

2022 Exempt Org. Return
prepared for:

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF GETTYSBURG AND ADAMS COUNTY
909 FAIRFIELD ROAD
GETTYSBURG, PA 17325**

Boles Metzger Brosius & Walborn PC
3601 N. Front Street
Harrisburg, PA 17110

**BOLES METZGER BROSIUS & WALBORN PC
3601 N. FRONT STREET
HARRISBURG, PA 17110
717-238-0446**

May 15, 2024

YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF GETTYSBURG AND ADAMS COUNTY
909 FAIRFIELD ROAD
GETTYSBURG, PA 17325

Dear Client:

Enclosed for your review:

Form 990	2022 Return of Organization Exempt from Income Tax
Form BCO-10	Pennsylvania Charitable Organization Registration Statement

Our firm encourages you to file your Federal information returns electronically and have implemented electronic signatures of the e-file consent forms. Accordingly, you will receive an email to sign the following forms from DocuSign:

1. Form 8879-TE, IRS e-file Signature Authorization

After you review your tax return, please complete the e-signature requests received via email from DocuSign for the Federal form 8879. After we receive these forms, Boles Metzger Brosius & Walborn PC will electronically transmit your return to the Internal Revenue Service. If you have any issues with the e-signature process, please contact us. We will only be able to e-file the federal return because Pennsylvania does not have the capability to accept electronically filed returns. As a result, the Pennsylvania return will still be filed in paper format, so please sign and send that return to the address indicated on the filing instruction letter.

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions. We are providing the copy of your tax return on our client portal. You may have already received an e-mail inviting you to join our client portal at <https://my.smartvault.com> The link to the portal can also be found on our webpage www.bmbw.cpa under the Client Portal tab. If you did not receive an invitation please email DeannaBoles@bmbw.cpa and we will send you an invitation. If you would prefer a paper copy please call our office and we will be happy to provide it to you.

Please be sure to call us if you have any questions.

Sincerely,

Linda K. Haines, CPA

	2022	2021	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	1,035,888	1,890,449	-854,561
PROGRAM SERVICE REVENUE.....	2,416,000	2,401,959	14,041
INVESTMENT INCOME.....	46,882	91,554	-44,672
OTHER REVENUE.....	82,308	58,561	23,747
TOTAL REVENUE.....	3,581,078	4,442,523	-861,445
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	0	50,189	-50,189
SALARIES, OTHER COMPEN., EMP. BENEFITS...	2,712,928	2,452,490	260,438
OTHER EXPENSES.....	1,348,201	1,380,987	-32,786
TOTAL EXPENSES.....	4,061,129	3,883,666	177,463
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	-480,051	558,857	-1,038,908
TOTAL ASSETS AT END OF YEAR.....	7,637,817	7,856,333	-218,516
TOTAL LIABILITIES AT END OF YEAR.....	3,677,139	3,618,719	58,420
NET ASSETS/FUND BALANCES AT END OF YEAR.	3,960,678	4,237,614	-276,936

2022

FEDERAL FILING INSTRUCTIONS

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

CLIENT 9720

23-1381462

ELECTRONICALLY FILED:

FORM 990 - 2022 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL
REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879-TE - IRS E-FILE
SIGNATURE AUTHORIZATION.

PAYMENT:

NO PAYMENT IS REQUIRED.

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2022, or fiscal year beginning 7/01, 2022, and ending 6/30, 202023

2022

Department of the Treasury
Internal Revenue Service

**Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF GETTYSBURG AND ADAMS COUNTY EIN or SSN 23-1381462

Name and title of officer or person subject to tax
LINDA RAYMOND TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>3,581,078.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize BOLES METZGER BROSIUS & WALBORN PC to enter my PIN 09720 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

23469500007
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<p>Type or print</p> <p>File by the due date for filing your return. See instructions.</p>	<p>Name of exempt organization or other filer, see instructions.</p> <p>YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GETTYSBURG AND ADAMS COUNTY</p> <p>Number, street, and room or suite number. If a P.O. box, see instructions.</p> <p>909 FAIRFIELD ROAD</p> <p>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</p> <p>GETTYSBURG, PA 17325</p>	<p>Taxpayer identification number (TIN)</p> <p>23-1381462</p>
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Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ MELISSA LEATHERY 909 FAIRFIELD ROAD GETTYSBURG PA 17325

Telephone No. ▶ (717) 334-9171 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 7/01, 2022, and ending 6/30, 2023.

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

3 a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
b If this application is for Forms 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	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **7/01**, **2022**, and ending **6/30**, **2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GETTYSBURG AND ADAMS COUNTY 909 FAIRFIELD ROAD GETTYSBURG, PA 17325	D Employer identification number 23-1381462 E Telephone number (717) 334-9171 G Gross receipts \$ 3,801,008.
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F Name and address of principal officer: LINDA RAYMOND SAME AS C ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
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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
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J Website: YWCAGETTYSBURG.ORG	H(c) Group exemption number
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K Form of organization: <input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other	L Year of formation: 1929	M State of legal domicile: PA
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Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE YWCA OF GETTYSBURG AND ADAMS COUNTY IS A COMMUNITY ORGANIZATION FOUNDED BY WOMEN. WE ARE DEDICATED TO ELIMINATING RACISM, EMPOWERING WOMEN, AND PROMOTING PEACE, JUSTICE, FREEDOM, AND DIGNITY 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	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	190
6	Total number of volunteers (estimate if necessary)	6	341
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,890,449.	1,035,888.
9	Program service revenue (Part VIII, line 2g)	2,401,959.	2,416,000.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	91,554.	46,882.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58,561.	82,308.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,442,523.	3,581,078.

		Prior Year	Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,189.	
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,452,490.	2,712,928.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) 38,269.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,380,987.	1,348,201.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,883,666.	4,061,129.
19	Revenue less expenses. Subtract line 18 from line 12	558,857.	-480,051.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	7,856,333.	7,637,817.
21	Total liabilities (Part X, line 26)	3,618,719.	3,677,139.
22	Net assets or fund balances. Subtract line 21 from line 20	4,237,614.	3,960,678.

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 LINDA RAYMOND	Date	TREASURER
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Paid Preparer Use Only	Print/Type preparer's name LINDA K. HAINES, CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00970952
	Firm's name BOLES METZGER BROSIUS & WALBORN PC	Firm's EIN 23-2175024		Phone no. 717-238-0446	
	Firm's address 3601 N. FRONT STREET HARRISBURG, PA 17110				

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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 [X] 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 [X] 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 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 \$ 1,903,394. including grants of \$) (Revenue \$)

CHILD CARE PROGRAMS: THE YWCA HAS THREE CONVENIENT CHILD ENRICHMENT (CEP) LOCATIONS- ADAMS COMMERCE CENTER AND 909 FAIRFIELD ROAD. CHILDCARE IS PROVIDED AT ITS DAYCARE FACILITY IN THE ADAMS COMMERCE CENTER (ACC) IN STRABAN TOWNSHIP. THESE LOCATIONS PROVIDE FULL-DAY, HALF-DAY AND/OR BEFORE AND AFTER SCHOOL CHILD CARE. OUR COMBINED FACILITIES OFFER CARE FOR UP TO 350 CHILDREN AGES SIX WEEKS THROUGH 12 YEARS. THE FACILITIES INCLUDE INFANT, TODDLER, PRESCHOOL AND SCHOOL-AGE CLASSROOMS. SCHOOL-AGE CHILDREN HAVE YEAR-ROUND CARE AT THE FAIRFIELD ROAD AND COMMERCE CENTER LOCATIONS. HOURS OF OPERATION FOR THE YWCA MAIN FACILITY AND THE COMMERCE PARK LOCATIONS ARE MONDAY THROUGH FRIDAY 6:30 A.M. TO 6 P.M., UNLESS OTHERWISE NOTED. BREAKFAST, SNACKS, AND FAMILY-STYLE LUNCHESES ARE INCLUDED IN FULL-DAY CHILDCARE PROGRAMS.

