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**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)

**2011**

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A For the 2011 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**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 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**

**F Name and address of principal officer** **LIAM BEHRENS**  
**SAME AS C ABOVE**

**G Gross receipts \$** **6,483,841.**

**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)  501(c)( ) (insert no.)  4947(a)(1) or  527

**J Website:** **WWW.HANOVERYMCA.ORG**

**K Form of organization:**  Corporation  Trust  Association  Other  
**L Year of formation:** **1971** **M State of legal domicile:** **PA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY</b>		
	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	21
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	409
	6 Total number of volunteers (estimate if necessary)	6	431
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	100,622.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	622,030.	658,758.
	9 Program service revenue (Part VIII, line 2g)	5,214,518.	4,982,383.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,747.	84,670.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	130,299.	110,724.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,979,594.	5,836,535.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	433,268.	412,680.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,340,524.	3,093,492.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	7,824.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,139,810.	2,194,067.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,913,602.	5,700,239.	
19 Revenue less expenses. Subtract line 18 from line 12	65,992.	136,296.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 7,676,714.	End of Year 7,373,211.
	21 Total liabilities (Part X, line 26)	1,026,126.	587,099.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,650,588.	6,786,112.

**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: **LIAM BEHRENS, CHIEF EXECUTIVE OFFICER**  
 Signature of officer: *Liam Behrens* Date: **7/16/12**

Paid Preparer Use Only:  
 Print/Type preparer's name: **Lisa Ritter** Preparer's signature: *Lisa Ritter* Date: **7/1/12** Check if self-employed:  PTIN: **P00168809**  
 Firm's name: **MAHER DUESSEL, CPA'S** Firm's EIN: **25-1622758**  
 Firm's address: **3003 NORTH FRONT STREET, SUITE 101 HARRISBURG, PA 17110** Phone no.: **717-232-1230**

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

*B 9/17*

SCANNED AUG 01 2012

**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:

**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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 2,000,244. including grants of \$ 243,780.) (Revenue \$ 1,715,510.)  
**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,**

4b (Code \_\_\_\_\_) (Expenses \$ 1,241,139. including grants of \$ 67,587.) (Revenue \$ 2,417,370.)  
**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 LEADS MEMBERS THROUGH TRAINING ON 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.**

4c (Code \_\_\_\_\_) (Expenses \$ 982,548. including grants of \$ 49,631.) (Revenue \$ 629,947.)  
**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 AND KINESTHETIC 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,**

4d Other program services (Describe in Schedule O.)

(Expenses \$ 685,095. including grants of \$ 51,682.) (Revenue \$ 118,934.)4e Total program service expenses ► 4,909,026.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules** (continued)

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

**Note.** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. 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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	409		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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)?		X
4a			
b	If "Yes," enter the name of the foreign country. See instructions for 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?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
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	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	<b>Sponsoring organizations maintaining donor advised funds.</b>		
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	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13b			
c	Enter the amount of reserves on hand		
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14a			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
14b			

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 24		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 21		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 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 - 717-632-8211**  
**500 NORTH GEORGE STREET, HANOVER, PA 17331**

