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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
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending.
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): 909 FAIRFIELD ROAD
Room/suite
City or town, state or country, and ZIP + 4: GETTYSBURG, PA 17325
D Employer identification number: 23-1381462
E Telephone number: (717) 334-9171
G Gross receipts \$ 3,913,038

F Name and address of principal officer: DEB GEESEY, 909 FAIRFIELD ROAD, GETTYSBURG, PA 17325
H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number

I Tax-exempt status: 501(c)(3)
J Website: WWW.YWCAGETTYSBURG.ORG

K Form of organization: Corporation
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: ELIMINATING RACISM, EMPOWERING WOMEN, AND PROMOTING PEACE, JUSTICE, FREEDOM, AND DIGNITY FOR ALL

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

Table with 3 columns: Line number, Description, Amount. Rows 3-7a: Number of voting members, independent voting members, total employees, total volunteers, total unrelated business revenue.

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 8-12: Contributions and grants, program service revenue, investment income, other revenue, total revenue.

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 13-19: Grants and similar amounts paid, benefits paid, salaries, professional fundraising fees, total fundraising expenses, other expenses, total expenses, revenue less expenses.

Table with 3 columns: Line number, Description, Beginning of Current Year, End of Year. Rows 20-22: Total assets, total liabilities, net assets or fund balances.

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) and Date (2012-03-26)

Paid Preparer Use Only: Print/Type preparer's name (JULIUS GREEN CPA), Preparer's signature (JULIUS GREEN CPA), Date, Check if self-employed, PTIN, Firm's name (PARENTEBEARD LLC), Firm's EIN, Firm's address (SUITE 200 221 W PHILADELPHIA ST, YORK, PA 174012993), 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

Check if Schedule O contains a response to any question in this Part III

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 \$ 1,526,704 including grants of \$ 15,101) (Revenue \$ 1,429,822)

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 AND/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 LUNCHEs ARE INCLUDED IN FULL-DAY CHILDCARE PROGRAMS

4b (Code) (Expenses \$ 323,523 including grants of \$ 9,523) (Revenue \$ 130,093)

HEALTH PROMOTIONS & SPORTS THE YWCA SPORTS AND FITNESS PROGRAM OFFERS CLASSES AND FACILITIES TO HELP ENSURE THE WELL BEING OF ALL PEOPLE, REGARDLESS OF RACE, GENDER, OR AGE OUR AWARD WINNING FACILITIES, VOTED "BEST FITNESS CENTER" 5 YEARS IN A ROW BY CELEBRATE GETTYSBURG MAGAZINE, 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 2750 PEOPLE USE OUR PROGRAMS, CLASSES AND FACILITIES ANNUALLY

4c (Code) (Expenses \$ 228,590 including grants of \$) (Revenue \$ 252,046)

THE YWCA GETTYSBURG & ADAMS COUNTY IS CURRENTLY IN ITS 20TH 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) **See also Additional Data for Description**

(Expenses \$ 483,153 including grants of \$) (Revenue \$ 697,520)

4e Total program service expenses \$ 2,561,970

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
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? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	Yes	
b 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? If "Yes," complete Schedule D, Part VII. <input checked="" type="checkbox"/>		No
c 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? If "Yes," complete Schedule D, Part VIII. <input checked="" type="checkbox"/>		No
d 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? If "Yes," complete Schedule D, Part IX. <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Parts III and IV		No
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? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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> <input checked="" type="checkbox"/>	21		No
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> <input checked="" type="checkbox"/>	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 lines 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> <input checked="" type="checkbox"/>	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		No
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

Check if Schedule O contains a response to any question in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding (1a, 1b, 1c), employee reporting (2a, 2b), unrelated business income (3a, 3b), foreign accounts (4a, 4b), prohibited tax shelter transactions (5a, 5b, 5c), solicitations (6a, 6b), 501(c)(7) organizations (7a-7h), sponsoring organizations (8, 9a, 9b), 501(c)(7) organizations (10a, 10b), 501(c)(12) organizations (11a, 11b), 4947(a)(1) trusts (12a, 12b), 501(c)(29) health insurers (13a, 13b, 13c), and indoor tanning services (14a, 14b).