4b (Code:) (Expenses \$ 231,442. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 161,534. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 213,911. including grants of \$) (Revenue \$)

4e Total program service expenses 2,510,281.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
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>		X
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>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, 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>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
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>	X	
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>		X
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>		X
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>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
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>		X
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>		X
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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	190
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	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)?	4a	X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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 as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
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?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.			
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?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. X

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	X	
15b	b Other officers or key employees of the organization. SEE SCHEDULE O	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

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 (1024 or 1024-A, 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 Other (explain on Schedule O)
- 19** Describe on 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. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 MELISSA LEATHERY 909 FAIRFIELD ROAD GETTYSBURG PA 17325 (717) 334-9171

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

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) NANCY LILLEY BOARD MEMBER	0 0	X		X				0.	0.	0.
(2) KARA BOEHNE-MIELE CO-VICE PRES.	0.67 0	X		X				0.	0.	0.
(3) LYNE AURAND PRESIDENT	6 0	X		X				0.	0.	0.
(4) ANA SANCHEZ-GERHART BOARD MEMBER	0.81 0	X						0.	0.	0.
(5) JUDY MORLEY BOARD MEMBER	0.35 0	X						0.	0.	0.
(6) ANGELA BORGER SECRETARY	1.31 0	X		X				0.	0.	0.
(7) MARIA ERLING BOARD MEMBER	0 0	X						0.	0.	0.
(8) SMITHA NAIR BOARD MEMBER	2.42 0	X						0.	0.	0.
(9) JULIE HALLER CO-VICE PRES.	2.04 0	X		X				0.	0.	0.
(10) KATHLEEN SIBLEY BOARD MEMBER	0.52 0	X						0.	0.	0.
(11) LINDA RAYMOND TREASURER	7.69 0	X		X				0.	0.	0.
(12) TYMIA GREEN EXECUTIVE DIR.	40 0	X		X				0.	0.	0.
(13) ELIZABETH STRAUSS BOARD MEMBER	0 0	X						0.	0.	0.
(14) CARA SMITH BOARD MEMBER	4.02 0	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

1b Subtotal	0.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	0.	0.	0.

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 0

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

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 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events	5,205.				
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	1,030,683.				
	1g	Noncash contributions included in lines 1a-1f	29,551.				
	h	Total. Add lines 1a-1f	1,035,888.				
	Program Service Revenue			Business Code			
2a		CHILD CARE	624410	1,609,271.	1,609,271.		
b		REC PASSES	713940	561,417.	561,417.		
c		PROGRAM INCOME	713940	144,620.	144,620.		
d		MEMBERSHIP DUES	713940	100,692.	100,692.		
e							
f		All other program service revenue					
g	Total. Add lines 2a-2f		2,416,000.				
Miscellaneous Revenue	3	Investment income (including dividends, interest, and other similar amounts)		56,842.		56,842.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a	22,762.			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	22,762.			
	d	Net rental income or (loss)		22,762.		22,762.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a	190,262.	600.		
	b	Less: cost or other basis and sales expenses	7b	200,822.			
	c	Gain or (loss)	7c	-10,560.	600.		
d	Net gain or (loss)		-9,960.		-9,960.		
Other Revenue	8a	Gross income from fundraising events (not including \$ 5,205. of contributions reported on line 1c). See Part IV, line 18	8a	39,101.			
	b	Less: direct expenses	8b	19,108.			
	c	Net income or (loss) from fundraising events		19,993.		19,993.	
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
			10a				
	b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a	MISCELLANEOUS INCOME	900099	39,553.	39,553.		
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		39,553.				
12	Total revenue. See instructions		3,581,078.	2,455,553.	0.	89,637.	

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	68,948.	54,176.	14,002.	770.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	2,298,957.	1,806,385.	466,885.	25,687.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,698.	36,332.	3,912.	454.
9 Other employee benefits	109,659.	97,893.	10,541.	1,225.
10 Payroll taxes	194,666.	134,272.	58,766.	1,628.
11 Fees for services (nonemployees):				
a Management				
b Legal	13,339.	1,251.	12,088.	
c Accounting	80,192.		80,192.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	30,609.	163.	30,446.	
12 Advertising and promotion	14,369.	3,903.	8,612.	1,854.
13 Office expenses				
14 Information technology	32,792.	3,294.	29,498.	
15 Royalties				
16 Occupancy	213,218.	782.	212,436.	
17 Travel	6,853.	4,970.	1,883.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	120,842.	783.	120,059.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	208,954.		208,954.	
23 Insurance	70,111.		70,111.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>FOOD AND CONSUMABLES</u>	156,960.	156,960.		
b <u>REPAIRS AND MAINTENANCE</u>	145,122.	86,820.	57,271.	1,031.
c <u>PROGRAM EXPENSES</u>	97,720.	93,970.	748.	3,002.
d <u>FEES & LICENSES</u>	40,942.	2,435.	38,466.	41.
e All other expenses	116,178.	25,892.	87,709.	2,577.
25 Total functional expenses. Add lines 1 through 24e	4,061,129.	2,510,281.	1,512,579.	38,269.
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 or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	175,128.	1	76,968.
	2 Savings and temporary cash investments	401,741.	2	58,746.
	3 Pledges and grants receivable, net	41,283.	3	13,000.
	4 Accounts receivable, net	634,792.	4	440,987.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	39,529.	9	54,312.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,114,169.		
	b Less: accumulated depreciation	10b 5,442,802.	3,587,959.	10c 3,671,367.
	11 Investments – publicly traded securities	1,146,023.	11	1,438,730.
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets	25,451.	14	20,970.
	15 Other assets. See Part IV, line 11	1,804,427.	15	1,862,737.
16 Total assets. Add lines 1 through 15 (must equal line 33).	7,856,333.	16	7,637,817.	
Liabilities	17 Accounts payable and accrued expenses	161,277.	17	226,047.
	18 Grants payable		18	
	19 Deferred revenue	85,260.	19	49,198.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,372,182.	23	3,308,677.
	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	93,217.
	26 Total liabilities. Add lines 17 through 25.	3,618,719.	26	3,677,139.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	1,143,709.	27	866,773.
	28 Net assets with donor restrictions	3,093,905.	28	3,093,905.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,237,614.	32	3,960,678.
33 Total liabilities and net assets/fund balances	7,856,333.	33	7,637,817.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,581,078.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,061,129.
3	Revenue less expenses. Subtract line 2 from line 1	3	-480,051.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,237,614.
5	Net unrealized gains (losses) on investments	5	77,565.
6	Donated services and use of facilities	6	738.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O) SEE SCHEDULE O	9	124,812.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,960,678.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R Part 200, Subpart F?		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 on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GETTYSBURG AND ADAMS COUNTY	Employer identification number 23-1381462
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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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)).	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2022. 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 33-1/3% support test—2021. 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"/>	
17a 10%-facts-and-circumstances test—2022. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2021. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	418,442.	376,516.	2,105,100.	1,890,449.	1,035,888.	5,826,395.
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.	3,218,757.	2,680,250.	2,001,584.	2,401,959.	2,416,000.	12,718,550.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	3,637,199.	3,056,766.	4,106,684.	4,292,408.	3,451,888.	18,544,945.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						18,544,945.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.	3,637,199.	3,056,766.	4,106,684.	4,292,408.	3,451,888.	18,544,945.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	43,737.	36,530.	34,328.	61,829.	56,842.	233,266.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	43,737.	36,530.	34,328.	61,829.	56,842.	233,266.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	4,095.	7,228.	15,767.	20,432.	39,553.	87,075.
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,685,031.	3,100,524.	4,156,779.	4,374,669.	3,548,283.	18,865,286.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)).	15	98.30 %
16 Public support percentage from 2021 Schedule A, Part III, line 15.	16	98.61 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	1.24 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17.	18	1.04 %
19a 33-1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.	<input type="checkbox"/>	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>
MISC INCOME	\$ 39,553.	\$ 20,432.	\$ 15,767.	\$ 7,228.	\$ 4,095.
TOTAL	<u>\$ 39,553.</u>	<u>\$ 20,432.</u>	<u>\$ 15,767.</u>	<u>\$ 7,228.</u>	<u>\$ 4,095.</u>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GETTYSBURG AND ADAMS COUNTY

