

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2005**

Open to Public Inspection

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

**A** For the 2005 calendar year, or tax year beginning **JAN 1, 2006** and ending **JUN 30, 2006**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF YORK</b>	<b>D</b> Employer identification number <b>23-1360889</b>
		Number and street (or P.O. box if mail is not delivered to street address) <b>320 EAST MARKET STREET</b>	Room/suite <b></b>

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H** and **I** are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶ **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No

(If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: ▶ **WWW.YWCAOFYORKPA.COM**

**J** Organization type (check only one) ▶  501(c)(3) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**I** Group Exemption Number ▶ **N/A**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,081,926.**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	1a	478,729.		
	<b>b</b> Indirect public support	1b	25,776.		
	<b>c</b> Government contributions (grants)	1c	203,026.		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>703,981.</b> noncash \$ <b>3,550.</b> )	1d			707,531.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2			735,381.
	<b>3</b> Membership dues and assessments	3			9,240.
	<b>4</b> Interest on savings and temporary cash investments	4			
	<b>5</b> Dividends and interest from securities	5			8,749.
	<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>	6a	46,964.		
	<b>b</b> Less: rental expenses	6b			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	6c			46,964.
<b>7</b> Other investment income (describe ▶ )	7				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	8a	490,572.		
	<b>b</b> Less: cost or other basis and sales expenses	8b	447,497.		
	<b>c</b> Gain or (loss) (attach schedule)	8c	43,075.		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)) <b>STMT 2</b>	8d			43,075.
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ <b>12,896.</b> of contributions reported on line 1a)	9a	41,905.			
<b>b</b> Less: direct expenses other than fundraising expenses	9b	12,978.			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a) <b>SEE STATEMENT 3</b>	9c			28,927.	
<b>10 a</b> Gross sales of inventory, less returns and allowances	10a				
	<b>b</b> Less: cost of goods sold	10b			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
<b>11</b> Other revenue (from Part VII, line 103)	11			41,584.	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			1,621,451.	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	13		1,664,427.	
	<b>14</b> Management and general (from line 44, column (C))	14		204,808.	
	<b>15</b> Fundraising (from line 44, column (D))	15		27,289.	
	<b>16</b> Payments to affiliates (attach schedule) <b>SEE STATEMENT 4</b>	16		11,094.	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	17			1,907,618.
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	18			<286,167.>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19			3,776,446.	
<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 5</b>	20			<44,128.>	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			3,446,151.	

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION**  
**YORK**

Form 990 (2005)

23-1360889 Page 2

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) ... (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule) .....				
24 Benefits paid to or for members (attach schedule) .....				
25 Compensation of officers, directors, etc. * *	97,375.	81,561.	13,350.	2,464.
26 Other salaries and wages .....	820,600.	691,848.	109,368.	19,384.
27 Pension plan contributions .....	46,544.	25,944.	16,879.	3,721.
28 Other employee benefits .....	45,749.	42,757.	4,759.	<1,767.>
29 Payroll taxes .....	65,696.	55,622.	8,739.	1,335.
30 Professional fundraising fees .....				
31 Accounting fees .....	6,138.	<7,572.>	13,710.	
32 Legal fees .....				
33 Supplies .....	<32,152.>	<39,713.>	7,557.	4.
34 Telephone .....	11,965.	7,326.	4,639.	
35 Postage and shipping .....	4,247.	20.	4,227.	
36 Occupancy .....	54,737.	54,737.		
37 Equipment rental and maintenance .....	10,435.	4,545.	5,890.	
38 Printing and publications .....	9,116.	2,439.	7,593.	<916.>
39 Travel .....	30,238.	27,096.	3,506.	<364.>
40 Conferences, conventions, and meetings ...	3,687.	1,323.	2,364.	
41 Interest .....	13,575.	1,107.	12,468.	
42 Depreciation, depletion, etc. (attach schedule)	89,873.	136,793.	<46,920.>	
43 Other expenses not covered above (itemize):				
a .....				
b .....				
c .....				
d .....				
e .....				
f .....				
g <b>SEE STATEMENT 6</b>	618,701.	578,594.	36,679.	3,428.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,896,524.	1,664,427.	204,808.	27,289.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

\* \* SEE STATEMENT 7

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 8</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <u>PROVIDED EDUCATIONAL, RECREATIONAL, AND HEALTH PROMOTING ACTIVITIES FOR CHILDREN AND ADULTS</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,664,427.
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <u>Total of Program Service Expenses</u> (should equal line 44, column (B), Program services) ►	1,664,427.

