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# Form **990**

Department of the Treasury
Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the	2009 ca	alendar yea	r, or tax year beginning 07	-01-2009 and ending 06-30-	-2010				
<b>B</b> Ch	eck ıf a	pplicable	Please	C Name of organization Crispus Attucks Association o	f York PA			D Employer i	dentifi	cation number
☐ Ad	dress ch	nange	use IRS label or	Doing Business As				23-13653 E Telephone		or .
∏ Na	me cha	nge	print or type. See	Doing Business As						
In:	tıal retu	rn	Specific Instruc-	Number and street (or P O t	oox if mail is not delivered to street a	address)	Room/suite	(717) 843		
Гте	mınate	d	tions.	605 South Duke Street				<b>G</b> Gross receip	15 \$ 8,1	.01,737
☐ Am	ended	return		City or town, state or country	, and ZIP + 4					
Гар	plication	n pending		York, PA 17401						
			<b>F</b> Nan	ne and address of principa	lofficer	1	H(a) Is the	I Is a group reti	urn for	
			Daniel 605 So	Elby outh Duke Street			affilia			┌ Yes ┌ No
				A 17401		١,	H(b) Are al	l affiliates incl	uded?	□ Yes □ No
										e instructions)
<b>I</b> Ta	x-exen	npt status	<b>▽</b> 501(c)	) (3) ◀ (insert no )	(a)(1) or 527	ı	H(c) Grou	p exemption	numbe	r 🟲
J W	ebsit e	e: 🕨 ww	w crispusat	tucks org						
<b>K</b> For	m of or	ganızatıon	✓ Corporat	ion Trust Association	Other 🕨		L Year of fo	rmation 1952	M Sta	te of legal domicile PA
Pa	rt I	Sum	mary							
Governance	1	PROVI	DE educatı	onal and recreational YOU	r most significant activities TH CENTER AND child CARE DVE LOW INCOME HOUSING				iinority	/ families Create
₹ F	_			<del>-</del>						
	2		·		ntinued its operations or dispo					
Activities &	3		_		body (Part VI, line 1a)					<u>17</u> 17
Ħe	5			nployees (Part V , line 2a)		ie ib)		•		157
Ę	6			lunteers (estimate if nece					6	225
۹.	7a			·	Part VIII, column (C), line 12	2.			7a	-202,915
	ь	Net unr	elated busi	ness taxable income from	Form 990-T, line 34				7b	-91,068
							Prio	r Year		Current Year
	8	Contri	butions and	d grants (Part VIII, line 11	1)	•		4,978,939	_	6,076,507
enue	9			revenue (Part VIII, line 2			271,303		786,336	
Revenu	10							149,155		62,110
	11		•	, , , , , , , , , , , , , , , , , , , ,	5, 6d, 8c, 9c, 10c, and 11e) st equal Part VIII, column (A)	-		-358,967		-33,046
	12				equal Part VIII, column (A)	), lifte		5,040,430		6,891,907
	13				olumn (A), lines 1-3)			921,292		800,357
	14				lumn (A), line 4)	-				0
82	15	Saları 10)	es, other co	ompensation, employee be	nefits (Part IX, column (A), lin	nes 5-	2,416,715			2,482,583
Expenses	16a	,	sional fund	raising fees (Part IX, colu	mn (A ), line 11e)	.				0
хDе	ь			enses (Part IX, column (D), line						
ш	17				11a-11d, 11f-24f)			1,170,260		2,008,703
	18	Total	expenses A	Add lines 13–17 (must eq	ual Part IX, column (A), line 2	:5)		4,508,267		5,291,643
	19	Reven	ue less exp	oenses Subtract line 18 fr	om line 12			532,163		1,600,264
Net Assets or Fund Balances								g of Current ear		End of Year
Ass. Bag	20					-		35,369,258		33,751,632
end End	21		-			-		20,777,034		17,718,929
	22 11 III		ature Blo		21 from line 20	•		14,592,224		16,032,703
-ra					nined this return, including accompar	nying sch	edules and st	tatements, and t	o the b	est of my knowledge
		and bel	ef, it is true, o	correct, and complete Declaration	on of preparer (other than officer) is	based or	n all informati	on of which prep	arer ha	s any knowledge
Sigr Her		**** Sian	*** ature of office	er			2011- Date	02-08		
	_	[ ]					Date			
			iel Elby Presid e or print nam							
		Preparer			Date	Chec		Preparer's idei		number
Paid		signatur		as L Berman	2011-02-08	self- emp	olyed 🕨 🦵	(see instructio		
	arer's		ame (or yours	PARENTEBEARD LLC			1			
Use		ıf self-er	nployed), and ZIP + 4	Suite 200 221 W PHILADEL	PHIA ST			EIN 🕨		
			· · ·	YORK, PA 174012993	2.01			Phone no 🕨	(717) 8	346-7000
May	the IR	S discus	s this retu	· · · · · · · · · · · · · · · · · · ·	above? (see instructions) .				<u></u>	Yes No