**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. 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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) BOBBI LITTLE PRESIDENT	0.50	X		X				0.	0.	0.
(2) JEREMY FREY VICE PRESIDENT	0.50	X		X				0.	0.	0.
(3) MIKE FINK VICE PRESIDENT	0.50	X		X				0.	0.	0.
(4) TOM MOUL SECRETARY	0.50	X		X				0.	0.	0.
(5) MIKE FIERY TREASURER	0.50	X		X				0.	0.	0.
(6) TONY HARTLAUB PAST PRESIDENT	0.50	X						0.	0.	0.
(7) DAVID BENFIELD DIRECTOR	0.50	X						0.	0.	0.
(8) ANDY BROUGH DIRECTOR	0.50	X						0.	0.	0.
(9) JOHN BURDIS DIRECTOR	0.50	X						0.	0.	0.
(10) JENNIFER CARTER DIRECTOR	0.50	X						0.	0.	0.
(11) DRAKE D'ANGELO DIRECTOR	0.50	X						0.	0.	0.
(12) KATHRYN HOAR DIRECTOR	0.50	X						0.	0.	0.
(13) MIKE HOCKENBERRY DIRECTOR	0.50	X						0.	0.	0.
(14) MARY KAY KELLY DIRECTOR	0.50	X						0.	0.	0.
(15) JOAN MCANALL DIRECTOR	0.50	X						0.	0.	0.
(16) BAIRD MCILVAIN III DIRECTOR	0.50	X						0.	0.	0.
(17) JIM MINER DIRECTOR	0.50	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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) GEORGE NEIDERER DIRECTOR	0.50	X					0.	0.	0.	
(19) NIKKI SCHROEDER DIRECTOR	0.50	X					0.	0.	0.	
(20) PAUL F. SPEARS DIRECTOR	0.50	X					0.	0.	0.	
(21) CINDY STAUB DIRECTOR	0.50	X					0.	0.	0.	
(22) SCOTT STRAUSBAUGH DIRECTOR	0.50	X					0.	0.	0.	
(23) CHUCK STRODA DIRECTOR	0.50	X					0.	0.	0.	
(24) PAIGE WINGERT DIRECTOR	0.50	X					0.	0.	0.	
(25) LIAM BEHRENS CHIEF EXECUTIVE OFFICER	65.00			X			129,927.	0.	14,296.	
(26) ROBERT S. BANKERT CHIEF FINANCIAL/INFO OFFIC	50.00			X			79,126.	0.	9,014.	
<b>1b Sub-total</b>							209,053.	0.	23,310.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							209,053.	0.	23,310.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(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. PROGRAMS	160,691.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a	87,904.				
	b Membership dues	1b					
	c Fundraising events	1c	10,146.				
	d Related organizations	1d	4,605.				
	e Government grants (contributions)	1e	247,877.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	308,226.				
	g Noncash contributions included in lines 1a-1f \$		14,545.				
	h Total. Add lines 1a-1f		658,758.				
	<b>Program Service Revenue</b>	2 a WELLNESS CENTER	Business Code 624100	4982383.	4881761.	100,622.	
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			4982383.				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		12,603.			12,603.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 10,146. of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS	900099	23,567.			23,567.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		23,567.					
12 Total revenue. See instructions.		5836535.	4881761.	100,622.	195,394.		

**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).

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

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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	412,680.	412,680.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	232,363.	195,169.	34,016.	3,178.
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	2,344,181.	1,966,288.	343,610.	34,283.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	132,115.	112,316.	19,117.	682.
9 Other employee benefits	144,160.	122,556.	20,860.	744.
10 Payroll taxes	240,673.	201,853.	35,518.	3,302.
11 Fees for services (non-employees):				
a Management				
b Legal	5,633.		5,633.	
c Accounting	13,200.		13,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,080.		2,080.	
g Other	468,388.	281,122.	182,800.	4,466.
12 Advertising and promotion	76,602.	58,867.	604.	17,131.
13 Office expenses	531,559.	471,395.	40,024.	20,140.
14 Information technology				
15 Royalties				
16 Occupancy	548,835.	548,835.		
17 Travel	82,970.	35,533.	45,105.	2,332.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,927.	19,141.	12,166.	1,620.
20 Interest	9,938.	9,938.		
21 Payments to affiliates	87,822.	82,332.	5,483.	7.
22 Depreciation, depletion, and amortization	337,376.	322,487.	14,889.	
23 Insurance	49,076.	43,517.	5,559.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	52,283.	15,485.	2,092.	34,706.
b DUES	10,146.	9,512.	633.	1.
c FUNDRAISING	-114,768.			-114,768.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,700,239.	4,909,026.	783,389.	7,824.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	307,588.	1	263,595.
	2	Savings and temporary cash investments	76,194.	2	161,600.
	3	Pledges and grants receivable, net	316,926.	3	62,125.
	4	Accounts receivable, net	28,280.	4	47,477.
	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	124,446.	9	187,904.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,916,552.		
	b	Less: accumulated depreciation	10b 4,717,684.	10c	6,198,868.
	11	Investments - publicly traded securities	547,279.	11	444,546.
	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	14,837.	15	7,096.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	7,676,714.	16	7,373,211.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	290,996.	17	263,283.
	18	Grants payable		18	
	19	Deferred revenue	247,315.	19	297,340.
	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	487,815.	23	26,476.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,026,126.	26	587,099.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	6,333,662.	27	6,723,987.
	28	Temporarily restricted net assets	316,926.	28	62,125.
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b>	6,650,588.	33	6,786,112.	
34	<b>Total liabilities and net assets/fund balances</b>	7,676,714.	34	7,373,211.	