Form 990 (2005)

YOUNG WOMEN'S CHRISTIAN ASSOCIATION  
YORK

Form 990 (2005)

23-1360889 Page 4

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing .....	173,708.	45	252,729.
	46 Savings and temporary cash investments .....	187,241.	46	107,999.
	47 a Accounts receivable .....	85,204.		
	b Less: allowance for doubtful accounts .....			
		98,382.	47c	85,204.
	48 a Pledges receivable .....	14,898.		
	b Less: allowance for doubtful accounts .....			
		125,622.	48c	14,898.
	49 Grants receivable .....	93,172.	49	94,292.
	50 Receivables from officers, directors, trustees, and key employees .....		50	
	51 a Other notes and loans receivable .....			
	b Less: allowance for doubtful accounts .....			
			51c	
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	38,475.	53	37,219.
54 Investments - securities STMT 9 STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,440,619.	54	1,453,422.	
55 a Investments - land, buildings, and equipment: basis .....				
b Less: accumulated depreciation .....				
		55c		
56 Investments - other .....	297,735.	56	245,833.	
57 a Land, buildings, and equipment: basis .....	4,533,843.			
b Less: accumulated depreciation .....	2,705,632.			
	1,880,661.	57c	1,828,211.	
58 Other assets (describe <b>INTEREST RECEIVABLE</b> )	4,812.	58	5,059.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	4,340,427.	59	4,124,866.	
Liabilities	60 Accounts payable and accrued expenses .....	84,190.	60	351,251.
	61 Grants payable .....		61	
	62 Deferred revenue .....	183,040.	62	114,138.
	63 Loans from officers, directors, trustees, and key employees .....		63	
	64 a Tax-exempt bond liabilities .....		64a	
	b Mortgages and other notes payable STMT 12	296,751.	64b	213,326.
	65 Other liabilities (describe <b>INTEREST RECEIVABLE</b> )		65	0.
66 <b>Total liabilities.</b> Add lines 60 through 65) .....	563,981.	66	678,715.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	2,577,943.	67	2,446,899.
	68 Temporarily restricted .....	466,933.	68	259,272.
	69 Permanently restricted .....	731,570.	69	739,980.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	3,776,446.	73	3,446,151.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	4,340,427.	74	4,124,866.

Form 990 (2005)





YOUNG WOMEN'S CHRISTIAN ASSOCIATION  
YORK

Form 990 (2005)

23-1360889 Page 7

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....		82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .....	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? .....	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? .....	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members .....	85c	N/A
d	Section 162(e) lobbying and political expenditures .....	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 .....	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities .....	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders .....	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX .....	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction .....	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		0.
90 a	List the states with which a copy of this return is filed ▶ PA		
b	Number of employees employed in the pay period that includes March 12, 2005 .....	90b	105
91 a	The books are in care of ▶ YWCA OF YORK Telephone no. ▶ 717-845-2631 Located at ▶ 320 EAST MARKET STREET, YORK, PA ZIP + 4 ▶ 17403		
b	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)? .....	91b	X
If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here .....		<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year .....		92	N/A

Form 990 (2005)

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <u>EDUCATIONAL,</u>					
b <u>RECREATIONAL, &amp; GROUP</u>					735,381.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments .....					9,240.
95 Interest on savings and temporary cash investments ...					
96 Dividends and interest from securities .....			14	8,749.	
97 Net rental income or (loss) from real estate:					
a debt-financed property .....					
b not debt-financed property .....					46,964.
98 Net rental income or (loss) from personal property					
99 Other investment income .....					
100 Gain or (loss) from sales of assets					
other than inventory .....			18	43,075.	
101 Net income or (loss) from special events .....			01	28,927.	
102 Gross profit or (loss) from sales of inventory .....					
103 Other revenue:					
a <u>MISCELLANEOUS</u>			01	41,584.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....		0.		122,335.	791,585.
105 Total (add line 104, columns (B), (D), and (E)) .....					913,920.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93C	PROVIDE FUNDS NEEDED TO SUPPORT ONGOING PROGRAMS
94	PROVIDE FUNDS AND MEMBERSHIP BASE NEEDED TO PROVIDE ONGOING PROGRAMS
97B	RENTAL OF UNUSED ASSOCIATION FACILITIES

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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.

