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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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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 F Name and address of principal officer LIAM BEHRENS 500 GEORGE STREET HANOVER, PA 17331	D Employer identification number 23-7172265 E Telephone number (717) 632-8211 G Gross receipts \$ 6,352,650 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HANOVERYMCA.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1971 M State of legal domicile PA

Part I Summary

1	Briefly describe the organization's mission or most significant activities TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3	Number of voting members of the governing body (Part VI, line 1a)	3	23	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19	
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	370	
6	Total number of volunteers (estimate if necessary)	6	448	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	97,512	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-5,298	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		
	9 Program service revenue (Part VIII, line 2g)	Current Year		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	658,758	699,392	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,982,383	5,207,418	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	84,670	8,260	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	110,724	99,752	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,836,535	6,014,822	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	412,680	597,837	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 26,492			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,093,492	3,061,797	
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	0	0	
19 Revenue less expenses Subtract line 18 from line 12	2,194,067	2,091,330		
Net Assets or Fund Balances		5,700,239	5,750,964	
		136,296	263,858	
	20 Total assets (Part X, line 16)	Beginning of Current Year		
	21 Total liabilities (Part X, line 26)	End of Year		
22 Net assets or fund balances Subtract line 21 from line 20	7,373,211	7,625,158	587,099	546,941
	6,786,112	7,078,217		

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	2013-07-01 Date			
	LIAM BEHRENS CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Prnt/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