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Crispus Attucks Association of York, Pennsylvania is a comprehensive non-profit entity that provides education services, human services, community development and affordable housing that enhance the quality of life for a diverse population

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 1,191,266 including grants of \$ 0 ) (Revenue \$ 0 )
	Center for Employment and Training - The Crispus Attucks Center for Employment and Training (CACET) has been providing adult education, job training, placement services, and other related support services since 1986. Through the assistance of the United Way and other funding sources (grants and tax credits) we are able to provide employment services free of charge to residents of York City and surrounding municipalities. CACET staff members assist economically and socially challenged individuals with one or more barriers to employment and offer them the necessary tools to improve their quality of life through one or more services. We serve the "hardest to employ" populations (i.e. welfare recipients, unskilled to minimally skilled workers, ex-offenders, recovering substance abusers, high school drop-outs, etc.) and have a proven record in transitioning them into unsubsidized employment. A core belief of CACET is that disadvantaged residents have a better chance of transitioning toward a higher level of self-sufficiency through continuing education and training designed to prepare them for career oriented employment, not just minimum wage jobs. The Crispus Attucks Center for Employment and Training (CACET) empowers its clients to reach a higher level of self-sufficiency through education, training, career counseling, and job placement. CACET is open to everyone, and special attention is directed toward minority, unskilled, under-skilled, unemployed, and underemployed individuals. To accomplish this, CACET collaborates with other United Way agencies, York area businesses, and local education and training facilities. The Center provides direct and indirect referral services to more than 550 participants each year through the following programs and services. *General Employment Services (GES) including orientations, workshops, career counseling, employment and training referrals, educational services, resume assistance, and job placement. Cacer final human service agency referrals (i.e. domestic violence, substance
4b	(Code ) (Expenses \$ 1,183,795 including grants of \$ 0 ) (Revenue \$ 231,571 )
	EARLY LEARNING CENTER - The Crispus Attucks Early Learning Center provides the highest quality of childcare services as recognized by our attainment of accreditation by the National Association for the Education of Young Children (NAEYC) and our STAR Certification with the Pennsylvania Keystone STARS Program Our NAEYC accreditation was successfully renewed for an additional five years in 2009. The CAELC is open 6.30 A.M. to 5.30 P.M., Monday through Friday, 52 weeks a year. All children are placed in age and developmentally appropriate classrooms. Nutritious meals are provided for breakfast, lunch, and snack and are financially supported through the Child Care/Adult Food Program offered by the PA Department of Education. The target population for our Early Learning Center is families who have children between the ages of three months and twelve years. The vast majority of families seeking our services are low-to-moderate income families, with about 90% qualifying for child care subsidies. Typically our enrollment has been evenly split between male and female students, but in 2009 there were 25 more boys than girls enrolled. The ethnicity of children represents the diversity of our neighborhood and York City in general. Historically, a large number of families in our program have been African-American, and we have seen an increase in the number of Latino families participating in our program. The construction and opening of the new Early Learning Center across the street from our previous location allowed us to increase enrollment significantly. The new Center allows us to increase enrollment from our past maximum of 125 children to a new maximum of 200 children. Children are enrolled on a first-come, first-served basis given availability of age-specific openings. This will significantly reduce the number of families on our waiting list and allow us to prepare more children to be ready for and successful in school. We serve the following age components Infants. 3 months - 12 months/oung Toddlers. 13 months - 24
	(Code ) (Expenses \$ 879,981 including grants of \$ 0 ) (Revenue \$ 351,357 )
	Housing - Crispus Attucks has made a commitment to provide low-income housing to the Southeast Neighborhood in the York community We provide 137 rental units in apartments and single family homes to low-to-moderate income individuals and families. The annual housing statistics are as follows * 123 families were housed in CA owned properties in 2009* 357 individuals served * 48% are African-American * 47% are Hispanic, 5% White The CA Housing Department continues to improve their service to our tenants. The maintenance staff works diligently at keeping the properties up to codes with the limited resources that we have. The office staff is bilingual and works diligently at providing information and resources to help our tenants who need additional services.
4d	Other program services (Describe in Schedule O ) See also Additional Data for Description
Tu	(Expenses \$ 1,320,144 including grants of \$ 800,357) (Revenue \$ 203,408)
	Total program service expenses ▶\$ 4.575.186