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 16		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant 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	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	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
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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	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?		
a	The organization's CEO, Executive Director, or top management official		No
b	Other officers or key employees of the organization		No
	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?		No
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 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 checked="" 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 JEFF CANN DIRECTOR OF FINANCE AND 909 FAIRFIELD ROAD GETTYSBURG, PA 17325 (717) 334-9171

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

Check if Schedule O contains a response to any question in this Part VII

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

- 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, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) CAROLYN WAGAMAN PRESIDENT	70	X		X				0	0	0
(2) VICKIE CORBETT VICE PRESIDENT	3 00	X		X				0	0	0
(3) RUKHSANA RAHMAN VICE PRESIDENT	1 90	X		X				0	0	0
(4) WENDY WEIKAL BEAUCHAT TREASURER	60	X		X				0	0	0
(5) LISA TULLY SECRETARY	2 60	X		X				0	0	0
(6) ERIN ELINE AUMEN BOARD MEMBER	40	X						0	0	0
(7) DONNA DODSON BOARD MEMBER	1 30	X						0	0	0
(8) ANNE S DOUDS BOARD MEMBER	1 00	X						0	0	0
(9) JENNIFER GASTLEY BOARD MEMBER	1 00	X						0	0	0
(10) EMILY KNOWLES-KELLETT BOARD MEMBER	60	X						0	0	0
(11) SHAREN NEALE BOARD MEMBER	1 90	X						0	0	0
(12) CAROLYN NUNAMAKER BOARD MEMBER	1 20	X						0	0	0
(13) JANE NUTTER BOARD MEMBER	20	X						0	0	0
(14) KATHLEEN REED BOARD MEMBER	10	X						0	0	0
(15) MAXINE WILLIS BOARD MEMBER	1 70	X						0	0	0
(16) MARIA ZAVALA BOARD MEMBER	40	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 (describe hours for related organizations in Schedule O)	(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			
(17) AMY BECK THRU 22010 BOARD MEMBER	80	X						0	0	0
(18) ADRIENNE CAMEL THRU 12011 BOARD MEMBER	30	X						0	0	0
(19) TAMMIE BRUSH-CAMPBELL THRU 12011 BOARD MEMBER	40	X						0	0	0
(20) MARIZOL JIMENEZ THRU 122010 BOARD MEMBER	0 00	X						0	0	0
(21) DEB GEESEY EXECUTIVE DIRECTOR	40 00			X				61,924	0	6,890
(22) JEFF CANN DIRECTOR-FINANCE AND ADMIN	40 00			X				46,874	0	5,836
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								108,798	0	12,726

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 or individual 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

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**

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a	5,457				
	b Membership dues 1b					
	c Fundraising events 1c	63,003				
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,146,605				
	g Noncash contributions included in lines 1a-1f \$	25,522				
	h Total. Add lines 1a-1f		1,215,065			
	Program Service Revenue	2a CHILD CARE	624410	1,429,822	1,429,822	
b REC PASSES		713940	528,571	528,571		
c ELDERHOSTEL		713940	252,046	252,046		
d HEALTH PROMOTION		611710	130,093	130,093		
e MEMBERSHIP DUES		713940	105,672	105,672		
f All other program service revenue			63,277	63,277		
g Total. Add lines 2a-2f			2,509,481			
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)		3,585		3,585
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real	30,858			
		(ii) Personal				
		b Less rental expenses				
	c Rental income or (loss)	30,858				
	d Net rental income or (loss)		30,858		30,858	
	7a Gross amount from sales of assets other than inventory	(i) Securities	847	47,000		
		(ii) Other				
		b Less cost or other basis and sales expenses		27,357		
		c Gain or (loss)	847	19,643		
d Net gain or (loss)		20,490		20,490		
8a Gross income from fundraising events (not including \$ 63,003 of contributions reported on line 1c) See Part IV, line 18 a			61,851			
	b Less direct expenses b		61,273			
	c Net income or (loss) from fundraising events		578		578	
9a Gross income from gaming activities See Part IV, line 19 a		1,467				
	b Less direct expenses b		349			
	c Net income or (loss) from gaming activities		1,118		1,118	
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a POOL SERVICES	713940	26,863		26,863		
	b MISCELLANEOUS REVENUE	900099	12,128		12,128	
	c ADVERTISING INCOME	541800	3,893		3,893	
	d All other revenue					
e Total. Add lines 11a-11d		42,884				
12 Total revenue. See Instructions		3,824,059	2,509,481	30,756	68,757	