Employer identification number

23-1381462

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2a Preservation of land for public use (for example, recreation or education)
2b Protection of natural habitat
2c Preservation of open space
2d Preservation of a historically important land area
2e Preservation of a certified historic structure

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.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-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?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?
9 In Part XIII, 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" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB 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 XIII the text of the footnote to its financial statements that describes these items.
1b If the organization elected, as permitted under FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:
a Revenue included on 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 make 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 program
- 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a 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:

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

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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
1 a Land		305,000.		305,000.
b Buildings		7,564,427.	4,374,542.	3,189,885.
c Leasehold improvements		609,019.	470,986.	138,033.
d Equipment		635,723.	597,274.	38,449.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,671,367.

Part VII Investments – Other Securities. N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related. N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST IN COMMUNITY FOUNDATION	82,887.
(2) INTEREST IN TRUST ASSETS	1,779,850.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	1,862,737.

Part X Other Liabilities.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATION UNDER FINANCE LEASE	93,217.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	93,217.

2. Liability for uncertain tax positions. 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 FASB 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. N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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 (losses) on investments	2 a		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e 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	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4 a and 4 b		4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e 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	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4 a and 4 b		4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

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.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE ORGANIZATION'S INTENDED USE OF ITS ENDOWMENT FUNDS IS FOR SCHOLARSHIP AND PROGRAM SERVICE PURPOSES.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 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 (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

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

Part II Fundraising Events. Complete if the organization answered "Yes" on 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		
		DANCING WITH T (event type)	NEARLY NEW (event type)	1 (total number)	(add column (a) through column (c))		
Revenue	1	Gross receipts	22,970.	12,723.	8,613.	44,306.	
	2	Less: Contributions	3,000.		2,205.	5,205.	
	3	Gross income (line 1 minus line 2)	19,970.	12,723.	6,408.	39,101.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	100.	6,283.	12,725.	19,108.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					19,108.
	11	Net income summary. Subtract line 10 from line 3, column (d)					19,993.

Part III Gaming. Complete if the organization answered "Yes" on 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 column (a) through column (c))	
		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. Subtract line 7 from line 1, column (d)					

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____

- 11 Does the organization conduct 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 conducted in:

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

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

Name -----

Address -----

15 a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. . . \$ _____

Part IV Supplemental Information. 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 provide any additional information. See instructions.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
23-1381462

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	X		29,551.	
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
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 V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

Part II Supplemental Information. 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 O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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 Form 990-EZ.

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF GETTYSBURG AND ADAMS COUNTY

Employer identification number

23-1381462

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE YWCA OF GETTYSBURG & ADAMS COUNTY IS DEDICATED TO ELIMINATING RACISM, EMPOWERING WOMEN AND PROMOTING PEACE, JUSTICE, FREEDOM AND DIGNITY FOR ALL. THE YWCA IS ADAMS COUNTY'S CENTER FOR PERSONAL AND COMMUNITY GROWTH - A PLACE TO LEARN, TO PLAY, AND TO IMPROVE EMOTIONAL AND PHYSICAL WELL-BEING. BY CONNECTING CULTURES, ENCOURAGING HEALTHY LIFESTYLES, AND EMPOWERING ALL WHO WALK THROUGH OUR DOORS, WE WILL GUIDE ADAMS COUNTY TO POSITIVE CHANGE. WE OFFER THE ONLY PUBLIC INDOOR POOL IN THE COUNTY, A WHIRLPOOL, TWO RACQUETBALL COURTS, A GYMNASIUM, FITNESS CENTER, DANCE AEROBICS ROOM, CYCLE ROOM, CIRCUIT ROOM, MASSAGE AND YOGA ROOM WITH VARIOUS FITNESS CLASSES IN THE POOL AND ON LAND. WE HAVE THREE CHILDCARE CENTERS, MAKING US THE LARGEST CHILDCARE PROVIDER IN THE COUNTY. WE OFFER COMMUNITY OUTREACH PROGRAMS AND A NATIONALLY ACCLAIMED ROAD SCHOLAR EDUCATIONAL PROGRAM FOR OLDER ADULTS. WE ARE A COMMUNITY LEADER IN PROVIDING RACIAL JUSTICE PROGRAMS AS WELL AS WOMEN'S EMPOWERMENT PROGRAMS. THE ASSOCIATION'S PRIMARY SOURCES OF SUPPORT AND REVENUE ARE PROGRAM FEES, GRANTS, AND CONTRIBUTIONS.

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

AQUATICS PROGRAM: THE YWCA HAS ADAMS COUNTY'S ONLY COMMUNITY ACCESSIBLE INDOOR POOL. OUR YEAR-ROUND AQUATIC PROGRAMS CATER TO ALL ABILITIES. OUR PROGRAMS FOR PEOPLE WITH PHYSICAL LIMITATIONS DUE TO INJURY, ARTHRITIS OR OTHER FORMS OF ILLNESSES ARE INSTRUCTED BY PERSONNEL TRAINED AND CERTIFIED BY THE UNITED STATES WATER FITNESS ASSOCIATION. WE ALSO OFFER FITNESS PROGRAMS FOR PEOPLE WHO ENJOY A STRENUOUS MUSCLE TONING WORKOUT IN THE WATER. OUR SWIM LESSONS ARE OFFERED IN SMALL-GROUP AND PRIVATE SESSIONS, AND ARE APPROPRIATE FOR ALL AGES, STARTING AT 6 MONTHS, AND ALL SKILL LEVELS INCLUDING THOSE CHALLENGED PHYSICALLY AND/OR MENTALLY. PARTICIPATION IN SHARKS, OUR YEAR-ROUND SWIM TEAM, IS AVAILABLE FOR ALL MEMBERS AGED 6 THROUGH 18,

AND WE HOST A MASTERS SWIM PROGRAM FOR ADULTS WHO WANT TO COMPETE IN SWIM MEETS OR

Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GETTYSBURG AND ADAMS COUNTY	Employer identification number 23-1381462
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FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

TRIATHLONS. OUR PROGRAMS ARE ATTENDED BY INFANTS AND SENIORS ALIKE. ANNUALLY, OVER 580 CHILDREN AND ADULTS PARTICIPATE IN PAID AQUATICS PROGRAMS. THE POOL IS USED BY AREA YOUTH GROUPS AND NON-PROFIT CLUBS PROVIDING PROGRAMS FOR UNDER-SERVED YOUTH. EXAMPLES INCLUDE SPECIAL OLYMPICS TO TRAIN THEIR ATHLETES, GETTYSBURG AREA HIGH SCHOOL FOR SWIM TEAM PRACTICES, AREA ELEMENTARY SCHOOL SCIENCE CLASSES, SCOUT TROOPS FROM UP AND DOWN THE EASTERN SEABOARD. IN ADDITION, WE TRAIN TEENS AND ADULTS TO BECOME LIFE GUARDS, SWIMMING INSTRUCTORS AND WATER FITNESS INSTRUCTORS THAT STAFF MANY AREA POOLS.

EXPENSES \$ 30,497. INCLUDING GRANTS OF \$ 150. REVENUE \$ 147,146.