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
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</i> " <i>Yes,"</i> complete Schedule G, Part I	17		Νο
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</i> "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28Ь		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		163	
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ►_ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a		No
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).			
а	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		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
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			

605 South Duke Street York, PA 17401 (717) 848-3610

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 17			
ь 2	Enter the number of voting members that are independent 17  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
2	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Νο
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		N.a
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the Internal	9		Νo
	evenue Code.)			
	,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
ь	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	•		
17	List the States with which a copy of this Form 990 is required to be filed▶PA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of which website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	ı <b>F</b>
	Donna Williams - Dir of Finance			

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

#### 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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Key employee Officer Institutional Trustee Individual trustee or director		Former Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
See add'l data										

2	Total	0	Yes	6,342
	\$100,000 in reportable compensation from the organization 1		Yes	NI-
	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee		Yes	NI-
	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			No
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ction B. Independent Contractors			
	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services		<b>(C</b> Comper	
_	otal number of independent contractors (including but not limited to those listed above) who received more than 100,000 in compensation from the organization >0			<b>)</b> (2009)

Form 9								Page <b>9</b>
Part \	VIIII _	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ £	1a	Federated cam	paıgns 1a	269,823				
Contributions, gifts, grants and other similar amounts	ь	Membership du	es <b>1b</b>	1,868				
	c	Fundraising eve	ents 1c					
# <u>E</u>	d	Related organiz	zations 1 <b>d</b>					
E, E	e	Government grant	s (contributions) <b>1e</b>	5,182,168				
ributior other si	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	622,648				
う できる。	g	Noncash contri	butions included in					
돌	١.		3,045		6,076,507			
	h	Total. Add lines	sla-lf		6,076,307			
e :				Business Code				
Program Serwce Revenue	2a	Low income housing	<u></u>	531,110	351,357	351,357		
	Ь.	Program Service F		624,100	278,186	278,186		
Š	c c	Property Managem	_	531,310	158,774	158,774		
33	d	passthrough partne	ersni ————————————————————————————————————	900,003	-1,981	-1,981		
Ē	e	^ II other progra						
) S	'	All other progra	am service revenue					
	g		s 2a-2f		786,336			
	3		ome (including dividen		77,392			77,392
	4		ar amounts) stment of tax-exempt bond		77,392			77,392
	5		· · · · · · ·					
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	1,118,473					
	b	Less rental expenses	1,174,269					
	c	Rental income	-55,796					
	d	or (loss) Net rental inco	me or (loss)		-55,796		-202,915	147,119
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and		15,282				
		sales expenses		15 202				
	d	Gain or (loss)		-15,282 <b>▶</b> -	-15,282			-15,282
	8a		rom fundraising		13,202			13,202
Other Revenue		events (not inc \$	_					
ě		See Part IV, lir	ne 18					
<u> </u>	ь	Loca direct ev	a penses b	22,266				
₹	c		(loss) from fundraising	20,279 events ►	1,987			1,987
-	9a		rom gamıng actıvıtıes					
	Ь	Less directer	penses b					
	c		(loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	Ь	Less cost of a	oods sold <b>b</b>					
	С		(loss) from sales of inve	entory 📂				
		Miscellaneous	s Revenue	Business Code				
	11a	Reimbursemen	ts	900,099	15,474			15,474
	Ь	Vending Sales		900,099	5,154			5,154
	c	Miscellaneous	Income	900,099	135			135
	d	All other reven						
			s 11a-11d	▶ .	20,763			
	12	Total revenue.	See Instructions .	▶	<u>-</u>	706 226		