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

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

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 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 \$ 1,844,563 including grants of \$ 372,790) (Revenue \$ 2,096,013)
CHILD CARE DEPARTMENT PROGRAM DESCRIPTION THE PURPOSE OF THE HANOVER YMCA BEFORE AND AFTER DISCOVERY PROGRAM IS TO PROVIDE A SAFE AND NURTURING CHILD DEVELOPMENT ENVIRONMENT DURING THE CRITICAL HOURS BEFORE AND AFTER SCHOOL RESEARCH SHOWS THAT RISKY BEHAVIOR OCCURS DURING THESE TIME PERIODS WHEN WORKING PARENTS ARE UNABLE TO ADEQUATELY SUPERVISE THEIR CHILD OUR PROGRAM IS CONVENIENTLY HELD AT THE SCHOOL, MAKING IT EASY FOR PARENTS TO PICK-UP AND DROP-OFF IN ADDITION TO PROVIDING AGE APPROPRIATE SOCIAL, RECREATIONAL AND EDUCATIONAL ACTIVITIES, WE FOCUS ON OUR YMCA VALUES OF HONESTY, CARING, RESPECT, RESPONSIBILITY AND FAITH SPECIAL ACTIVITIES ARE SCHEDULED WITH INPUT FROM THE STUDENTS STUDENTS ARE PROVIDED WITH A QUIET AREA TO DO HOMEWORK AND/OR RELAX TEACHERS PROVIDE HOMEWORK ASSISTANCE TO THOSE WHO NEED HELP SEVERAL CENTERS ARE OFFERED EACH DAY IN WHICH STUDENTS CAN CHOOSE WHAT AREA THEY WISH TO PARTICIPATE CENTER ACTIVITIES INCLUDE BLOCK PLAY, DRAMATIC PLAY, SCIENCE ACTIVITIES, ARTS/CRAFTS, CULTURAL ACTIVITIES AND LIBRARY 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 THE YMCAS DISCOVERY PROGRAM HAS BEEN IN EXISTENCE FOR OVER 35 YEARS THE DISCOVERY PROGRAM PROVIDES A SAFE AND NURTURING ENVIRONMENT FOR 235 YOUTH IN GRADES K 6, REPRESENTING ALL RACES, RELIGIONS, ETHNICITY, INCOME LEVELS AND ABILITIES FIFTY-TWO PERCENT OF OUR CLIENTS ARE MALES AND FORTY-EIGHT PERCENT ARE FEMALES NINETY-TWO PERCENT OF OUR CLIENTS ARE CAUCASIAN, NINE PERCENT ARE AFRICAN AMERICAN, TEN PERCENT ARE HISPANIC AND THREE PERCENT ARE ASIAN SEVENTY PERCENT OF OUR CLIENTS ARE BETWEEN THE AGES OF 5 TO 8 WE PROVIDE SERVICE TO FOURTEEN ELEMENTARY SCHOOLS, THREE MIDDLE SCHOOLS AND THREE PAROCHIAL SCHOOLS WITHIN FIVE SCHOOL DISTRICTS IN THE GREATER HANOVER AREA 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 OUR SOUTH HANOVER BRANCH OFFERS A HALF-DAY KINDER CLASS PROGRAM TO CHILDREN IN MORNING KINDERGARTEN BOTH PROGRAMS OFFER A DEVELOPMENTALLY APPROPRIATE CURRICULUM TO DEVELOP AND ENHANCE SOCIAL, COGNITIVE, PHYSICAL AND EMOTIONAL DEVELOPMENT OUR CHILD DEVELOPMENT PROGRAMS HAVE BEEN IN OPERATION FOR OVER TWENTY-FIVE YEARS THE EARLY LEARNING CENTER IS OPEN YEAR ROUND FROM 6 15AM TO 6 00PM WE ARE NAEYC ACCREDITED AND A KEYSTONE STAR 4A WE PROVIDE BREAKFAST, TWO SNACKS AND LUNCH USING CACFP GUIDELINES THERE ARE SEVERAL FAMILY EVENTS SCHEDULED THROUGHOUT THE YEAR, INCLUDING OUR THANKSGIVING FEAST AND FAMILY PICNIC OUR CURRICULUM IS BASED ON THE RECOMMENDED CREATIVE CURRICULUM, WHICH FOCUSES ON LEARNING THROUGH PLAY THIS CURRICULUM IS CROSSWALKED WITH THE PENNSYLVANIA EARLY LEARNING STANDARDS ACTIVITIES INCLUDE LEARNING CENTERS, CIRCLE TIME, ARTS & CRAFTS, LANGUAGE & LITERACY, MUSIC, MATH, SCIENCE AND COOKING CHILDREN AGES 3 TO 5 PARTICIPATE IN WEEKLY GYMNASTICS, SWIMMING AND FITNESS LESSONS THEY ALSO VISIT THE LIBRARY ONCE A MONTH OUR KINDER CLASS PROGRAM IS A KEYSTONE STAR 2 AND OPERATES DURING THE SCHOOL YEAR FROM SCHOOL DISMISSAL UNTIL 6 00PM THE CURRICULUM IN OUR KINDER CLASS IS ALIGNED WITH THE PA EARLY LEARNING STANDARDS AND BUILDS ON THE PUBLIC SCHOOL CURRICULUM OUR TEACHERS PROVIDE CIRCLE TIME, EDUCATIONAL LEARNING CENTERS AND PHYSICAL ACTIVITIES WE TRANSPORT STUDENTS TO THE HANOVER YMCA TWICE A WEEK FOR SWIMMING AND GYMNASTICS INSTRUCTION AN AFTERNOON SNACK IS PROVIDED DAILY FOLLOWING THE CACFP GUIDELINES FAMILY EVENTS ARE HELD THROUGHOUT THE SCHOOL YEAR AND PARENT/GUARDIAN PARTICIPATION IS ENCOURAGED THE EARLY LEARNING CENTER IS LICENSED TO PROVIDE CARE TO 139 CHILDREN OVER THE PAST YEAR, WE HAVE SERVED 172 CHILDREN FORTY OF THOSE CHILDREN GRADUATED AND ENTERED KINDERGARTEN THIS PAST SCHOOL YEAR OUR KINDER CLASS CURRENTLY HAS EIGHTEEN CHILDREN ENROLLED OVER THE PAST YEAR, OUR KINDER CLASS SERVED TWENTY CHILDREN OF THE COMBINED 192 CHILDREN SERVED IN BOTH PROGRAMS, FIFTY-ONE PERCENT WERE FEMALE AND FORTY-NINE PERCENT WERE MALE NINETY PERCENT OF CHILDREN SERVED ARE CAUCASIAN, THREE PERCENT ARE AFRICAN AMERICAN, FIVE PERCENT ARE HISPANIC AND ONE PERCENT ARE ASIAN SEVENTY-TWO PERCENT OF CHILDREN SERVED WERE ON SOME FORM OF FINANCIAL ASSISTANCE OF THAT SEVENTY-TWO PERCENT, NINE PERCENT RECEIVE CCIS FUNDING IN ADDITION TO YMCA FINANCIAL ASSISTANCE