**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	5,836,535.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,700,239.
3	Revenue less expenses. Subtract line 2 from line 1	3	136,296.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,650,588.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-772.
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	6,786,112.

**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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		



**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> 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**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2011.</b> 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 <input type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> 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 <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2010.</b> 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 <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,178,003.	1,575,211.	1,436,099.	622,030.	658,758.	6,470,101.
<b>2</b> 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	4,375,809.	4,956,442.	5,452,515.	5,116,553.	4,881,761.	24,783,080.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	6,553,812.	6,531,653.	6,888,614.	5,738,583.	5,540,519.	31,253,181.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	260,823.			40,947.	27,361.	329,131.
<b>b</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	425,674.	771,132.	720,902.			1,917,708.
<b>c</b> Add lines 7a and 7b	686,497.	771,132.	720,902.	40,947.	27,361.	2,246,839.
<b>8 Public support</b> (Subtract line 7c from line 6)						29,006,342.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6	6,553,812.	6,531,653.	6,888,614.	5,738,583.	5,540,519.	31,253,181.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	65,656.	50,179.	20,027.	14,040.	12,603.	162,505.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	65,656.	50,179.	20,027.	14,040.	12,603.	162,505.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	91,641.	92,670.	100,956.	97,965.	100,622.	483,854.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	112,493.	76,365.	110,034.	129,006.	174,293.	602,191.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)	6,823,602.	6,750,867.	7,119,631.	5,979,594.	5,828,037.	32,501,731.

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	89.25 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	16	88.89 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	.50 %
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	18	.79 %

**19a 33 1/3% support tests - 2011.** 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 - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV** **Supplemental Information.** Complete this part to provide the 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)

OTHER INCOME CONSISTS OF GAINS (LOSSES) FROM SALES OF SECURITIES, NET  
INCOME (LOSS) FROM FUNDRAISING EVENTS, NET INCOME (LOSS) FROM SALES OF  
INVENTORY, AND MISCELLANEOUS REVENUE.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

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.

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

(check all that apply):

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

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if 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:

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	640,896.	590,689.			
b Contributions	19,815.	2,100.			
c Net investment earnings, gains, and losses	-10,626.	57,055.			
d Grants or scholarships	4,605.	4,609.			
e Other expenditures for facilities and programs					
f Administrative expenses	4,448.	4,339.			
g End of year balance	641,032.	640,896.			

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  83.20 %
- b Permanent endowment  16.80 %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		526,052.		526,052.
b Buildings		8,708,248.	3,525,126.	5,183,122.
c Leasehold improvements		86,972.	75,206.	11,766.
d Equipment		1,275,619.	943,393.	332,226.
e Other		319,661.	173,959.	145,702.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))  6,198,868.

**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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must 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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

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 Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

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

1	Total expenses and losses per audited financial statements	1	
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

**Part XIV Supplemental Information**

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

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GYMNASTICS MEETS	GOLF TOURNAMENT	1		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	132,334.	40,709.	6,877.	179,920.
	2	Less: Charitable contributions	2,352.	2,869.		5,221.
	3	Gross income (line 1 minus line 2)	129,982.	37,840.	6,877.	174,699.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		2,379.		2,379.
	7	Food and beverages		4,428.		4,428.
	8	Entertainment				
	9	Other direct expenses	80,727.	17,511.	3,459.	101,697.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 108,504 )
	11	Net income summary. Combine line 3, column (d), and line 10				66,195.