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

MEMBERSHIPS: YWCA MEMBERSHIPS ARE DESIGNED TO MEET THE NEEDS OF OUR LOCAL POPULATION. A "BASIC" MEMBERSHIP ALLOWS A MEMBER TO PARTICIPATE IN SOME YWCA PROGRAMS (FOR EXAMPLE, CHILD CARE AND GYMNASTICS PROGRAMS) AND RECEIVE MEMBER PRICING ON OTHER PROGRAMS (INCLUDING GYMNASTICS AND FITNESS CLASSES). A REC PASS MEMBERSHIP OFFERS UNLIMITED ACCESS TO THE ENTIRE FITNESS FACILITY, INCLUDING GROUP WATER, FITNESS AND INDOOR CYCLE CLASSES (SOME AGE RESTRICTIONS APPLY). REC PASS MEMBERS ARE ALSO GRANTED PREFERENTIAL PRICING ON MOST PROGRAMS. UNIQUELY PRICED MEMBERSHIP CATEGORIES INCLUDE YOUTH (UNDER 13), JUNIOR (13-17), YOUNG ADULT (18-24), ADULT (25-59), SENIOR (60+), AS WELL AS FAMILY MEMBERSHIPS, SINGLE PARENT FAMILIES AND SENIOR FAMILIES. WE OFFER REDUCED PRICES TO VETERANS AND ACTIVE MILITARY PERSONNEL. OUR CURRENT MEMBERSHIP IS COMPRISED OF OVER 3,400 REC PASS HOLDERS AND APPROXIMATELY 550 BASIC MEMBERS. ONE DAY EACH QUARTER, OUR FACILITY IS OPEN TO THE PUBLIC.

EXPENSES \$ 152,636. INCLUDING GRANTS OF \$0. REVENUE \$ 521,962.

Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GETTYSBURG AND ADAMS COUNTY	Employer identification number 23-1381462
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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

SPORTS AND FITNESS: THE YWCA SPORTS AND FITNESS PROGRAM OFFERS CLASSES AND FACILITIES TO HELP ENSURE THE WELL BEING OF ALL PEOPLE, REGARDLESS OF RACE, GENDER, OR AGE. OUR AWARD WINNING FACILITIES, VOTED "BEST FITNESS CENTER" 11 YEARS IN A ROW BY CELEBRATE GETTYSBURG MAGAZINE, INCLUDES A STATE OF THE ART FITNESS CENTER, A FULL GYMNASIUM, 2 RACQUETBALL COURTS AND SEVERAL AEROBIC/ GROUP EXERCISE ROOMS. OUR PROGRAMS ARE DESIGNED TO PROMOTE HEALTH, WELLNESS, FITNESS, AND, MOST OF ALL, TO HAVE FUN WHILE IMPROVING KNOWLEDGE AND SKILLS IN AN INTEREST AREA. APPROXIMATELY 5000 PEOPLE USE OUR PROGRAMS, CLASSES AND FACILITIES ANNUALLY.

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

1. LEGOS AND STEM SAVVY: THESE PROGRAMS PROVIDE OPPORTUNITIES FOR SCHOOL-AGE GIRLS TO EXPLORE ROBOTICS, ROCKETRY, AND OTHER SCIENTIFIC FIELDS THROUGH HANDS-ON ACTIVITIES AND FIELD TRIPS TO SCIENCE CENTERS. THESE PROGRAMS ARE OFFERED TO GIRLS AGE 9 THROUGH 18 THROUGH THE GETTYSBURG AREA SCHOOL DISTRICT AND GETTYSBURG COLLEGE.
2. OUR RACIAL JUSTICE PROGRAMS INCLUDE DISCUSSION GROUPS AND FORUMS, CULTURAL CELEBRATION EVENTS, COMMUNITY PARTNERSHIPS, AND OTHER SPECIAL EVENTS. ALL OF THESE PROGRAMS ARE OFFERED FOR FREE TO THE COMMUNITY.

EXPENSES \$ 30,497. INCLUDING GRANTS OF \$1,500. REVENUE \$18,941.

Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GETTYSBURG AND ADAMS COUNTY	Employer identification number 23-1381462
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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ALL OTHER MISCELLANEOUS PROGRAMS.

EXPENSES \$ 383,699. INCLUDING GRANTS OF \$ 0. REVENUE \$ 437,829.

ROAD SCHOLAR: THE YWCA IS CURRENTLY IN ITS 29TH YEAR OF SPONSORING ROAD SCHOLAR PROGRAMS. ROAD SCHOLAR, THE NOT-FOR-PROFIT LEADER IN EDUCATIONAL TRAVEL SINCE 1975, OFFERS 5,500 EDUCATIONAL TOURS IN ALL 50 STATES AND 150 COUNTRIES. PARTICIPANTS EXPERIENCE IN-DEPTH AND BEHIND-THE-SCENES LEARNING OPPORTUNITIES. WE RUN AN AVERAGE OF 10 PROGRAMS PER YEAR WITH APPROXIMATELY 250 ADULTS PARTICIPATING IN OUR PROGRAMS. THE GETTYSBURG ROAD SCHOLAR PROGRAM, A CONSISTENTLY HIGHLY-RATED PROGRAM, AVERAGES 95% OR HIGHER IN PARTICIPANT SATISFACTION RATINGS. IT SUCCESSFULLY BRINGS HISTORY ALIVE FOR PARTICIPANTS AS THEY TRACE BATTLEFIELD STRATEGIES, SEPARATE LEGEND FROM LORE , AND GAIN AN UNDERSTANDING OF THE IMPACT THAT THIS BLOODIEST OF BATTLES HAD ON THE TOWN AND ITS PEOPLE.

EXPENSES \$56,362. INCLUDING GRANTS OF \$0. REVENUE \$110,971.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE DRAFT 990 WILL BE EMAILED TO ALL BOARD MEMBERS. EACH BOARD MEMBER WILL CERTIFY VIA EMAIL THAT THEY HAVE HAD AN OPPORTUNITY TO REVIEW THE 990 AND ASK QUESTIONS. RESPONSES WILL BE REQUIRED FROM 100% OF BOARD MEMBERS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CONFLICT OF INTEREST POLICY APPLIES TO BOARD MEMBERS AND CERTAIN VOLUNTEERS. A SEPARATE POLICY APPLIES TO EMPLOYEES OF THE ORGANIZATION. AN INTERESTED PARTY IS UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KNOWN OR REASONABLY SHOULD BE KNOWN. A DISCLOSURE STATEMENT AND QUESTIONNAIRE IS COMPLETED UPON HIS OR HER ASSOCIATION WITH THE YWCA OF GETTYSBURG AND ADAMS COUNTY AND SHALL BE UPDATED ANUALLY. AN ADDITIONAL

Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GETTYSBURG AND ADAMS COUNTY	Employer identification number 23-1381462
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FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

DISCLOSURE STATEMENT AND QUESTIONNAIRE SHALL BE FILED AT SUCH TIME AS AN ACTUAL OR POTENTIAL CONFLICT ARISES. BOARD MEMBERS SHALL SUBMIT THEIR COMPLETED DISCLOSURE STATEMENTS AND QUESTIONNAIRES TO THE PRESIDENT OF THE BOARD, OR IN CASE OF THE PRESIDENT'S DISCLOSURE, TO THE SECRETARY OF THE BOARD. THE SECRETARY SHALL PROVIDE COPIES TO THE EXECUTIVE DIRECTOR. IN THE CASE OF VOLUNTEERS, THE DISCLOSURE STATEMENTS SHALL BE PROVIDED TO THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR SHALL PROVIDE COPIES TO THE SECRETARY OF THE BOARD OF DIRECTORS.