4b (Code) (Expenses \$ 1,217,615 including grants of \$ 121,741) (Revenue \$ 2,484,046)
MEMBERSHIP DEPARTMENTTHE 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 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

4c (Code) (Expenses \$ 819,587 including grants of \$ 41,847) (Revenue \$ 527,786)
GYMNASTICS DEPARTMENTHANOVER 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, 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 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 2012 = 947 - DEVELOPMENTAL CLASS TOTAL SESSION SIGN-UPS FOR 2012 = 1047 - TEAM AND PRE-TEAM INDIVIDUALS SERVED FOR 2012 = 197 - SPECIALTY INDIVIDUALS SERVED FOR 2012 = 1488 (INCLUDES BIRTHDAYS, FIELD TRIPS, BUS-IN AND OPEN GYM)

(Code) (Expenses \$ 1,263,982 including grants of \$ 61,459) (Revenue \$ 921,657)
YOUTH DEVELOPMENT, YOUTH AND ADULT SPORTS, AQUATICS AND HEALTH AND WELLNESS PROGRAMS









4d Other program services (Describe in Schedule O)
(Expenses \$ 1,263,982 including grants of \$ 61,459) (Revenue \$ 921,657)

4e Total program service expenses 5,145,747

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		No
6 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 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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 checked="" type="checkbox"/>		No
10 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"/>	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? <i>If "Yes," complete Schedule D, Part VI</i> <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? <i>If "Yes," complete Schedule D, Part VII</i> <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? <i>If "Yes," complete Schedule D, Part VIII</i> <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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
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 and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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, 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>		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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i> 	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> 	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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> 	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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>	35b		
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 11b 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 74		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
1c	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 370		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b	Yes	
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)? 4a		No
b	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		No
5c	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 as charitable contributions? 6a		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? 9a		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a		
13b	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		
13c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		No
14b	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 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (23), 1b (19), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

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 made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
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 OFF 500 NORTH GEORGE STREET HANOVER, PA (717) 632-8211

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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	50	X		X			0	0	0	
(2) JEREMY FREY VICE PRESIDENT	50	X		X			0	0	0	
(3) MIKE FINK VICE PRESIDENT	50	X		X			0	0	0	
(4) TOM MOUL TREASURER	50	X		X			0	0	0	
(5) MIKE HOCKENBERRY SECRETARY	50	X		X			0	0	0	
(6) TONY HARTLAUB PAST PRESIDENT	50	X					0	0	0	
(7) JOHN BURDIS DIRECTOR	50	X					0	0	0	
(8) JENNIFER CARTER DIRECTOR	50	X					0	0	0	
(9) MISTY COFFMAN DIRECTOR	50	X					0	0	0	
(10) DRAKE D'ANGELO DIRECTOR	50	X					0	0	0	
(11) KATHRYN HOAR DIRECTOR	50	X					0	0	0	
(12) MARY KAY KELLY DIRECTOR	50	X					0	0	0	
(13) JOAN MCANALL DIRECTOR	50	X					0	0	0	
(14) BAIRD MCILVAIN III DIRECTOR	50	X					0	0	0	
(15) JIM MINER DIRECTOR	50	X					0	0	0	
(16) GEORGE NEIDERER DIRECTOR	50	X					0	0	0	
(17) MARK RIGGS DIRECTOR	50	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) NIKKI SCHROEDER DIRECTOR	50	X					0	0	0	
(19) PAUL F SPEARS DIRECTOR	50	X					0	0	0	
(20) SCOTT STRAUSBAUGH DIRECTOR	50	X					0	0	0	
(21) CHUCK STRODA DIRECTOR	50	X					0	0	0	
(22) DAVE WELLS DIRECTOR	50	X					0	0	0	
(23) LIAM BEHRENS CHIEF EXECUTIVE OFFICER	65 00			X			129,547	0	14,504	
(24) ROBERT S BANKERT CHIEF FINANCIAL/INFO OFFIC	50 00			X			75,547	0	8,872	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							205,094	0	23,376	