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	24,624	24,624		
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	137,767	112,473	24,956	338
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	1,334,166	1,081,034	249,455	3,677
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	38,917	33,513	5,404	
9	Other employee benefits	130,350	112,251	18,099	
10	Payroll taxes	107,157	87,131	19,732	294
a	Fees for services (non-employees)				
	Management				
b	Legal	161		161	
c	Accounting	14,800		14,800	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	16,508	13,438	3,070	
12	Advertising and promotion	5,234	3,708	1,526	
13	Office expenses	94,723	82,718	10,418	1,587
14	Information technology				
15	Royalties				
16	Occupancy	337,883	317,793	20,090	
17	Travel	698	840	-142	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	54		54	
20	Interest	85,446	74,927	10,519	
21	Payments to affiliates	17,195	17,195		
22	Depreciation, depletion, and amortization	221,768	179,874	41,285	609
23	Insurance	45,360	38,178	7,182	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	INCOME TAXES	222	111	111	
b	PROGRAM EXPENSE	232,233	231,034	941	258
c	FOOD AND CONSUMABLES	84,842	84,842		
d	REPAIRS AND MAINTENANCE	67,303	56,541	10,762	
e	MISCELLANEOUS	6,992	5,064	1,928	
f	All other expenses	8,686	4,681	4,005	
25	Total functional expenses. Add lines 1 through 24f	3,013,089	2,561,970	444,356	6,763
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	5,031	1	86,306
	2 Savings and temporary cash investments	88,331	2	12,034
	3 Pledges and grants receivable, net	17,818	3	15,793
	4 Accounts receivable, net	71,226	4	83,855
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	15,535	9	16,958
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	5,822,725		
	b Less accumulated depreciation	2,881,541	3,122,834	10c 2,941,184
	11 Investments—publicly traded securities	121,659	11	171,274
	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	546,987	15	1,580,021
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,989,421	16	4,907,425	
Liabilities	17 Accounts payable and accrued expenses	212,747	17	246,417
	18 Grants payable		18	
	19 Deferred revenue	169,245	19	174,862
	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	1,703,977	23	1,651,838
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	48,462	25	31,403
	26 Total liabilities. Add lines 17 through 25	2,134,431	26	2,104,520
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	1,063,730	27	1,007,226
	28 Temporarily restricted net assets	67,601	28	44,384
	29 Permanently restricted net assets	723,659	29	1,751,295
	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	1,854,990	33	2,802,905	
34 Total liabilities and net assets/fund balances	3,989,421	34	4,907,425	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,824,059
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,013,089
3	Revenue less expenses Subtract line 2 from line 1	3	810,970
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,854,990
5	Other changes in net assets or fund balances (explain in Schedule O)	5	136,945
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,802,905

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
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	Yes	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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?
 (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 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2010. 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	308,494	349,681	306,197	262,824	1,215,065	2,442,261
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	1,868,027	2,458,003	2,588,606	2,541,047	2,572,799	12,028,482
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	2,176,521	2,807,684	2,894,803	2,803,871	3,787,864	14,470,743
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					890,790	890,790
c Add lines 7a and 7b		5,900	7,070		890,790	903,760
8 Public Support (Subtract line 7c from line 6)						13,566,983

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	2,176,521	2,807,684	2,894,803	2,803,871	3,787,864	14,470,743
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46,057	49,752	54,634	39,003	34,443	223,889
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	46,057	49,752	54,634	39,003	34,443	223,889
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				361	8,665	9,026
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	12,671	37,568	45,008	12,855	12,128	120,230
13 Total support (Add lines 9, 10c, 11 and 12)	2,235,249	2,895,004	2,994,445	2,856,090	3,843,100	14,823,888
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	91.520 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	97.130 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	1.510 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.730 %

19a 33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

Facts And Circumstances Test

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Additional Data**Software ID:****Software Version:****EIN:** 23-1381462**Name:** YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF GETTYSBURG AND ADAMS COUNTY PA**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)****4d. Other program services**