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

IN THE EVENT AN EMPLOYEE FEELS THAT THERE MAY BE AN APPEARANCE OF A CONFLICT OF

Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GETTYSBURG AND ADAMS COUNTY	Employer identification number 23-1381462
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FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

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

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

AFTER COMPLETING A PERFORMANCE EVALUATION OF THE EXECUTIVE DIRECTOR, THE PERSONNEL COMMITTEE MAKES A SALARY RECOMMENDATION TO THE BOARD OF DIRECTORS. THE GUIDELINES FOR THIS RECOMMENDATION IS BASED UPON THE OUTCOME OF THE PERFORMANCE EVALUATION AND THE PRE-DETERMINED RANGE OF LABOR RATE INCREASES. THE BOARD OF DIRECTORS VOTES ON THE SALARY RECOMMENDATION FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

AS PART OF THE ANNUAL BUDGET PROCESS, THE EXECUTIVE DIRECTOR APPROVES AN OVERALL ORGANIZATIONAL SALARY AND LABOR RATE PERCENTAGE INCREASE. EVERY EMPLOYEE RECEIVES AN EMPLOYEE EVALUATION PRIOR TO THE START OF THE FISCAL YEAR (WHEN INCREASES ARE GIVEN.) IN CONJUNCTION WITH EACH DEPARTMENT DIRECTOR, AND AFTER CONSULTING THE EVALUATIONS, THE EXECUTIVE DIRECTOR APPROVES LABOR RATE INCREASE AMOUNTS FOR EACH EMPLOYEE. IN ADDITION, THE EXECUTIVE DIRECTOR DETERMINES THE SALARY INCREASES FOR EACH DEPARTMENT DIRECTOR AS WELL AS THE DIRECTOR OF FINANCE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CHANGE IN BENEFICIAL INTEREST TRUST.....	\$ 117,248.
CHANGE IN VALUE OF COMMUNITY FOUNDATION.....	7,564.
TOTAL	<u>\$ 124,812.</u>

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment
Sequence No. **179**

Name(s) shown on return **YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF GETTYSBURG AND ADAMS COUNTY**

Identifying number
23-1381462

Business or activity to which this form relates

FORM 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	204,473.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

Section B – Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	204,473.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? Yes No **24b** If 'Yes,' is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions.							25	
26 Property used more than 50% in a qualified business use:								
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles).												
31 Total commuting miles driven during the year.												
32 Total other personal (noncommuting) miles driven.												
33 Total miles driven during the year. Add lines 30 through 32.												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year (see instructions):					
43 Amortization of costs that began before your 2022 tax year.					43 4,481.
44 Total. Add amounts in column (f). See the instructions for where to report.					44 4,481.

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YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF GETTYSBURG AND ADAMS COUNTY

23-1381462

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
50 EXPEDITION TRAIL - AMORTIZATION																
243	LOAN ORIG FEES - 50 EXPED	6/25/19		6,173							6,173	1,851	S/L	10		617
270	LOAN ORIGATION FEES	1/25/22		1,700							1,700	71	S/L	10		170
TOTAL 50 EXPEDITION TRAIL - A				7,873		0	0	0	0	0	7,873	1,922				787
50 EXPEDITION TRAIL - BUILDING																
242	BUILDING - 50 EXPEDITION	6/25/19		1,724,959							1,724,959	129,372	S/L	40		43,124
265	SHADE SAILS	6/17/22		72,984							72,984		S/L	7		10,426
266	VINYL FENCE	2/28/22		6,079							6,079	203	S/L	10		608
269	RANGE EXHAUST HOOD	1/29/22		1,832							1,832	109	S/L	7		262
275	SUNTEK SYDS-15 WINDOW FILM	3/13/23		4,454							4,454		S/L	40		37
282	VINYL FENCE	11/23/22		6,079							6,079		S/L	10		355
TOTAL 50 EXPEDITION TRAIL - BU				1,816,387		0	0	0	0	0	1,816,387	129,684				54,812
50 EXPEDITION TRAIL - LAND																
241	LAND - 50 EXPEDITION	6/25/19		305,000							305,000			40		0
TOTAL 50 EXPEDITION TRAIL - LA				305,000		0	0	0	0	0	305,000	0				0
AMORTIZATION																
234	LOAN ORIGATION FEES	8/15/17		35,343							35,343	17,376	S/L	10		3,534
271	LOAN ORIGATION FEES	1/25/22		1,600							1,600	67	S/L	10		160
TOTAL AMORTIZATION				36,943		0	0	0	0	0	36,943	17,443				3,694

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BUILDINGS																
1	BUMPER BLOCKS & CURBING	VARIOUS		989							989	989	S/L	7		0
2	ADDITIONAL CONSTRUCTION	7/01/82		2,584							2,584	2,584	S/L	40		0
5	TILE INSTALLATION	7/01/83		3,365							3,365	3,280	S/L	40		85
6	ACCOUSTIC TILE IN GYM	VARIOUS		4,425							4,425	4,425	S/L	7		0
9	CONSTRUCTION ON MEN'S ROO	VARIOUS		1,578							1,578	1,578	S/L	7		0
10	LEGAL FEES	7/01/88		463							463	398	S/L	40		12
11	CONSULTANT FEES	7/01/88		1,916							1,916	1,630	S/L	40		48
12	POOL RENOVATIONS	7/01/88		7,115							7,115	6,049	S/L	40		178
13	ARCHITECT FEES	4/01/89		16,027							16,027	13,326	S/L	40		401
14	RESURFACE POOL DECK	9/01/89		5,400							5,400	4,433	S/L	40		135
15	ADDITIONS	7/01/89		59,677							59,677	49,234	S/L	40		1,492
16	PAINTING OF POOL AREA	10/01/90		3,933							3,933	3,119	S/L	40		98
20	NEW WIRING & HEATING	VARIOUS		3,926							3,926	3,926	S/L	7		0
21	CLOSET	4/01/99		1,425							1,425	1,425	S/L	20		0
22	RECREATION CENTER	9/01/81		1,714,294							1,714,294	1,714,294	S/L	40		0
30	DRYWALL/BATHROOM	11/01/99		600							600	600	S/L	20		0
31	DOORS/FRAMES/HARDWARE	11/01/99		1,035							1,035	1,035	S/L	20		0
36	SEWER PIPE	6/15/03		6,236							6,236	2,970	S/L	40		156
38	PAVEMENT	7/01/04		30,048							30,048	13,519	S/L	40		751
39	MULTI-USE PHYSICAL FITNES	6/15/06		906,246							906,246	363,441	S/L	40		22,656
40	MULTI-USE FLOORING	5/16/06		6,420							6,420	2,594	S/L	40		161
41	MULTI-USE CIVIL ENGINEERI	7/15/05		17,828							17,828	7,562	S/L	40		446
42	MULTI-USE ARCHITECT FEES	11/15/05		7,500							7,500	3,123	S/L	40		188
43	IPI GYM DIVIDER CURTAIN	6/15/06		11,725							11,725	4,701	S/L	40		293
44	SERVICE DESK & GATE	4/15/06		15,118							15,118	6,127	S/L	40		378