6,891,907

## Part IX Statement of Functional Expenses

	Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
			(B)	(b).	(D)					
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	000 257	000 257							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	800,357	800,357							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	239,824	206,111	29,721	3,992					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	553,151		20,000						
7	Other salaries and wages	1,945,052	1,671,632	241,044	32,376					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)			·						
9	Other employee benefits	130,746	112,367	16,203	2,176					
10	Payroll taxes	166,961	143,491	20,691	2,779					
11	Fees for services (non-employees)									
а	Management									
ь	Legal	2,614	252	2,362						
c	Accounting	19,149		19,149						
d	Lobbying	13,113		13/113						
e	Professional fundraising See Part IV, line 17									
f	Investment management fees									
	Other	201 220	201 220							
g 12		281,330	281,330	C1						
12	Advertising and promotion	489	420	61	8					
13	Office expenses	305,289	260,646	39,699	4,944					
14	Information technology	-3,483	-3,483							
15	Royalties									
16	Occupancy	663,391	567,291	84,720	11,380					
17	Travel	20,968	18,021	2,598	349					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	6,455	6,208	127	120					
20	Interest	94,378	42,584	51,794						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	388,667	255,515	119,687	13,465					
23	Insurance	90,741	77,986	11,245	1,510					
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				_					
а	Program Expenses	125,968	125,968							
b	Misc Taxes, Licenses,	12,600	12,153	447						
С	Membership Dues	4,068	258	3,033	777					
d	Bad Debts Expense	-3,921	-3,921	<u> </u>						
e	·	1	,							
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	5,291,643	4,575,186	642,581	73,876					
26	Joint costs. Check here ► ☐ If following SOP 98-2	3,231,043	7,373,100	042,301	73,070					
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			174,881	1	138,668
	2	Savings and temporary cash investments			992,306	2	939,323
	3	Pledges and grants receivable, net			2,625,782	3	1,831,041
	4	Accounts receivable, net		1,571,295	4	1,095,637	
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of	4958(f)(1)) and				
		Schedule L		6			
Assets	7	Notes and loans receivable, net			23,720	7	23,720
8	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			54,533	9	148,370
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	34,040,832			
	ь	Less accumulated depreciation	10b	7,686,221	22,629,951	10c	26,354,611
	11	Investments—publicly traded securities		5,546,593	11	1,456,570	
	12	Investments—other securities See Part IV, line 11	938,005	12	1,005,776		
	13	Investments—program-related See Part IV, line 11	37,783	13	35,802		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	774,409	15	722,114		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			35,369,258	16	33,751,632
	17	Accounts payable and accrued expenses .	2,301,116	17	670,635		
	18	Grants payable		18			
	19	Deferred revenue	41,900	19	6,500		
_	20	Tax-exempt bond liabilities	10,950,000	20	9,420,000		
Səj	21	Escrow or custodial account liability Complete Part IV of Schedul		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
7		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties	5,520,910	23	5,380,207		
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities Complete Part X of Schedule D	1,963,108	25	2,241,587		
	26	Total liabilities. Add lines 17 through 25			20,777,034	26	17,718,929
Fund Balances		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	let e li	nes 27			
สม	27	Unrestricted net assets			11,666,776	27	14,146,287
Ba	28	Temporarily restricted net assets		2,896,550	28	1,856,663	
Ρ	29	Permanently restricted net assets		28,898	29	29,753	
Fur		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d com	plete			
ō		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			14,592,224		16,032,703
_	34	Total liabilities and net assets/fund balances			35,369,258	34	33,751,632