(Code) (Expenses \$ 218,332 including grants of \$) (Revenue \$ 57,364)

AQUATICS PROGRAM THE YWCA HAS ADAMS COUNTY'S ONLY COMMUNITY ACCESSIBLE INDOOR POOL WE OFFER YEAR-ROUND AQUATIC PROGRAMS WHICH INCLUDE WATER FITNESS CLASSES FROM ARTHRITIS FOUNDATION CERTIFIED INSTRUCTORS AND UNITED STATES WATER FITNESS ASSOCIATION CERTIFIED INSTRUCTORS, WHO OFFER PROGRAMS FOR PEOPLE WITH PHYSICAL LIMITATIONS DUE TO INJURY, ARTHRITIS OR OTHER FORMS OF ILLNESSES THEY ALSO OFFER FITNESS PROGRAMS FOR PEOPLE WHO ENJOY A TOUGH MUSCLE TONING WORK OUT IN THE WATER WE OFFER WEEKEND FAMILY SWIM SESSIONS AND RENT OUR POOL TO THE COMMUNITY WE ALSO OFFER PRIVATE SWIM LESSONS FOR ADULTS, TEENS AND THOSE CHALLENGED PHYSICALLY AND/OR MENTALLY WE ALSO OFFER LEARN-TO-SWIM PROGRAMS FOR CHILDREN 6 MONTHS TO 12 YEARS OLD WE HAVE A MASTERS SWIM PROGRAM FOR ADULTS WHO WANT TO COMPETE IN SWIM MEETS OR TRIATHLONS IN ADDITION, WE TRAIN PEOPLE TO BECOME LIFE GUARDS, SWIMMING INSTRUCTORS 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 USED BY AREA YOUTH GROUPS AND CLUBS PROVIDING PROGRAMS FOR UNDER-SERVED YOUTH ANNUALLY, OVER 600 CHILDREN AND ADULTS PARTICIPATE IN PAID AQUATICS PROGRAMS OUR POOL IS USED BY SPECIAL OLYMPICS TO TRAIN THEIR ATHLETES, THE AREA HIGH SCHOOL FOR THEIR SWIM TEAM PRACTICES, AREA ELEMENTARY SCHOOLS SCIENCE CLASSES, SCOUT TROOPS UP AND DOWN THE EASTERN SEABOARD, THE LOCAL HISPANIC CLUB AND THE LIU MIGRANT PROGRAM THAT REACHES OUT TO YOUTH FROM MANY DIFFERENT COUNTRIES

(Code) (Expenses \$ 192,443 including grants of \$) (Revenue \$ 634,243)

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 RECEIVE 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, INCLUDING GROUP WATER AND AEROBICS CLASSES (SOME AGE RESTRICTIONS APPLY) REC PASS MEMBERS ARE ALSO GRANTED STEEP DISCOUNTS ON MOST FEE PROGRAMS UNIQUELY PRICED MEMBERSHIP CATEGORIES INCLUDE YOUTH (UNDER 13), JUNIOR (13 - HIGH SCHOOL), COLLEGE STUDENT, ADULT, SENIOR (OVER 59), AS WELL AS FAMILY MEMBERSHIPS FOR 2 PARENT FAMILIES, SINGLE PARENT FAMILIES AND SENIOR FAMILIES WE OFFER A MILITARY PERSONNEL DISCOUNT OUR CURRENT MEMBERSHIP IS COMPRISED OF OVER 2,700 REC PASS HOLDERS AND ALMOST 500 BASIC MEMBERS

(Code) (Expenses \$ 32,043 including grants of \$) (Revenue \$ 5,913)

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 THESE PROGRAMS ARE OFFERED TO GIRLS AGES 9 THROUGH 18 THROUGH THE GETTYSBURG SCHOOL DISTRICT 2 ECONOMIC EMPOWERMENT CLASSES FOR WOMEN OFFER INFORMATION ON RESUME WRITING AND INTERVIEWING SKILLS, BASIC FINANCIAL MANAGEMENT, AND DRESSING FOR SUCCESS 3 FAMILY FOLKLORIC FRIDAYS OFFER FREE SPANISH AND ENGLISH LANGUAGE CLASSES 4 TIME TO TALK STUDY CIRCLES FACILITATE DISCUSSION OF RACIAL JUSTICE AND DIVERSITY APPROXIMATELY 20 PEOPLE ARE PARTICIPATING IN OUR CURRENT MONTHLY STUDY CIRCLE, DISCUSSING THE BOOK "WITNESSING WHITENESS THE NEED TO TALK ABOUT RACE AND HOW TO DO IT " 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