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

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

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: \_\_\_\_\_





**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. Part III can be duplicated 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
FINANCIAL ASSISTANCE TO PARTICIPATE IN MEMBERSHIP AND PROGRAMS	2200	0.	412,680.		GRANT FUNDS TO INDIVIDUALS ARE SCHOLARSHIPS AND FINANCIAL ASSISTANCE TO PARTICIPATE IN MEMBERSHIP AND PROGRAMS. NO

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

(F) DESCRIPTION OF NON-CASH ASSISTANCE: GRANT FUNDS TO INDIVIDUALS ARE SCHOLARSHIPS AND FINANCIAL ASSISTANCE TO PARTICIPATE IN MEMBERSHIP AND PROGRAMS, NO ACTUAL CASH IS DISTRIBUTED. THEREFORE, NO ADDITIONAL PROCEDURES ARE NECESSARY TO MONITOR THE USE OF FUNDS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2011**

Open to Public Inspection

▶ Complete if the organizations 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	(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 noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	4	2,902.	INVOICE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( <u>GOODS AND APP</u> )	X	18	7,138.	INVOICE
26	Other ▶ ( <u>GIFT CERTIFIC</u> )	X	27	3,005.	GIFT CERTIFICATE
27	Other ▶ ( <u>FURNITURE AND</u> )	X	1	1,500.	INVOICE
28	Other ▶ ( )				

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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.		X
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II.	X	
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2011)

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE M, LINE 32B: PNC IS USED TO PROCESS AND SELL STOCK DONATIONS.**

**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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

HANOVER AREA YMCA

Employer identification number

23-7172265

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR ALL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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. ALL OF OUR PROGRAMS ARE CURRENTLY AT 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 290 YOUTH IN GRADES K-6, REPRESENTING ALL RACES, RELIGIONS, ETHNICITY, INCOME LEVELS AND ABILITIES. WE PROVIDE SERVICE TO FOURTEEN ELEMENTARY SCHOOLS, THREE MIDDLE SCHOOLS AND THREE PAROCHIAL SCHOOLS WITHIN FIVE SCHOOL DISTRICTS.

THE SENIOR PROGRAM DIRECTOR OF YOUTH/FAMILY & CHILD DEVELOPMENT SUPERVISES THE PROGRAM. THE YOUTH & FAMILY COORDINATOR ADMINISTERS THE PROGRAM DAILY. FIFTEEN EMPLOYEES ARE QUALIFIED AS ASSISTANT GROUP SUPERVISORS, FIVE ARE QUALIFIED AS A GROUP SUPERVISOR/DIRECTORS AND HOLD BACHELOR'S DEGREES. WE HAVE ONE EMPLOYEE WHO PROVIDES CLERICAL

Name of the organization

HANOVER AREA YMCA

Employer identification number

23-7172265

ASSISTANCE AND FOUR THAT PROVIDE TRANSPORTATION. WE ALSO WORK WITH THE SCHOOL DISTRICTS TO TRANSPORT STUDENTS FROM OTHER SCHOOLS IN THE DISTRICT TO OUR SITES. ALL EMPLOYEES ARE REQUIRED TO HAVE SIX ANNUAL HOURS OF TRAINING TO MEET DPW REGULATIONS. ADDITIONALLY, EMPLOYEES ARE REQUIRED TO HAVE AN ADDITIONAL 6 HOURS ANNUALLY TO COMPLY WITH OUR STAR TWO LEVEL. TRAININGS INCLUDE COMMON ILLNESS, A NEW EMPLOYEE ORIENTATION, PEDIATRIC FIRST-AID AND OBSERVATION/ASSESSMENT. AN ANNUAL TRAINING IS HELD TO COVER FIRE, WATER SAFETY AND CHILD ABUSE PREVENTION TRAINING. MINI TRAININGS ARE ALSO HELD 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. WE CONTINUE TO WORK WITH THE PENN STATE LEGACY PROJECT TO IMPLEMENT THE GOOD BEHAVIOR GAME. THIS PROGRAM HAS PROVIDED TRAINING TO OUR STAFF AND GUIDANCE ON ENCOURAGING POSITIVE BEHAVIOR. COACHES FROM THE PROGRAM VISIT THE FOUR IMPLEMENTATION SITES ON A REGULAR BASIS TO ASSIST TEACHERS.