**COPY FOR YOUR FILES**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Type or print name and title: \_\_\_\_\_

Paid Preparer's Use Only

Preparer's signature: **KEITH L. ELDREDGE, CPA** Date: **01/18/07** Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **BEARD MILLER COMPANY LLP  
SUITE 200, 221 W PHILADELPHIA ST.  
YORK, PA 17401-2993** EIN: \_\_\_\_\_

Phone no.: **(717) 846-7000**



**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities $\blacktriangleright$ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? .....		X
b Lending of money or other extension of credit? .....		X
c Furnishing of goods, services, or facilities? .....		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets? .....		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) .....		X
b Do you have a section 403(b) annuity plan for your employees? .....		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? .....		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? .....		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  $\blacktriangleright$  \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF**

Schedule A (Form 990 or 990-EZ) 2005 **YORK**

23-1360889 Page 3

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,138,462.	1,405,341.	673,092.	660,194.	3,877,089.
16 Membership fees received	9,800.	10,470.	11,775.	10,090.	42,135.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,090,330.	1,630,440.	1,452,208.	1,158,863.	6,331,841.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	145,848.	156,622.	135,548.	129,264.	567,282.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	14,067.	10,957.	SEE STATEMENT 15	3,614.	33,114.
23 Total of lines 15 through 22	3,398,507.	3,213,830.	2,277,099.	1,962,025.	10,851,461.
24 Line 23 minus line 17	1,308,177.	1,583,390.	824,891.	803,162.	4,519,620.
25 Enter 1% of line 23	33,985.	32,138.	22,771.	19,620.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) 258,020. (2003) 258,992. (2002) 267,835. (2001) 254,074.		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) 0. (2003) 0. (2002) 0. (2001) 0.		
c Add: Amounts from column (e) for lines: 15 3,877,089. 16 42,135. 17 6,331,841. 20 _____ 21 _____	27c	10,251,065.
d Add: Line 27a total 1,038,921. and line 27b total 0.	27d	1,038,921.
e Public support (line 27c total minus line 27d total)	27e	9,212,144.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	10,851,461.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	84.8931%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	5.2277%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.) N/A  
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check  a if the organization belongs to an affiliated group. Check  b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37		
38 Total lobbying expenditures (add lines 36 and 37) .....	38		
39 Other exempt purpose expenditures .....	39		
40 Total exempt purpose expenditures (add lines 38 and 39) .....	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -                      The lobbying nontaxable amount is -			
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....		
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
42 Grassroots nontaxable amount (enter 25% of line 41) .....	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount .....					0.
46 Lobbying ceiling amount (150% of line 45(e)) .....					0.
47 Total lobbying expenditures .....					0.
48 Grassroots nontaxable amount .....					0.
49 Grassroots ceiling amount (150% of line 48(e)) .....					0.
50 Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers .....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
c Media advertisements .....			
d Mailings to members, legislators, or the public .....			
e Publications, or published or broadcast statements .....			
f Grants to other organizations for lobbying purposes .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Schedule B**  
(Form 990, 990-EZ, or  
990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2005**

Name of organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
YORK

Employer identification number

23-1360889

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions  
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization <b>YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF YORK</b>	Employer identification number <b>23-1360889</b>
--	---

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GLATFELTER INSURANCE GROUP P.O. BOX 2926 YORK, PA 17405	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	PEOPLE'S BANK 105 LEADER HEIGHTS ROAD YORK, PA 17405	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	WACHOVIA REGIONAL FOUNDATION 123 S. BROAD STREET PHILADELPHIA, PA 19109	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THOMAS WOLF 20 W. MARKET STREET YORK, PA 17401	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SOVEREIGN BANK FOUNDATION 601 PENN STREET READING, PA 19601	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
FACILITIES	1	46,964.
TOTAL TO FORM 990, PART I, LINE 6A		46,964.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SEE ATTACHED SCHEDULE	490,572.	447,497.	0.	43,075.
TO FORM 990, PART I, LINE 8	490,572.	447,497.	0.	43,075.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
PEOPLE MAKE A DIFFERENCE	18,515.		18,515.	8,901.	9,614.
TRIATHALON	22,110.		22,110.	4,077.	18,033.
YNC FUTURES CLASSIC	13,176.	12,896.	280.		280.
PWMAD 1891 SOCEITY	1,000.		1,000.		1,000.
TO FM 990, PART I, LINE 9	54,801.	12,896.	41,905.	12,978.	28,927.