(Code) (Expenses \$ 22,683 including grants of \$) (Revenue \$)

FINANCIAL AID THE YWCA'S MEMBERSHIP ASSISTANCE PROGRAM PROVIDES FINANCIAL AID FOR PARTICIPATION IN THE YWCA 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 2011, MORE THAN 100 PEOPLE USED THIS SERVICE

(Code) (Expenses \$ 17,652 including grants of \$) (Revenue \$)

ALL OTHER MISCELLANEOUS PROGRAMS

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

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 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.

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

- 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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	121,659	102,178	90,394		
b Contributions	33,230	5,758	17,366		
c Investment earnings or losses	17,877	15,009	-4,539		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1,492	1,286	1,043		
g End of year balance	171,274	121,659	102,178		

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

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

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

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,815,969	2,394,718	2,421,251
c Leasehold improvements		473,435	149,725	323,710
d Equipment		533,321	337,098	196,223
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c.)				2,941,184

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

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

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

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

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	1,580,021
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	1,580,021

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
CAPITAL LEASE OBLIGATIONS	31,403
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	31,403

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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	3,824,059
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,013,089
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	810,970
4	Net unrealized gains (losses) on investments	4	13,633
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	123,312
9	Total adjustments (net) Add lines 4 - 8	9	136,945
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	947,915

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	3,997,750
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	13,633
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	123,312
e	Add lines 2a through 2d	2e	136,945
3	Subtract line 2e from line 1	3	3,860,805
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	-36,746
c	Add lines 4a and 4b	4c	-36,746
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	3,824,059

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

1	Total expenses and losses per audited financial statements	1	3,049,835
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	61,274
e	Add lines 2a through 2d	2e	61,274
3	Subtract line 2e from line 1	3	2,988,561
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	24,528
c	Add lines 4a and 4b	4c	24,528
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	3,013,089

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION'S INTENDED USE OF ITS ENDOWMENT FUNDS IS FOR SCHOLARSHIP AND PROGRAM SERVICE PURPOSES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ASSOCIATION FOLLOWS THE PROVISIONS OF THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND EVALUATED ITS TAX POSITIONS THE STANDARD HAS NO EFFECT ON THE ASSOCIATION'S FINANCIAL STATEMENTS THE ASSOCIATION'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS FOR THE YEARS ENDED JUNE 30, 2010, 2009, AND 2008 REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF PERPETUAL TRUST 123,312
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF PERPETUAL TRUSTS 123,312
PART XII, LINE 4B - OTHER ADJUSTMENTS		ASSISTANCE FOR FITNESS FACILITY MEMBERSHIPS 9,427 PRE-K SCHOLARSHIPS 15,101 FUNDRAISING EXPENSES RECLASSSED TO REVENUE -61,274
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES RECLASSSED TO REVENUE 61,274
PART XIII, LINE 4B - OTHER ADJUSTMENTS		ASSISTANCE FOR FITNESS FACILITY MEMBERSHIPS 9,427 PRE-K SCHOLARSHIPS 15,101

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

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

Employer identification number 23-1381462

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part 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 (event type)	NEARLY NEW (event type)	4 (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	49,593	27,593	32,216	109,402
	2 Less Charitable contributions	26,553	330	21,993	48,876
	3 Gross income (line 1 minus line 2)	23,040	27,263	10,223	60,526
Direct Expenses	4 Cash prizes	1,200			1,200
	5 Non-cash prizes	955		460	1,415
	6 Rent/facility costs				
	7 Food and beverages	119			119
	8 Entertainment			660	660
	9 Other direct expenses	35,948	14,140	11,816	61,904
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				65,298
11 Net income summary Combine lines 3 and 10 in column (d) ▶				-4,772	

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

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

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? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶

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

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? Yes No

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 ▶ \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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**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," to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990**