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57	BOILER CONTROLS	10/30/06		4,200							4,200	4,200	S/L	10		0
58	PHONE SYSTEM	11/30/06		5,392							5,392	5,392	S/L	10		0
59	RENOVATIONS OF ADMIN AREA	3/31/07		63,190							63,190	48,188	S/L	20		3,160
60	CHILD ENRICHMENT CENTER	5/31/07		207,898							207,898	207,898	S/L	15		0
61	BUILDING EXPANSION	7/01/06		23,971							23,971	9,585	S/L	40		599
71	CCC-CPCC GATES	8/15/07		2,988							2,988	2,977	S/L	10		0
72	SECURITY AND FIRE SYSTEM	9/15/07		21,170							21,170	21,082	S/L	10		0
73	ROOFING PROGRESS PAYMENT	9/15/07		15,790							15,790	15,574	S/L	15		175
74	REPLACEMENT CONTROL MODUL	9/15/07		1,081							1,081	1,081	S/L	10		0
75	ROOFING PROGRESS PAYMENT	10/15/07		11,843							11,843	11,618	S/L	15		197
76	PARTIAL PAYMENT FOR A/C I	10/15/07		22,000							22,000	21,908	S/L	10		0
77	FIRE AND SAFETY FOR 909	12/15/07		21,170							21,170	21,082	S/L	10		0
78	CARD SWIPE FOR CEP	3/15/08		1,193							1,193	1,193	S/L	10		0
79	ROOFING PROGRESS PAYMENT	10/15/07		11,843							11,843	11,618	S/L	15		197
80	HOT WATER HEATER	10/15/07		48,785							48,785	48,585	S/L	10		0
85	SIGN LIGHTING	8/15/07		1,196							1,196	1,196	S/L	10		0
89	BOILER	10/29/08		38,104							38,104	34,714	S/L	15		2,540
94	LIGHTING	4/30/10		13,695							13,695	13,695	S/L	5		0
100	REPLACEMENT OF FIXTURES A	11/29/09		3,481							3,481	3,481	S/L	10		0
102	CLUBHOUSE DOOR	9/11/10		1,316							1,316	1,041	S/L	15		88
103	SEWER PUMP	3/31/11		9,100							9,100	6,829	S/L	15		607
111	POOL DOORS	VARIOUS		3,955							3,955	3,955	S/L	7		0
112	RETILE WOMEN'S ROOM	VARIOUS		2,855							2,855	2,855	S/L	7		0
113	CONSTRUCTION	2/03/85		1,791							1,791	1,678	S/L	40		45
115	CABINETS	VARIOUS		291							291	291	S/L	7		0
117	LOCKER DOORS	4/05/85		1,150							1,150	1,074	S/L	40		29
120	CONSTRUCTION ON POOL	7/06/86		397							397	358	S/L	40		10

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122	PLAQUE	4/11/87		7							7	4	S/L	40		0
123	PARKING LOT	3/06/87		1,600							1,600	1,413	S/L	40		40
125	ARCHITECT FEES	7/05/88		45,151							45,151	38,381	S/L	40		1,129
126	CONSTRUCTION COSTS	1/03/89		856,923							856,923	717,673	S/L	40		21,423
127	CONSTRUCTION COSTS	1/03/89		156,329							156,329	130,923	S/L	40		3,908
129	INSTALL STARTING BLOCKS	8/04/89		701							701	384	S/L			0
135	HANDICAPPED WATER CLOSET	VARIOUS		1,490							1,490	1,490	S/L	7		0
136	POOL RENOVATIONS	8/01/90		19,585							19,585	15,632	S/L	40		490
140	ENERGY SAVING ITEMS	4/01/91		4,749							4,749	3,713	S/L	40		119
141	POOL RENOVATIONS	VARIOUS		27,022							27,022	27,022	S/L	7		0
143	WALKWAY	10/26/11		2,573							2,573	1,376	S/L	20		129
144	A/C UNIT	3/12/12		64,506							64,506	64,506	S/L	10		0
145	SHED	12/19/11		4,355							4,355	4,355	S/L	10		0
146	LIGHT POSTS	4/11/12		38,500							38,500	19,731	S/L	20		1,925
157	TLC ROOM SINK	7/11/12		1,395							1,395	350	S/L	40		35
158	ELECTRICAL WORK FOR STOVE	6/27/13		1,017							1,017	918	S/L	10		99
170	PLAYGROUND IMPROVEMENTS	7/22/13		6,856							6,856	3,058	S/L	20		343
182	GYM ROOF RENOVATION	11/20/14		75,404							75,404	14,295	S/L	40		1,885
183	WHIRLPOOL ROOF RENOVATION	1/06/15		3,987							3,987	750	S/L	40		100
184	PLAYGROUND RENOVATION	3/23/15		7,621							7,621	2,762	S/L	20		381
206	ROOF REPLACEMENT	5/22/17		38,000							38,000	4,750	S/L	40		950
208	NEW WEBSITE BUILD	6/23/17		3,135							3,135	3,135	S/L	5		0
225	ROOF REPLACEMENT	8/16/17		46,593							46,593	5,631	S/L	40		1,165
226	SECURITY CAMERAS	9/15/17		5,000							5,000	4,833	S/L	5		167
227	POOL ROOF REPLACEMENT	11/01/17		85,000							85,000	9,917	S/L	40		2,125
228	POOL DUCT EXTENSIONS	2/16/18		4,600							4,600	498	S/L	40		115
229	ROOF SHEATHING	9/11/17		1,832							1,832	222	S/L	40		46

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237	SECURITY CAMERAS	7/02/18		6,130							6,130	4,904	S/L	5		1,226
238	POOL SECURITY CAMERA	2/20/19		6,894							6,894	4,597	S/L	5		1,379
239	VAV BOX (HVAC)	4/26/19		18,900							18,900	5,985	S/L	10		1,890
244	POOL SECURITY CAMERA	7/12/19		1,836							1,836	1,101	S/L	5		367
245	VAV BOX (HVAC)	8/13/19		24,848							24,848	7,248	S/L	10		2,485
246	PLAYGROUND RENOVATION	8/20/19		36,259							36,259	2,567	S/L	40		906
247	RETENTION POND DRAIN PIPE	9/03/19		4,600							4,600	1,303	S/L	10		460
248	VANITY SINK/SUMP PUMP	6/22/20		2,942							2,942	588	S/L	10		294
253	CHILDCARE SECURITY CAMERA	7/24/20		7,491							7,491	2,871	S/L	5		1,498
256	CHILDCARE SUMP PUMP/PIT	7/19/20		2,790							2,790	535	S/L	10		279
257	PVC DRAIN PIPE	9/14/20		3,490							3,490	640	S/L	10		349
260	2 HEAT PUMPS	12/20/21		12,234							12,234	612	S/L	10		1,223
261	SKYLIGHTS	12/21/21		20,819							20,819	260	S/L	40		520
262	POOL SCOREBOARD	1/24/22		6,675							6,675	397	S/L	7		954
263	HVAC CONTROLS RETROFIT	3/16/22		51,569							51,569	1,289	S/L	10		5,157
264	SHADE SAILS	6/17/22		4,300							4,300		S/L	7		614
274	ROOF REPLACEMENT	10/12/22		129,840							129,840		S/L	40		2,435
277	2 A/C UNITS FOR GYMNASIUM	8/01/22		9,850							9,850		S/L	10		903
278	HOT WATER HEATER	4/27/23		15,695							15,695		S/L	10		262
TOTAL BUILDINGS				5,240,811		0	0	0	0	0	5,240,811	3,832,129				94,900
COMMERCE CENTER BUILDOUT																
159	ARCHITECT FEES	7/01/16		1,000							1,000	150	S/L	40		25
171	ARCHITECT FEES	7/01/16		2,250							2,250	336	S/L	40		56
172	ARCHITECT FEES	7/01/16		2,920							2,920	438	S/L	40		73
195	DAYCARE SECURITY	7/01/16		10,000							10,000	1,500	S/L	40		250