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 4

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
PAYMENTS TO NATIONAL YWCA	NEW YORK, NY	11,094.
PURPOSE OF PAYMENT		
PAYMENTS TO AFFILIATES		11,094.
TOTAL TO FORM 990, PART I, LINE 16		11,094.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
CHANGE IN VALUE OF PERPETUAL TRUSTS	3,905.
CHANGE IN INTEREST OF A COMMUNITY FOUNDATION	6,688.
UNREALIZED HOLDING GAINS ON INVESTMENTS	<872.>
UNREALIZED HOLDING LOSS ON INVESTMENTS SOLD	<53,849.>
TOTAL TO FORM 990, PART I, LINE 20	<44,128.>

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DUES	6,003.	2,369.	4,064.	<430.>
CONTINUING EDUCATION	3,418.	2,308.	970.	140.
INSURANCE	24,631.	20,956.	2,947.	728.
BAD DEBTS	2,905.	2,173.	732.	
FOOD	108,607.	108,607.		
CHILD CARE SUBSIDY LOSS	11.	11.		
OUTSIDE SERVICES	124,686.	124,686.		
BANKING FEES	4,474.	<1.>	4,475.	
WORKER'S COMPENSATION	35,936.	35,936.		
UNEMPLOYMENT COMPENSATION	13,613.	11,567.		2,046.
PROGRAM COSTS	276,921.	276,471.	371.	79.
MISCELLANEOUS	21,522.	4,047.	17,409.	66.

CARE OF BUILDING & GROUNDS	<10,536.>	<10,536.>		
ADVERTISEMENT OF SERVICES	5,711.		5,711.	
PUBLICATIONS AND SUBSCRIPTIONS	799.			799.
TOTAL TO FM 990, LN 43	<u>618,701.</u>	<u>578,594.</u>	<u>36,679.</u>	<u>3,428.</u>

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 7  
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DEBRA STOCK	56,587.	7,498.		64,085.
A. PROGRAM SERVICES	47,397.	6,280.		53,677.
B. MANAGEMENT AND GENERAL	7,758.	1,028.		8,786.
C. FUNDRAISING	1,432.	190.		1,622.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JANE CONOVER	28,386.	4,904.		33,290.
A. PROGRAM SERVICES	23,776.	4,108.		27,884.
B. MANAGEMENT AND GENERAL	3,892.	672.		4,564.
C. FUNDRAISING	718.	124.		842.

TOTAL PROGRAM SERVICES				81,561.
TOTAL MANAGEMENT AND GENERAL				13,350.
TOTAL FUNDRAISING				2,464.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				97,375.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 8  
PART III

EXPLANATION

TO PROVIDE EDUCATIONAL, RECREATIONAL, HEALTH PROMOTING ACTIVITIES FOR CHILDREN AND ADULTS.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
BENEFICIAL INTEREST IN PERPETUAL TRUSTS	FMV			494,147.	494,147.
TRUST FUNDS W/ YORK BANK & TRUST	FMV	629,262.			629,262.
TRUST FUNDS W/ YORK BANK & TRUST	FMV		166,791.		166,791.
TOTAL TO FORM 990, LINE 54, COL B		629,262.	166,791.	494,147.	1,290,200.

FORM 990 GOVERNMENT SECURITIES STATEMENT 10

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
TRUST FUNDS W/ YORK BANK & TRUST	FMV	163,222.		163,222.
TOTAL TO FORM 990, LINE 54, COL B		163,222.		163,222.

FORM 990 OTHER INVESTMENTS STATEMENT 11

DESCRIPTION	VALUATION METHOD	AMOUNT
INTEREST IN NET ASSETS OF A COMMUNITY FOUNDATION	MARKET VALUE	245,833.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		245,833.

