						0	0	0
D J Hart dIRECTOR	50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mary Kay Kelly dIRECTOR	50	X						0	0	0
Baird McIlvain III dIRECTOR	50	X						0	0	0
Jane Miller dIRECTOR	50	X						0	0	0
George Neiderer dIRECTOR	50	X						0	0	0
Paul F Spears dIRECTOR	50	X						0	0	0
Cindy Staub dIRECTOR	50	X						0	0	0
David Wells dIRECTOR	50	X						0	0	0
Liam Behrens CHIEF EXECUTIVE OFFICER	60 00			X				46,552	0	5,462
Robert S Bankert Chief Financial/Info Off	50 00			X				73,178	0	9,189
John J Rego Chief EXECUTIVE OFFICER	45 00			X				89,831	0	11,029
Jolene Shaffer Chief Operations Officer	48 00			X				78,977	0	13,862
1b Total								288,538	0	39,542

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>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Joel A Lenker Inst of Athletic Dev 367 Ridge Road York Springs, PA 17372	develop/staff athl development program	174,031

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 **1**

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	50,999	50,999		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	530,513	530,513		
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	328,080	268,127	58,449	1,504
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	2,506,906	2,068,371	425,466	13,069
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	120,217	91,397	28,820	
9	Other employee benefits	153,670	116,831	36,839	
10	Payroll taxes	253,479	207,344	44,865	1,270
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	34,855		34,855	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	3,362		3,362	
g	Other	431,973	273,138	153,796	5,039
12	Advertising and promotion	77,144	59,641	3,199	14,304
13	Office expenses	527,156	465,127	50,692	11,337
14	Information technology				
15	Royalties				
16	Occupancy	543,346	539,798	3,424	124
17	Travel	73,888	31,776	42,068	44
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,931	10,787	13,266	878
20	Interest	32,588	31,739	849	
21	Payments to affiliates	77,191	77,191		
22	Depreciation, depletion, and amortization	364,648	341,266	23,382	
23	Insurance	47,675	43,071	4,604	
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	Miscellaneous	20,177	5,933	14,244	
b	Provision for doubtful	16,613	18,541	7,150	-9,078
c	Dues	13,561	5,266	8,295	
d	Fundraising and gaming	-45,867		0	-45,867
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	6,187,105	5,236,856	957,625	-7,376
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	-35,803	1	117,251
	2 Savings and temporary cash investments	268,926	2	225,324
	3 Pledges and grants receivable, net	1,532,311	3	533,215
	4 Accounts receivable, net	24,118	4	35,764
	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	136,970	9	141,559
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10,668,924		
	b Less accumulated depreciation	4,140,987	10c	6,527,937
	11 Investments—publicly traded securities	347,929	11	426,080
	12 Investments—other securities. See Part IV, line 11	7,762	12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	38,081	15	22,578
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,934,293	16	8,029,708	
Liabilities	17 Accounts payable and accrued expenses	341,533	17	341,776
	18 Grants payable		18	
	19 Deferred revenue	342,664	19	303,939
	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	579,665	23	839,016
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,263,862	26	1,484,731
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	4,138,120	27	5,992,407
	28 Temporarily restricted net assets	1,532,311	28	552,570
	29 Permanently restricted net assets		29	
	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	5,670,431	33	6,544,977	
34 Total liabilities and net assets/fund balances	6,934,293	34	8,029,708	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual 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? . . .

b Were the organization's financial statements audited by an independent accountant?

c If "Yes," to 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separated 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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
HANOVER AREA YMCA

Employer identification number

23-7172265

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 **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?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 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 for 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 the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—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

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	704,081	522,774	2,178,003	1,575,211	1,436,099	6,416,168
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	4,020,073	4,519,223	4,375,809	4,956,442	5,452,515	23,324,062
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	4,724,154	5,041,997	6,553,812	6,531,653	6,888,614	29,740,230
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	32,168		260,823			292,991
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	90,000	90,000	425,674	771,132	720,902	2,097,708
c Add lines 7a and 7b	122,168	90,000	686,497	771,132	720,902	2,390,699
8 Public Support (Subtract line 7c from line 6)						27,349,531

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	4,724,154	5,041,997	6,553,812	6,531,653	6,888,614	29,740,230
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,672	102,990	65,656	50,179	20,027	260,524
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	21,672	102,990	65,656	50,179	20,027	260,524
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	98,064	91,776	91,641	92,670	100,956	475,107
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	64,536	90,892	112,493	76,365	110,034	454,320
13 Total support (Add lines 9, 10c, 11 and 12)	4,908,426	5,327,655	6,823,602	6,750,867	7,119,631	30,930,181
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	88 420 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	91 090 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0 840 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0 950 %
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 <input checked="" type="checkbox"/>		
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 <input type="checkbox"/>		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

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

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization HANOVER AREA YMCA

Employer identification number 23-7172265

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
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 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

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

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

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

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

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

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

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

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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

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

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

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Investment earnings or losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance

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

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

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

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b 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.