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? <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 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	179,394

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

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . 1a 75,752					
	b Membership dues 1b					
	c Fundraising events 1c 19,606					
	d Related organizations 1d 4,576					
	e Government grants (contributions) 1e 252,794					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 346,664					
	g Noncash contributions included in lines 1a-1f \$ 39,566					
	h Total. Add lines 1a-1f	699,392				
Program Service Revenue	2a MEMBERSHIP AND PROGRAM	Business Code 624100	5,207,418	5,109,906	97,512	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	5,207,418				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13,717		13,717	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	38,815			
		(ii) Other				
		b Less cost or other basis and sales expenses	38,360	5,912		
		c Gain or (loss)	455	-5,912		
	d Net gain or (loss)		-5,457	-5,457		
	8a Gross income from fundraising events (not including \$ 19,606 of contributions reported on line 1c) See Part IV, line 18	a	299,516			
		b Less direct expenses b	198,976			
c Net income or (loss) from fundraising events			100,540		100,540	
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a	75,079				
	b Less cost of goods sold . . . b	94,580				
	c Net income or (loss) from sales of inventory		-19,501		-19,501	
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS	900099	18,713			18,713	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		18,713				
12 Total revenue. See Instructions		6,014,822	5,104,449	97,512	113,469	

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)

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	597,837	597,837		
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	228,470	199,282	26,852	2,336
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	2,385,006	2,085,189	275,658	24,159
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	127,372	108,808	17,153	1,411
9	Other employee benefits	86,250	73,679	11,615	956
10	Payroll taxes	234,699	203,925	28,465	2,309
11	Fees for services (non-employees)				
a	Management				
b	Legal	7,846		7,846	
c	Accounting	13,400		13,400	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,779		1,779	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	445,003	293,726	125,727	25,550
12	Advertising and promotion	74,318	58,942	459	14,917
13	Office expenses	597,779	387,990	37,738	172,051
14	Information technology				
15	Royalties				
16	Occupancy	511,487	511,487		
17	Travel	84,520	75,101	9,306	113
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,080	25,450	5,473	1,157
20	Interest	847	847		
21	Payments to affiliates	83,749	79,541	4,208	
22	Depreciation, depletion, and amortization	351,108	347,203	3,905	
23	Insurance	55,258	49,699	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	17,700	34,284	2,907	-19,491
b	DUES	13,432	12,757	675	
c	FUNDRAISING	-198,976			-198,976
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,750,964	5,145,747	578,725	26,492
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	263,595	1	186,555
	2 Savings and temporary cash investments	161,600	2	170,462
	3 Pledges and grants receivable, net	62,125	3	60,086
	4 Accounts receivable, net	47,477	4	91,505
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other 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) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	187,904	9	109,053
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 11,134,846		
	b Less accumulated depreciation	10b 4,864,742	6,198,868	10c 6,270,104
	11 Investments—publicly traded securities	444,546	11	737,393
	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	7,096	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,373,211	16	7,625,158	
Liabilities	17 Accounts payable and accrued expenses	263,283	17	275,492
	18 Grants payable		18	
	19 Deferred revenue	297,340	19	245,842
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other 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	26,476	23	25,607
	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 Total liabilities. Add lines 17 through 25	587,099	26	546,941
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,723,987	27	7,018,131
	28 Temporarily restricted net assets	62,125	28	60,086
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	6,786,112	33	7,078,217	
34 Total liabilities and net assets/fund balances	7,373,211	34	7,625,158	

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	6,014,822
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,750,964
3	Revenue less expenses Subtract line 2 from line 1	3	263,858
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,786,112
5	Net unrealized gains (losses) on investments	5	28,247
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,078,217

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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	Yes	
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	Yes	
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
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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Name of the organization
HANOVER AREA YMCA

Employer identification number
23-7172265

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

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

- 1 A church, convention of churches, or association of churches 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 - Non-functionally integrated
- 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 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 monetary 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2012. 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—2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,575,211	1,436,099	622,030	658,758	699,392	4,991,490
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,956,442	5,452,515	5,116,553	4,881,761	5,109,906	25,517,177
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	6,531,653	6,888,614	5,738,583	5,540,519	5,809,298	30,508,667
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			40,947	27,361	56,939	125,247
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	771,132	720,902				1,492,034
c Add lines 7a and 7b	771,132	720,902	40,947	27,361	56,939	1,617,281
8 Public support (Subtract line 7c from line 6)						28,891,386