FORM 990 MORTGAGES PAYABLE STATEMENT 12

DESCRIPTION	BALANCE DUE
SOVEREIGN BANK	213,326.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	213,326.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 13

DESCRIPTION	AMOUNT
MARKET ADJUSTMENT ON INVESTMENTS SOLD	26,006.
TOTAL TO FORM 990, PART IV-A	26,006.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DEBRA STOCK 320 EAST MARKET STREET YORK, PA 17403	EXECUTIVE DIRECTOR 40.00	56,587.	7,498.	0.
JANE CONOVER 320 EAST MARKET STREET YORK, PA 17403	ASSIST EXECUTIVE DIRECTOR 40.00	28,386.	4,904.	0.
CONI WOLF 320 EAST MARKET STREET YORK, PA 17403	PRESIDENT 1.50	0.	0.	0.
JOANNE RILEY 320 EAST MARKET STREET YORK, PA 17403	VICE-PRESIDENT 1.00	0.	0.	0.
AMY PHILLIPS 320 EAST MARKET STREET YORK, PA 17403	SECRETARY 1.00	0.	0.	0.

ABBY L. MYER 320 EAST MARKET STREET YORK, PA 17403	TREASURER 1.00	0.	0.	0.
JOSEPHINE APPELL 320 EAST MARKET STREET YORK, PA 17403	BOARD OF DIRECTORS 0.50	0.	0.	0.
MARY ANNE BACAS 320 EAST MARKET STREET YORK, PA 17403	BOARD OF DIRECTORS 0.50	0.	0.	0.
SUSAN BREEN 320 EAST MARKET STREET YORK, PA 17403	BOARD OF DIRECTORS 0.50	0.	0.	0.
BRENDA BRINKMAN 320 EAST MARKET STREET YORK, PA 17403	BOARD OF DIRECTORS 0.50	0.	0.	0.
MARLA BUTCHER 320 EAST MARKET STREET YORK, PA 17403	BOARD OF DIRECTORS 0.50	0.	0.	0.
MINA DE SHAZO 320 EAST MARKET STREET YORK, PA 17403	BOARD OF DIRECTORS 0.50	0.	0.	0.
MARTY HODGES 320 EAST MARKET STREET YORK, PA 17403	BOARD OF DIRECTORS 0.50	0.	0.	0.
LORRAINE B. HOVIS 320 EAST MARKET STREET YORK, PA 17403	BOARD OF DIRECTORS 0.50	0.	0.	0.
GABRIELLE JONES 320 EAST MARKET STREET YORK, PA 17403	BOARD OF DIRECTORS 0.50	0.	0.	0.
SUSAN MUMPER 320 EAST MARKET STREET YORK, PA 17403	BOARD OF DIRECTORS 0.50	0.	0.	0.
OLIVE PADDEN 320 EAST MARKET STREET YORK, PA 17403	BOARD OF DIRECTORS 0.50	0.	0.	0.
DELORIS PENN 320 EAST MARKET STREET YORK, PA 17403	BOARD OF DIRECTORS 0.50	0.	0.	0.

KAREN REESER 320 EAST MARKET STREET YORK, PA 17403	BOARD OF DIRECTORS 0.50	0.	0.	0.
SARAH REINECKER 320 EAST MARKET STREET YORK, PA 17403	BOARD OF DIRECTORS 0.50	0.	0.	0.
JUDY SIMPSON 320 EAST MARKET STREET YORK, PA 17403	BOARD OF DIRECTORS 0.50	0.	0.	0.
KATHY KING 320 EAST MARKET STREET YORK, PA 17403	BOARD OF DIRECTORS 0.50	0.	0.	0.
LIZ SHORB 320 EAST MARKET STREET YORK, PA 17403	BOARD OF DIRECTORS 0.50	0.	0.	0.
DELAINE TOERPER 320 EAST MARKET STREET YORK, PA 17403	BOARD OF DIRECTORS 0.50	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A	84,973.	12,402.	0.
	84,973.	12,402.	0.