Table with 5 columns: Description of investment, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,013,327
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,187,105
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	826,222
4	Net unrealized gains (losses) on investments	4	56,086
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-7,762
9	Total adjustments (net) Add lines 4 - 8	9	48,324
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	874,546

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	6,722,878
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	56,086
b	Donated services and use of facilities	2b	96,973
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	87,005
e	Add lines 2a through 2d	2e	240,064
3	Subtract line 2e from line 1	3	6,482,814
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	530,513
c	Add lines 4a and 4b	4c	530,513
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	7,013,327

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

1	Total expenses and losses per audited financial statements	1	5,840,570
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	96,973
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	87,005
e	Add lines 2a through 2d	2e	183,978
3	Subtract line 2e from line 1	3	5,656,592
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	530,513
c	Add lines 4a and 4b	4c	530,513
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	6,187,105

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	During the year ended December 31, 2009, the Association and endowment Fund 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 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 had determined that this guidance does not have a material impact on the Association's and Endowment Fund's financial statements. The Association's and Endowment Fund's federal Exempt Organization Business Income Tax Returns for the years ended December 21, 2008, 2007, and 2006 remain subject to examination by the Internal Revenue Service.
Part XI, Line 8 - Other Adjustments		Transfer of interest in net assets of a Comm Found to Endowment Fund -7762
Part XII, Line 2d - Other Adjustments		SPECIAL EVENT EXPENSES 45767 gaming expenses 100 loss on disposals of property and equipment 41138
Part XII, Line 4b - Other Adjustments		grants and assistance to individuals 530513
Part XIII, Line 2d - Other Adjustments		loss on disposals of property and equipment 41138 special event expenses 45767 gaming expenses 100
Part XIII, Line 4b - Other Adjustments		grants and assistance to individuals 530513

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>golf tournament</u> (event type)	<u>yankee candle sale</u> (event type)	<u>3</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	36,270	15,617	19,493	71,380
	2 Less Charitable contributions	19,929			19,929
	3 Gross income (line 1 minus line 2)	16,341	15,617	19,493	51,451
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	416			416
	6 Rent/facility costs				
	7 Food and beverages	4,720			4,720
	8 Entertainment				
	9 Other direct expenses	8,199	9,241	12,519	29,959
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				35,095
11 Net income summary Combine lines 3, column d, and line 10. ▶				16,356	

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

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

		Yes	No
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	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
c If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

Schedule I (Form 990)

OMB No 1545-0047

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

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HANOVER AREA YMCA

Employer identification number 23-7172265

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?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: Littlestown Activity Center Foundation, EIN 363258696, IRC 501(c)(3), Amount 49,999, Purpose: Payoff mortgage loan on property YMCA leased.

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

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization HANOVER AREA YMCA

Employer identification number 23-7172265

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Books, Cars, Real estate, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution reporting and policies.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	Hanover YMCA is reporting the number of contributions from each individual or corporation for each type of donation
Third Party Use	Part I, Line 32b	PNC is used to process and sell stock donations
Non Reporting of Revenue	Part I, Line 33	Donated stock valued at \$2,418 was received this year. This donation was applied to a pledge receivable and not recorded as current year income

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
HANOVER AREA YMCA

Employer identification number

23-7172265

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Cynthia Staub has a business relationship with Tony Hartlaub, Tom Dempsey, Dylan Lissette, Dave Wells and Jack Rego
Form 990, Part VI, Section A, line 6		The organization has members who nominate and elect the members of the governing body. The members do not receive a share of the organization's profits or excess dues, or a share of the assets upon dissolution.
Form 990, Part VI, Section A, line 7a		All persons eighteen years of age or over, who are members in good standing, shall have the right to vote. This includes the responsibility to nominate and elect the Board of Directors.
Form 990, Part VI, Section B, line 11		The Form 990 will be reviewed by the Chief Financial Officer, Chief Executive Officer and finance committee. After performing its review of the Form 990, the Finance Committee will present the Form 990 to the full board. The full board will receive a copy of the Form 990 before filing.
Form 990, Part VI, Section B, line 12c		The conflict of interest policy of Hanover Area YMCA is to protect the YMCA when it is contemplating entering into a contract, transaction or arrangement that has the potential for benefiting the private interest of a significant person. Significant person is any director, key employee or committee member with board delegated powers. This would also include a significant person's spouse, brother, sister, parent, grandparent, child, grandchild of the person or the person's spouse. Each significant person shall completely, accurately and timely submit the annual Conflict of Interest Questionnaire as prepared and distributed by the Board (or Committee). The Board (or Committee) shall determine by a majority vote of disinterested directors whether the disclosed interest may result in a conflict of interest after meeting, discussing and voting on the matter. A significant person may make a presentation at the Board (or Committee) meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest. To ensure that the YMCA operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. When conducting the periodic reviews as provided for, the YMCA may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews are conducted.
Form 990, Part VI, Section B, line 15		The compensation of the officers is reviewed by the compensation committee and then submitted to the independent members of the board for approval. The process includes a compensation survey, the deliberations and decisions are documented in the committee and board minutes.
Form 990, Part VI, Section C, line 19		The organization does not make the governing documents, conflict of interest policy or financial statements public since it is not required by federal or state law.
Form 990, Part XI, Line 2c		The process for the oversight of the audit and the selection of an independent accountant did not change during the tax year.

Identifier	Return Reference	Explanation
Form 990, Part I, Line 6		Volunteers serve in a policy making capacity by serving on boards and committees. They also lead programs and assist with administrative tasks.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HANOVER AREA YMCA

Employer identification number
23-7172265

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
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Hanover Area YMCA Endowment Fund
500 North George Street
Hanover, PA 17331
22-2473756

Provides funds exclusively for charitable purpose of the Hanover Area YMCA

PA

501(c)(3)

Line 13 - Type 1 N/A

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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