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	6,531,653	6,888,614	5,738,583	5,540,519	5,809,298	30,508,667
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,179	20,027	14,040	12,603	13,717	110,566
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	50,179	20,027	14,040	12,603	13,717	110,566
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	92,670	100,956	97,965	100,622	97,512	489,725
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	76,365	110,034	129,006	174,293	100,207	589,905
13 Total support. (Add lines 9, 10c, 11, and 12.)	6,750,867	7,119,631	5,979,594	5,828,037	6,020,734	31,698,863
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	91.140 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	89.250 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0.350 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0.500 %

- 19a 33 1/3% support tests—2012.** 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—2011.** 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).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization HANOVER AREA YMCA

Employer identification number 23-7172265

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

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a Yes/No column. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advised funds and grant purposes.

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

Table with 2 columns: Description and Held at the End of the Year (2a-2d). Rows include purpose of easements, number of easements, acreage, and monitoring expenses.

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.

Table with 2 columns: Description and Amount. Rows include questions about reporting art and historical treasures, and required amounts for revenues and assets.

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 XIII

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 XIII and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g.

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

- a Board designated or quasi-endowment 84.250%
b Permanent endowment 15.750%
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

Table with 3 columns: Description (3a(i), 3a(ii), 3b) and Yes/No columns

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

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e and Total.

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) 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
Total. (Column (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
Total. (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
	Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		

2. Fin 48 (ASC 740) Footnote In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII

Part XI 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 XIII)	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 XIII)	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 XII 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 XIII)	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 XIII)	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 XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

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. Form 990-EZ filers are not required to complete this part.

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

Department of the Treasury Internal Revenue Service

Name of the organization HANOVER AREA YMCA

Employer identification number

23-7172265

Part I 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 email 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 under which the fundraiser is to be compensated at least \$5,000 by the organization

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. Includes a Total row at the bottom.

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 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
		<u>GIANT GIFT CARDS</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	<u>2</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	103,825	53,237	125,264	282,326
	2 Less Contributions		5,997	7,808	13,805
	3 Gross income (line 1 minus line 2)	103,825	47,240	117,456	268,521
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		2,566		2,566
	7 Food and beverages		6,214		6,214
	8 Entertainment				
	9 Other direct expenses	97,559	20,645	56,904	175,108
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Combine line 3, column (d), and line 10 ▶					84,633

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))
		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 _____

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

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

2012

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

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HANOVER AREA YMCA

Employer identification number 23-7172265

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (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 listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

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
(1) FINANCIAL ASSISTANCE TO PARTICIPATE IN MEMBERSHIP AND PROGRAMS	2104		597,837		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

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2012

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

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 noncash contribution amounts. Rows include Art, Books, Cars, etc.

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

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods and gift acceptance policies.

Part III **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.

Identifier

Return Reference

Explanation

Schedule M (Form 990) (2012)

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

2012

Open to Public Inspection

Name of the organization
HANOVER AREA YMCA

Employer identification number

23-7172265

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	LAVERNE LESSE, BOARD MEMBER, HAS A BUSINESS RELATIONSHIP WITH PAUL BURKENTINE, A FORMER BOARD MEMBER TOM MOUL, A BOARD MEMBER, HAS A BUSINESS RELATIONSHIP WITH JOAN MCANALL, ANOTHER 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 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 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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HANOVER AREA YMCA

Employer identification number

23-7172265

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HERITAGE FOUNDATION OF HANOVER AREA YMCA 500 NORTH GEORGE STREET HANOVER, PA 17331 22-2473756	PROVIDE FUNDS EXCLUSIVELY FOR CHARITABLE PURPOSE OF THE HANOVER AREA YMCA	PA	501(C)(3)	LINE 13 - TYPE 1	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, 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?

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

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

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

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:
Software Version:
EIN: 23-7172265
Name: HANOVER AREA YMCA

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