SCHEDULE A	OTHER INCOME			STATEMENT 15
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISC. INCOME	14,067.	10,957.	4,476.	3,614.
TOTAL TO SCHEDULE A, LINE 22	14,067.	10,957.	4,476.	3,614.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF YORK  
 CLASS SUMMARY REPORT [Depreciation]

GAAP

For the Period January 1, 2006 to June 30, 2006

ASSET BALANCES				DEPRECIATION						
Beginning	Additions	Deletions	Ending	Beg. Balance	Depr Exp & AFVD	Sec 179/179A	Oth. Additions	Deletions	End. Balance	Net Book Value
26,913.00	0.00	0.00	26,913.00	21,625.50	705.00	0.00	0.00	0.00	22,330.50	4,582.50
3,646,585.81	0.00	0.00	3,646,585.81	1,970,516.52	64,799.82	0.00	0.00	0.00	2,035,316.14	1,611,269.67
695,247.60	37,424.38	0.00	733,671.98	604,235.08	23,081.25	0.00	0.00	0.00	627,316.33	106,355.65
25,761.22	0.00	0.00	25,761.22	19,381.05	1,288.04	0.00	0.00	0.00	20,669.09	5,092.13
100,910.95	0.00	0.00	100,910.95	0.00	0.00	0.00	0.00	0.00	0.00	100,910.95
4,496,415.58	37,424.38	0.00	4,533,842.96	2,615,758.15	89,873.91	0.00	0.00	0.00	2,705,632.06	1,828,210.90

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF YORK  
 Summary of Investments Sales  
 6/30/2006

Date	Number of Shares Sold	Description	Gross Proceeds	Cost Basis	990 Purposes Gain/(loss) on sale
1/12/2006 ✓	25,000.00 ✓	FHLMC	23,750.00 ✓	(25,000.00) ✓	(1,250.00)
2/7/2006	750.00	Cendant Corp	12,339.80	(17,152.80)	(4,813.00)
2/7/2006	100.00	First Data Corporation	4,505.34	(3,994.42)	510.92
2/7/2006	200.00	Masco Corp	5,851.82	(6,865.18)	(1,013.36)
2/14/2006	828.47	Federated International Equity Fd	16,403.65	(13,403.01)	3,000.64
2/14/2006	2,880.18	Federated Strategic Inc	25,000.00	(25,028.80)	(28.80)
2/14/2006	4,677.27	Federated Total Return Bond Fd	49,158.09	(50,000.00)	(841.91)
2/14/2006	1,530.60	Federated Intern't Capital Appreciation	17,112.15	(13,772.77)	3,339.38
2/14/2006	1,302.30	JP Morgan Intern'l Opp	17,125.28	(13,698.26)	3,427.02
2/23/2006	100.00	Dentsply Int'l	5,550.83	(4,240.90)	1,309.93
3/8/2006 ✓	275.00 ✓	✓ AFLAC	✓ 12,689.38 ✓	✓ (10,546.54) ✓	2,142.84 R
3/8/2006 ✓	75.00 ✓	✓ American Intl Group Medi	✓ 4,917.90 ✓	✓ (5,090.75) ✓	(172.85) R
3/8/2006 ✓	400.00 ✓	✓ Anheuser-Busch Companies	✓ 16,499.41 ✓	✓ (18,772.53) ✓	(2,273.12) R