THE PURPOSE OF THE EARLY LEARNING CENTER IS TO PROVIDE DEVELOPMENTALLY APPROPRIATE ACTIVITIES FOR CHILDREN AGES ONE TO FIVE TO ASSIST THEM IN GAINING SKILLS FOR SCHOOL READINESS. THE YMCA EARLY LEARNING CENTER PROVIDES A FULL DAY PRESCHOOL FOR AGES ONE TO FIVE. THE PRESCHOOL AND PROGRAM IS 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. THIS CURRICULUM IS CROSSWALKED WITH

Name of the organization

HANOVER AREA YMCA

Employer identification number

23-7172265

THE PENNSYLVANIA EARLY LEARNING STANDARDS. ACTIVITIES INCLUDE LEARNING CENTERS, CIRCLE TIME, ARTS & CRAFTS, LANGUAGE

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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, GOVERNMENTS, SCHOOLS, CHURCHES, CLUBS, AND MORE FOR A VAST VARIETY OF ACTIVITIES AND EVENTS. THE YMCA SERVED 16,499 MEMBERS IN 2011 AND OFFERED 7 SESSIONS OF PROGRAMS THROUGHOUT THE CALENDAR YEAR.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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 12 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 12 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

Name of the organization HANOVER AREA YMCA	Employer identification number 23-7172265
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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 8-18. WE ALSO OFFER SPECIALTY PROGRAMS INCLUDING BUS-IN GYMNASTICS, TUMBLING CLASSES, CHEER CLASSES, OPEN GYMS, PRESCHOOL FIELD TRIPS AND BIRTHDAY PARTIES. THESE PROGRAMS PROVIDE A GYMNASTICS SAMPLER OR SPECIAL SERVICE DESIGNED TO ATTRACT A MORE NARROW AUDIENCE.

CLIENTS SERVED:

- PRESCHOOL TOTAL SESSION SIGN-UPS FOR 2011 = 669
- DEVELOPMENTAL CLASS TOTAL SESSION SIGN-UPS FOR 2011 = 886
- TEAM AND PRE-TEAM INDIVIDUALS SERVED FOR 2011 = 148
- SPECIALTY INDIVIDUALS SERVED FOR 2011 = 237

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

IN ADDITION TO THE CHILD CARE, MEMBERSHIP, AND GYMNASTICS DEPARTMENTS, THE ASSOCIATION OFFERS VARIOUS OTHER PROGRAMS FOR THE BENEFIT OF MEMBERS AND THE SURROUNDING COMMUNITY.

EXPENSES \$ 685,095. INCLUDING GRANTS OF \$ 51,682. REVENUE \$ 118,934.

FORM 990, PART VI, SECTION A, LINE 2: CYNTHIA STAUB, A BOARD MEMBER, HAS A BUSINESS RELATIONSHIP WITH MIKE FIERY ALSO A BOARD MEMBER.

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

Name of the organization

HANOVER AREA YMCA

Employer identification number

23-7172265

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 THE HANOVER AREA YMCA IS TO PROTECT THE YMCA WHEN IT IS CONTEMPLATING ENTERING INTO A CONTRACT, TRANSACTION, OR ARRANGEMENT THAT HAS THE POTENTIAL FOR BENEFITTING THE PRIVATE INTEREST OF A SIGNIFICANT PERSON. A 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, OR 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) 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 THAT MATTER.

Name of the organization

HANOVER AREA YMCA

Employer identification number

23-7172265

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 TO BY FEDERAL OR STATE LAW.

FORMS 1023, 990 AND 990-T ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -67,011.

PRIOR PERIOD ADJUSTMENTS: 66,239.







**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

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

**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?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Sale of assets to related organization(s)		X
<b>g</b> Purchase of assets from related organization(s)		X
<b>h</b> Exchange of assets with related organization(s)		X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>n</b> Sharing of paid employees with related organization(s)		X
<b>o</b> Reimbursement paid to related organization(s) for expenses		X
<b>p</b> Reimbursement paid by related organization(s) for expenses		X
<b>q</b> Other transfer of cash or property to related organization(s)		X
<b>r</b> Other transfer of cash or property from related organization(s)		X

**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	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				





# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

*Do not complete Part II unless* you have already been granted an automatic 3-month extension on a previously filed Form 8868.  
**Electronic filing (e-file)** - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. <b>HANOVER AREA YMCA</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>23-7172265</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>500 NORTH GEORGE STREET</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HANOVER, PA 17331</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**ROBERT BANKERT, CHIEF FINANCIAL OFFICER**

- The books are in the care of ► **500 NORTH GEORGE STREET - HANOVER, PA 17331**  
Telephone No. ► **717-632-8211** FAX No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year **2011** or  
 ►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.