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201	DAYCARE CONTRACTING WORK	7/01/16		16,343							16,343	2,454	S/L	40		409
204	DAYCARE SIGN	7/20/16		1,925							1,925	1,627	S/L	7		275
205	DAYCARE SECURITY	7/27/16		13,865							13,865	2,053	S/L	40		347
207	DAYCARE PLAYGROUND	5/15/17		21,459							21,459	2,680	S/L	40		536
230	DAYCARE PLAYGROUND	7/05/17		21,459							21,459	2,680	S/L	40		536
231	DINOSAUR PLAY EQUIP	7/14/17		14,617							14,617	1,825	S/L	40		365
232	PLAYGROUND STONE	7/21/17		7,968							7,968	979	S/L	40		199
233	SECURITY CAMERAS	1/27/18		6,000							6,000	5,300	S/L	5		700
240	CAMERA-COMMERCE CTR	7/02/18		6,130							6,130	4,904	S/L	5		1,226
TOTAL COMMERCE CENTER BUILD				125,936		0	0	0	0	0	125,936	26,926				4,997
FITNESS CENTER																
63	GRILLES FOR GYM A/C	10/31/07		1,700							1,700	1,700	S/L	10		0
64	A/C FOR GYM	12/31/07		10,250							10,250	10,250	S/L	10		0
65	A/C FOR GYM	8/31/07		32,250							32,250	32,250	S/L	10		0
66	DRILL HOLES FOR VOLLEYBAL	4/30/08		1,689							1,689	1,689	S/L	10		0
67	WORK ON GYM FLOOR	4/30/08		8,994							8,994	8,994	S/L	10		0
68	FLOOR WORK IN HPS	3/30/08		54,772							54,772	54,772	S/L	10		0
69	REFURBISH GYM FLOORS	5/31/08		18,566							18,566	18,566	S/L	10		0
70	LOCKERS FOR FITNESS CENTE	5/31/08		19,464							19,464	19,464	S/L	10		0
168	TRUE PS 100 BIKE	2/28/14		1,100							1,100	1,100	S/L	7		0
169	REMOVE WALL IN YOGA AREA	3/06/14		1,000							1,000	1,000	S/L	7		0
194	ELEC CAPACITY UPGRADE	7/29/15		4,000							4,000	1,383	S/L	20		200
219	SPIN BIKES (5)	2/27/17		8,495							8,495	6,475	S/L	7		1,214
220	FITNESS EQUIPMENT	8/12/16		25,685							25,685	21,709	S/L	7		3,669
222	FITNESS EQUIPMENT	12/13/17		18,184							18,184	11,907	S/L	7		2,598

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223	INDOOR CYCLE	3/07/18		2,150							2,150	1,330	S/L	7		307
224	3 HVAC UNITS	6/06/18		15,000							15,000	6,125	S/L	10		1,500
236	FITNESS EQUIPMENT	6/11/19		31,450							31,450	13,853	S/L	7		4,493
258	2 RECUMBENT BIKES	5/13/22		3,490							3,490	83	S/L	7		499
259	3 TREADMILLS	5/13/22		6,485							6,485	154	S/L	7		926
272	TREADMILL	3/25/22		2,200							2,200	79	S/L	7		314
273	7 CARBON DRIVE SPIN BIKES	8/12/22		10,093							10,093		S/L	7		1,322
276	ELECTRIC FOR TREADMILLS	5/16/23		6,900							6,900		S/L	40		14
281	CORE CARDIO FITNESS EQUIPMEN	5/19/23		97,376							97,376		S/L	7		1,159
	TOTAL FITNESS CENTER			381,293		0	0	0	0	0	381,293	212,883				18,215
	MACHINERY AND EQUIPMENT															
24	KITCHEN APPLIANCES	VARIOUS		10,250							10,250	10,250	S/L	7		0
25	PAVILLION	VARIOUS		4,950							4,950	4,950	S/L	7		0
26	TILE IN LOCKER ROOM	VARIOUS		4,850							4,850	4,850	S/L	7		0
27	MULTI-STATION WGHT RM EQU	VARIOUS		430							430	430	S/L	7		0
28	PAVED PARKING AREA	VARIOUS		4,853							4,853		S/L			0
29	FLOOR MACHINE	VARIOUS		2,111							2,111	2,111	S/L	7		0
32	NEW FLOOR	11/01/99		2,064							2,064	2,064	S/L	20		0
33	DRYWALL	10/01/99		559							559	559	S/L	20		0
34	CHRISTENSEN - COMPUTER SO	VARIOUS		57,942							57,942	57,942	S/L	7		0
37	STRENGTH TRAINING EQUIPME	10/31/03		1,500							1,500	1,500	S/L	10		0
45	FIRE & SECURITY SYSTEM	3/31/06		35,141							35,141	35,141	S/L	10		0
46	NITRO SUPER PULL OVER AND	1/30/06		5,436							5,436	5,436	S/L	10		0
47	NAUTILUS NITRO FITNESS EQ	1/30/06		37,217							37,217	37,217	S/L	10		0
48	14 MAGNUM DURA-ROLL RUBBE	1/30/06		12,440							12,440	12,440	S/L	10		0

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49	MERCURY 21" BOSS SUPER HD	1/30/06		2,178							2,178	2,178	S/L	10		0
50	PREMIER TUFF RUBBER FLOOR	5/31/06		22,290							22,290	22,290	S/L	10		0
51	GYM MIRRORS	7/01/06		5,000							5,000	5,000	S/L	10		0
52	WATERHOG PREMIER TILE	1/31/06		1,854							1,854	1,854	S/L	10		0
53	MOVE AND INSTALL FITNESS	1/31/06		5,000							5,000	5,000	S/L	10		0
62	AB MACHINE	1/31/07		2,850							2,850	2,850	S/L	10		0
81	DOLPHIN DYN PROX WITH SWI	10/31/07		2,385							2,385	2,385	S/L	10		0
87	TIMING EQUIPMENT	9/30/07		18,463							18,463	18,463	S/L	10		0
88	KIABAC SQUEEGEE ASSEMBLY	1/29/08		4,919							4,919	4,919	S/L	10		0
93	TWIN TECH AUTO SCRUBBER	1/28/10		6,091							6,091	6,091	S/L	5		0
96	20" BURNISHER	10/29/09		1,637							1,637	1,637	S/L	10		0
97	NEW TURBOAIR REF	12/29/09		2,100							2,100	2,100	S/L	10		0
99	ECORE RUBBER TILE	5/31/10		8,171							8,171	8,171	S/L	10		0
104	WISE-BAR-NET CONTROLLER W	7/26/10		1,327							1,327	1,327	S/L	10		0
105	PLAY GROUND	4/20/11		36,551							36,551	36,551	S/L	10		0
116	WEIGHTLIFTING EQUIPMENT	VARIOUS		12,515							12,515	12,515	S/L	7		0
119	BALANCE BEAM	VARIOUS		500							500	500	S/L	7		0
121	BLEACHERS	VARIOUS		2,006							2,006	2,006	S/L	7		0
124	DAY CAMP BUILDING	VARIOUS		3,115							3,115	3,115	S/L	7		0
128	STEP LADDER FOR POOL	VARIOUS		1,520							1,520	1,520	S/L	7		0
130	WOOD LOFT	VARIOUS		2,400							2,400	2,400	S/L	7		0
131	YORK BARBELLS	VARIOUS		508							508	508	S/L	7		0
132	MAT FLOOR	VARIOUS		4,236							4,236	4,236	S/L	7		0
133	WEIGHT EQUIPMENT	VARIOUS		750							750	750	S/L	7		0
134	EXERCISE EQUIPMENT	VARIOUS		1,000							1,000	1,000	S/L	7		0
137	WOOD STRIPS/FRAMES	11/01/99		265							265	265	S/L	20		0
139	MAGNUM BIANGULAR VERT. CH	1/30/02		3,035							3,035	3,035	S/L	10		0