3/8/2006 ✓	50.00 ✓	✓ CDW Corp	✓ 2,861.29 ✓	✓ (2,839.10) ✓	22.19 R
3/8/2006 ✓	50.00 ✓	✓ Danaher Corp	✓ 3,063.09 ✓	✓ (2,307.00) ✓	756.09 R
3/8/2006 ✓	250.00 ✓	✓ Dentsply Int'l	✓ 14,019.62 ✓	✓ (12,627.70) ✓	1,391.92 R
3/8/2006 ✓	75.00 ✓	✓ Exxon Mobil	✓ 4,600.59 ✓	✓ (1,522.87) ✓	3,077.72 R
3/8/2006 ✓	100.00 ✓	✓ Fiserv, Inc	✓ 4,226.87 ✓	✓ (3,871.52) ✓	355.35 R
3/8/2006 ✓	25.00 ✓	✓ Goldman Sachs	✓ 3,673.22 ✓	✓ (2,755.43) ✓	917.79 R
3/8/2006 ✓	525.00 ✓	✓ N Fork Bancorporation	✓ 13,234.84 ✓	✓ (14,658.45) ✓	(1,423.61) R
3/8/2006 ✓	50.00 ✓	✓ Pepsico	✓ 2,975.26 ✓	✓ (1,674.37) ✓	1,300.89 R
3/8/2006 ✓	25.00 ✓	✓ Target	✓ 1,337.68 ✓	✓ (953.00) ✓	384.68 R
3/8/2006 ✓	50.00 ✓	✓ Walgreen	✓ 2,237.58 ✓	✓ (1,745.50) ✓	492.08 R
3/8/2006 ✓	50.00 ✓	✓ Wells Fargo & Co	✓ 3,201.90 ✓	✓ (724.36) ✓	2,477.54 R
3/16/2006 ✓	125.00 ✓	✓ Lowe's	✓ 8,213.50 ✓	✓ (6,638.57) ✓	1,574.93 R
3/16/2006 ✓	25.00 ✓	✓ Medtronic	✓ 1,328.07 ✓	✓ (1,235.58) ✓	92.49 R
3/22/2006 ✓	5,800.98 ✓	✓ Federated Strategic Inc #381	✓ 50,062.46 ✓	✓ (49,971.20) ✓	91.26 R
3/22/2006 ✓	1,618.78 ✓	✓ JP Morgan Intrepid European Sel	✓ 40,000.00 ✓	✓ (37,830.84) ✓	2,169.16 R
4/26/2005	156.07	Vanguard Small Cap Growth	2,913.81	(2,699.99)	213.82
4/28/2006	25.00	Harley Davidson	1,281.24	(1,149.38)	131.86
4/28/2006	450.00	Intel	8,545.24	(12,624.11)	(4,078.87)
5/5/2006	806.45	Federataed Kaufmann	5,000.00	(4,285.09)	714.91
5/5/2006	167.04	Northern Fds Small Cap	3,000.00	(2,276.73)	723.27
5/5/2006	197.39	JP Morgan Mid Cap Value	5,000.00	(3,849.18)	1,150.82
5/5/2006	258.80	Vanguard Mid Cap Index	5,000.00	(4,681.67)	318.33
5/5/2006	1,000.00	Vanguard Small Cap Growth	18,810.00	(17,300.01)	1,509.99
5/9/2006	150.00	Goldman Sachs	23,877.05	(16,652.92)	7,224.13
5/12/2006	300.00	Exxon Mobil	19,070.41	(6,091.50)	12,978.91
5/18/2006	573.39	Vanguard Long-Term Inv Gr	5,000.00	(5,028.67)	(28.67)
6/14/2006 ✓	50.00 ✓	✓ Abbott Laboratories	✓ 2,155.93 ✓	✓ (1,070.19) ✓	1,085.74 R
6/14/2006 ✓	1,006.71 ✓	✓ Vanguard Long-Term Inv Gr	✓ 9,000.00 ✓	✓ (8,828.86) ✓	171.14 R
6/21/2006 ✓	200.00 ✓	✓ United Health	✓ 8,879.15 ✓	✓ (5,744.67) ✓	3,134.48 R
6/30/2006 ✓	50.00 ✓	✓ CDW Corp	✓ 2,691.44 ✓	✓ (2,839.10) ✓	(147.66) R
6/30/2006 ✓	100.00 ✓	✓ Walgreen	✓ 4,407.86 ✓	✓ (3,453.00) ✓	954.86 R
			<u>490,571.75</u>	<u>(447,496.52)</u>	<u>43,075.23</u>