OMB No 1545-0047

2010
**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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

3 Enter total number of other organizations ▶ _____

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) PRE-KINDERGARDEN TUITION ASSISTANCE	9	15,101			
(2) FINANCIAL AID TO MEMBERS FOR USE OF FACILITIES	41	9,523			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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 ACCOUNTING DETAILS OF FUNDING USAGE

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

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

Employer identification number 23-1381462

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. 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

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods and gift acceptance 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)	DATA FROM COLUMN (B) IS BASED ON NUMBER OF CONTRIBUTIONS RECEIVED

Schedule M (Form 990) 2010

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

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

Employer identification number

23-1381462

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION ANY WOMAN OR GIRL MAY JOIN THE ASSOCIATION REGULAR MEMBERS INCLUDE WOMEN EIGHTEEN (18) YEARS OF AGE THROUGH AGE FIFTY-NINE (59) YEARS OF AGE JUNIOR MEMBERS INCLUDE YOUNG WOMEN FROM BIRTH THROUGH SEVENTEEN (17) YEARS OF AGE SENIOR MEMBERS INCLUDE WOMEN AGE SIXTY (60) AND OVER IN ANY PROCEEDING IN WHICH VOTING BY MEMBERS IS CALLED FOR, EACH MEMBER FIFTEEN (15) YEARS OF AGE OR OLDER, IN GOOD STANDING, SHALL BE ENTITLED TO CAST ONE (1) VOTE MEN AND BOYS EIGHTEEN (18) YEARS OF AGE AND OVER WHO PARTICIPATE IN YWCA PROGRAMS SHALL BE CALLED "YWCA ASSOCIATES " THEY SHALL NOT BE CONSIDERED MEMBERS OF THE YWCA THEY SHALL PAY ASSOCIATE FEES AS DETERMINED BY THE BOARD OF DIRECTORS BOYS UNDER THE AGE OF EIGHTEEN (18) SHALL BE CONSIDERED JUNIOR YWCA ASSOCIATES AND PAY ASSOCIATE FEES AS DETERMINED BY THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		VOTING MEMBERS (FEMALE MEMBERS 15 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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	<p>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 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. IN THE EVENT AN EMPLOYEE FEELS THAT THERE MAY BE AN APPEARANCE OF A CONFLICT OF INTEREST, THE POTENTIAL FOR A CONFLICT 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.</p>

Identifier	Return Reference	Explanation
		FORM 990, PART VI, SECTION B, LINES 15A AND B AS PART OF THE ANNUAL BUDGET PROCESS, THE EXECUTIVE DIRECTOR APPROVES AN OVERALL ORGANIZATIONAL SALARY AND LABOR RATE PERCENTAGE INCREASE EVERY EMPLOYEE RECEIVES AN EMPLOYEE EVALUATION PRIOR TO THE START OF THE FISCAL YEAR (WHEN INCREASES ARE GIVEN) IN CONJUNCTION WITH EACH DEPARTMENT DIRECTOR, AND AFTER CONSULTING THE EVALUATIONS, THE EXECUTIVE DIRECTOR APPROVES LABOR RATE INCREASE AMOUNTS FOR EACH EMPLOYEE IN ADDITION, THE EXECUTIVE DIRECTOR DETERMINES THE SALARY INCREASES FOR EACH DEPARTMENT DIRECTOR AS WELL AS THE DIRECTOR OF FINANCE AFTER COMPLETING A 360 PERFORMANCE EVALUATION OF THE EXECUTIVE DIRECTOR, THE PERSONNEL COMMITTEE MAKES A SALARY INCREASE RECOMMENDATION TO THE BOARD OF DIRECTORS THE GUIDELINES FOR THIS INCREASE IS BASED UPON THE OUTCOME OF THE PERFORMANCE EVALUATION AND THE PRE-DETERMINED RANGE OF LABOR RATE INCREASES THE BOARD OF DIRECTORS VOTES ON THE SALARY INCREASE FOR THE EXECUTIVE DIRECTOR

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 13,633 CHANGE IN VALUE OF PERPETUAL TRUST 123,312 TOTAL TO FORM 990, PART XI, LINE 5 136,945

Identifier	Return Reference	Explanation
	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.