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148	LEG CURL EQUIP	11/02/11		3,211							3,211	3,211	S/L	7		0
149	BOILER	3/30/12		43,975							43,975	30,053	S/L	15		2,932
150	SEWER/ GRINDER PUMP	10/28/11		9,100							9,100	9,100	S/L	10		0
151	PRINTER	1/09/12		1,400							1,400	1,400	S/L	7		0
156	6 TREADMILLS/ 2 ELLIPTICA	12/10/11		37,770							37,770	37,770	S/L	7		0
160	UNITY SERVER	10/12/12		7,311							7,311	7,311	S/L	7		0
161	3 MATRIX UPRIGHT BIKES	1/23/13		5,153							5,153	5,153	S/L	7		0
162	GYMNASTICS EQUIPMENT	6/11/13		2,015							2,015	2,015	S/L	7		0
163	AC SPORT BIKES/CYBEX TREA	6/12/13		20,795							20,795	20,795	S/L	7		0
167	KUBOTA TRACTOR	12/07/12		9,999							9,999	9,999	S/L	7		0
173	IT SERVER AND SOFTWARE	12/20/13		4,607							4,607	4,607	S/L	5		0
174	SOFTWARE UPGRADE	1/23/14		2,203							2,203	2,203	S/L	5		0
175	SOFTWARE MIGRATION	4/30/14		1,500							1,500	1,500	S/L	5		0
176	DVR AND SOFTWARE	4/21/14		1,100							1,100	1,100	S/L	5		0
179	FITNESS CTR EQUIPMENT	12/23/13		16,747							16,747	16,747	S/L	7		0
186	WATER FOUNTAIN	7/17/14		1,080							1,080	1,080	S/L	7		0
187	REFRIGERATOR	11/18/14		1,434							1,434	1,434	S/L	7		0
188	WATER TEACHING PLATFORM	12/18/14		2,252							2,252	2,252	S/L	7		0
189	WATER FOUNTAIN	1/19/15		1,060							1,060	1,060	S/L	7		0
190	SOFTWARE INSTALL UPGRADE	2/03/15		1,135							1,135	1,135	S/L	5		0
191	FITNESS CTR EQUIP	3/23/15		14,809							14,809	14,809	S/L	7		0
192	POOL CLEANER	5/01/15		1,764							1,764	1,764	S/L	5		0
193	POOL PAC DUCTWORK	5/19/15		35,030							35,030	24,813	S/L	10		3,503
196	SOFTWARE UPGRADE AND FEES	1/29/16		1,145							1,145	1,145	S/L	5		0
197	SOFTWARE-WEBTIME	3/01/16		3,000							3,000	3,000	S/L	5		0
199	AED DEFIBRILATOR AND PADS	5/19/16		1,648							1,648	1,430	S/L	7		218
202	ROWER AND EXERCISE BIKE	7/27/15		10,775							10,775	10,775	S/L	5		0

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203	KAIVAC PUMP AND ACCESSORI	9/02/15		4,389							4,389	4,389	S/L	5		0	
209	FLOOR CLEAN MACHINE	8/11/16		1,637							1,637	1,637	S/L	5		0	
210	DAYCARE TELEPHONE	9/16/16		2,850							2,850	2,850	S/L	5		0	
211	KENMORE STOVE/OVEN	1/10/17		1,572							1,572	1,572	S/L	5		0	
212	DISHWASHER	1/11/17		5,758							5,758	5,758	S/L	5		0	
213	SOFTWARE UPGRADE/INSTALL	3/31/17		1,073							1,073	1,073	S/L	5		0	
214	POOL CHAIR LIFT	5/17/17		6,564							6,564	4,768	S/L	7		938	
221	FLOOR SCRUBBER - DAYCARE	11/11/16		6,251							6,251	5,060	S/L	7		893	
249	DELL COMPUTERS	5/20/20		15,903							15,903	6,627	S/L	5		3,181	
250	CARD PRINTER	6/04/20		2,795							2,795	1,165	S/L	5		559	
254	HUSQVARNA SNOW BLOWER	2/10/21		1,119							1,119	317	S/L	5		224	
255	FERRIS STAND ON MOWER	5/26/21		9,995							9,995	2,166	S/L	5		1,999	
280	GENERAC POWER WASHER	9/06/22		1,399							1,399		S/L	5		233	
TOTAL MACHINERY AND EQUIPME				635,732			0	0	0	0	0	635,732	582,599				14,680
POOL RENOVATIONS																	
35	POOL/LOCKER ROOM RENOVATI	12/01/00		162,884							162,884	162,884	S/L	20		0	
54	FNS PLUS 48 SQ. FT. DIATO	1/30/07		1,541							1,541	1,541	S/L	10		0	
55	POOL PAK	5/31/07		237,560							237,560	179,160	S/L	20		11,878	
56	TACO CIRCULATOR AND GASKE	5/31/07		2,444							2,444	2,444	S/L	10		0	
82	REPLACEMENT PANEL FOR HOT	9/30/07		1,200							1,200	1,200	S/L	10		0	
83	IMPELLER, SEAL KIT, AND G	2/29/08		2,160							2,160	2,160	S/L	10		0	
84	POOL FILTER REPAIR WORK	4/30/08		4,567							4,567	4,567	S/L	10		0	
90	HEAT EXCHANGER	4/30/09		16,400							16,400	16,400	S/L	10		0	
91	REPLACE VALVE IN POOL BAS	3/30/09		1,731							1,731	1,731	S/L	10		0	
92	PLUMBING	4/30/09		2,062							2,062	2,062	S/L	10		0	

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101	SAND FILTRATION SYSTEM	3/30/10		26,500							26,500	26,500	S/L	10		0
106	CHEMICAL CONTROLLER AND P	7/01/10		2,345							2,345	2,345	S/L	10		0
107	REPAIR TO PLASTIC PIPING	7/01/10		2,742							2,742	2,742	S/L	10		0
108	AQUAVAC TIGERSHARK 2 PLUS	9/03/11		2,000							2,000	2,000	S/L	10		0
109	TJ2000 CAT W/ C4 FLOWCELL	5/13/11		1,690							1,690	1,690	S/L	10		0
110	TWO LANE LINE STORAGE REE	5/31/11		3,000							3,000	3,000	S/L	10		0
152	POOL HEAT EXCHANGER	8/31/11		9,169							9,169	9,169	S/L	10		0
153	POOL LOCKERS	11/09/11		26,898							26,898	7,168	S/L	40		672
164	POOL LIFT ARM RESTS	8/10/12		809							809	803	S/L	10		6
165	POOL LIFT BATTERIES	8/17/12		488							488	482	S/L	10		6
166	SAND FILTER	10/10/12		1,642							1,642	1,599	S/L	10		43
178	POOL RENOVATIONS (H2O)	8/05/13		3,978							3,978	3,549	S/L	10		398
180	MOSS	1/19/15		2,000							2,000	1,483	S/L	10		200
181	CHEMICAL CONTROLLER	4/24/15		1,869							1,869	1,340	S/L	10		187
200	NEW SHOWERS MEN'S LOCKER	2/22/16		24,057							24,057	7,619	S/L	20		1,203
215	MASONRY-SPA ROOM	8/23/16		3,108							3,108	455	S/L	40		78
216	POOL WALL REBUILD	4/04/17		2,285							2,285	299	S/L	40		57
217	DUCTLESS SPLIT SYSTEM	5/10/17		4,310							4,310	558	S/L	40		108
218	POOL SCOREBOARD	3/10/17		3,250							3,250	3,250	S/L	5		0
235	POOL TIME CLOCK	11/16/17		3,575							3,575	3,277	S/L	5		298
251	POOL RENOVATIONS	6/15/20		4,000							4,000	208	S/L	40		100
267	LOCKER ROOM FLOORING	1/13/22		22,700							22,700	284	S/L	40		568
268	POOL WALL PAINTING	3/08/22		17,860							17,860	149	S/L	40		447
279	POOLPAK COMPRESSOR	7/13/22		6,196							6,196		S/L	10		620
TOTAL POOL RENOVATIONS				609,020		0	0	0	0	0	609,020	454,118				16,869
TOTAL DEPRECIATION				9,122,052		0	0	0	0	0	9,122,052	5,240,261				205,260

6/30/23

2022 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT 9720

YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF GETTYSBURG AND ADAMS COUNTY

23-1381462

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	GRAND TOTAL AMORTIZATION			36,943		0	0	0	0	0	36,943	17,443				3,694
	GRAND TOTAL DEPRECIATION			<u>9,122,052</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>9,122,052</u>	<u>5,240,261</u>				<u>205,260</u>