(Rev. 05/04)

COMMONWEALTH OF PENNSYLVANIA

Approved \_\_\_\_\_

DEPARTMENT OF STATE

Reg. Fee \_\_\_\_\_

(717) 783-1720

BUREAU OF CHARITABLE ORGANIZATIONS

P/F \_\_\_\_\_

1-800-732-0999 (WITHIN PA)

207 NORTH OFFICE BUILDING

Fee Recv'd \_\_\_\_\_

FAX (717) 783-6014

HARRISBURG, PA 17120

# Charitable Organization Registration Statement – Form BCO –10 For the Fiscal Year Which Ended : 06/30/2006

Employer Identification # 23-1360889 Certificate # 0001014

Check if registering voluntarily. (See note under "Important Information".)

1. Legal name of organization: Young Women's Christian Association of York  
 Check if name change. Previous name: \_\_\_\_\_

2. c/o Director of Finance  
Street address 320 East Market Street  
City York State PA ZIP Code 17403  
County York  
Phone # (717) 845-2631 800 # \_\_\_\_\_ Fax # (717) 846-9181  
Email Address \_\_\_\_\_

3. All other names used to solicit contributions: None  
\_\_\_\_\_  
\_\_\_\_\_

4. Organizations described in Section 162.7(a) of the Act, check section which describes organization (See footnote #2 of Instructions. Volunteer registrants do not respond.):  
162.7(a)(1)  162.7(a)(2)  162.7(a)(3)  162.7(a)(4)  Not Applicable

5. List type of organization (e.g. corporation, association, etc.), where established, and date established. Non-Profit Corporation, York, PA May 20, 1981

*(Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)*

6. Is any person compensated or do you intend to compensate any person for soliciting contributions from Pennsylvania? Yes  No  If "yes", give date person started or will start soliciting contributions from Pennsylvania residents. \_\_\_\_\_ (Do not check "yes" if you only use or intend to only use a professional fund raising counsel.)

**Items 7, and 8 need only be completed by initial registrants**

7. Date organization first solicited contributions from Pennsylvania residents: \_\_\_\_\_

8. If organization solicited and received gross national contributions totaling more than \$25,000 during the fiscal year covered by this registration statement or during its current fiscal year, give date contributions first totaled more than \$25,000. \_\_\_\_\_

9. Has organization been granted IRS tax-exempt status? Yes  No  (If "yes", please submit copy of IRS exemption letter if not previously submitted.) If "yes", were you required to file an IRS 990 Return and Schedule A for your immediate preceding fiscal year? Yes  No . (If "no", attach explanation of why organization is exempt from filing an IRS 990 Return.)

10. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes  No  (If "yes", attach copy of denial, revocation, or modification.)

11. Purposes and programs for which contributions are, or will be, used:

To provide educational, recreational, and health promoting activities for children and adults. Existing programs: Youth Camping Programs - both resident and day, adult health and education programs; and school age child care and nursery care.

12. Manner in which contributions are solicited (eg. direct mail, telephone, etc.):

Direct mail

13. Is organization registered to solicit contributions in any other state or municipality?

Yes  No  (If "yes", list all states and municipalities. Attach separate sheet if necessary.)

14. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited. (Attach separate sheet if necessary.)

None

15. Names, addresses, and telephone numbers of all professional fund raising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents. (Attach separate sheet if necessary.)

None

16. Attach names, addresses, and telephone numbers of any commercial coventurers under contract with your organization. N/A

17. If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates? Yes  No  Not Applicable  (See note under "Important Information".)

18. Are you a Pennsylvania affiliate of a parent organization which has elected to file a combined registration on your behalf? Yes  No  (If "yes", give the name and, if available, certificate # of your parent organization. See note under "Important Information".)

\_\_\_\_\_  
(Legal name of parent organization)

\_\_\_\_\_  
(Certificate #)

19. Does your organization share revenue or formal governance with any other nonprofit corporation or unincorporated association? Yes  No  (If "yes", attach explanation listing name, address, type of organization, and relationship to your organization.)

20. Does any other domestic or foreign organization own a 10% or greater interest in your organization or does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes  No  (If "yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

21. Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary.)

\_\_\_\_\_  
None  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Names and addresses for: (Attach separate sheet if necessary.)

**Individual(s) responsible for the custody and/or distribution of contributions:**

Debra Stock, Executive Director  
York, PA  
\_\_\_\_\_  
\_\_\_\_\_

**Individual(s) responsible for solicitation activities:**

\_\_\_\_\_  
Same as above  
\_\_\_\_\_

**Individual(s) responsible for custody of financial records:**

\_\_\_\_\_  
Same as above  
\_\_\_\_\_

23. Attach names and addresses of all officers, directors, trustees, and executive staff officers. See attached 990.

24. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

Any other officer, director, trustee, or employee? Yes  No

Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes  No

Any supplier or vendor providing goods or services? Yes  No

25. If you answer "Yes" to any of the following, please attach full written explanations and copies of all relevant documents. Has organization or any of its officers, directors, employees, or fundraisers:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes  No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes  No

C. Entered into any legally enforceable agreement such as an assurance of voluntary compliance or discontinuance with any District Attorney, Office of Attorney General, or local or state governmental agency? Yes  No

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 Pa. C.S. § 4904.

COPY FOR YOUR FILES  
\_\_\_\_\_  
Signature of Chief Fiscal Officer

Date \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name and Title of Chief  
Fiscal Officer

\_\_\_\_\_  
Signature of Another Authorized Officer

Date \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name and Title of  
Another Authorized Officer