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

#### OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Inspection **Employer identification number** 

Crispu	s Attuck	ks Associat	ion of York PA									
					- / * !!				23-1365320			
	rt I			olic Charity Stat						ructions		
	rganı			foundation because					)			
1	<u> </u>			on of churches, or ass				1)(A)(i).				
2	<u> </u>			in section 170(b)(1)			•					
3	<u> </u>			perative hospital serv								
4	ı	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state										
5	Г	An orga	nization ope	rated for the benefit	of a college o	or university	owned or ope	erated by a g	overnmental	unıt describe	- ed in	
	section 170(b)(1)(A)(iv). (Complete Part II )											
6	Γ	A feder	al, state, or l	ocal government or	governmenta	l unit descril	bed in <b>sectio</b> i	n 170(b)(1)(	A)(v).			
7	⊽	describ	ed in	t normally receives a		part of its si	upport from a	government	al unit or from	n the general	public	:
	_			<b>\ )(vi)</b> (Complete Pa described in <b>section</b>	•	Vuil (Comp	loto Part II \					
8 9	<u>'</u>		•	t normally receives					tions mamba	rchin foos a	nd aro	
9	'	_		tiles related to its exe			* *		·	· ·	_	55
		•		ss investment incom	•	_		•				
			_	anızatıon after June 3				· ·		a) iloili basiii	23363	
10	$\Box$			anized and operated	•			•	•			
11	,	_	_	•	•	•	•			arry out the	nurnos	ses of
	•	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509</b> the box that describes the type of supporting organization and complete lines 11e through 11h							•	a)(3).	Check	
e	Γ	other th		x, I certify that the o on managers and othe								
f			rganization r	eceived a written det	termination f	rom the IRS	that it is a Ty	/pe I, Type I	I or Type III	supporting o	rganız	ation,
g			ugust 17, 2 g persons?	006, has the organız	atıon accept	ed any gift o	r contributior	n from any of	the			
		(i) a pe	rson who dır	ectly or indirectly co	ntrols, either	r alone or tog	jether with pe	rsons descr	ıbed ın (ıı)		Yes	No
		and (III)	below, the g	overning body of the	the support	ed organızatı	ion?			11g(i)		
		• •	•	r of a person describ						11g(ii)		<u> </u>
				ed entity of a person						11g(iii)		
h 		Provide	the followin	g information about t	he supported	d organizatio	n(s)					
(i) Name suppor organiza		e of (ii) (described on col (i) listed in col (i) of your		on in your	(vi) Is the organizati col (i) orga	(vii) A mount of support?						
				ınstructions))	Yes	No	Yes	No	Yes	No		

Total

# Part II Support Schedule for Organizations Described in IRC 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.)

-	ection A. Public Support	ou checked the	box on line 5,	7, or 8 or Part I	.)			
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 20	009	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	9,659,08	3 9,978,752	5,253,268	4,978,939	6	5,076,507	35,946,549
2	grants ") 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	0.650.00	2 0 070 753	5 252 260	4.070.020		076 507	25.046.540
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a	9,659,08	9,978,752	5,253,268	4,978,939	6	,076,507	35,946,549
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							100,841
6	(f) <b>Public Support.</b> Subtract line 5 from line 4							35,845,708
S	ection B. Total Support						I	
	endar year (or fiscal year	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 20	009	<b>(f)</b> Total
7	beginning in) A mounts from line 4	9,659,083	1,140,061	5,253,268	4,978,939		,076,507	35,946,549
7 8	Gross income from interest,	3,033,003	1,110,001	3,233,200	1,570,555		,0,0,50,	33/3/10/3/13
•	dividends, payments received on securities loans, rents, royalties and income from similar sources	894,876	1,140,061	1,293,670	1,005,981		631,650	4,966,238
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
LO	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	23,590	34,341	143,467	94,410		43,029	338,837
L1	Total support (Add lines 7 through 10)							41,251,624
L2	Gross receipts from related activiti	es, etc (See ins	tructions )			12		2,501,549
L3	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or f	ıfth tax year as a !	501(c)(3	3) organız	ation, ▶
	ection C. Computation of Pub							
14	Public Support Percentage for 2009	•		11 column (f))		14		86 900 %
15	Public Support Percentage for 2008					15		85 610 %
	<b>33 1/3% support test—2009.</b> If the and <b>stop here.</b> The organization qua	alıfıes as a public	ly supported orga	nızatıon				<b>►</b>  ✓
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization mee	n qualifies as a p — <b>2009.</b> If the org tion meets the "	ublicly supported janization did not o facts and circums	organization check a box on lin tances" test, chec	e 13, 16a, or 16b ck this box and <b>st</b>	and line	e 14 Explain	<b>▶</b>
h	organization 10%-facts-and-circumstances test-	2008 Ifthe are	ianization did not	chack a hov on lin	a 13 16a 16h a	r 1 7 a an	nd line	<b>►</b>
	15 is 10% or more, and if the organization Explain in Part IV how the organization	nization meets th	ne "facts and circu	ımstances" test, o	heck this box and	stop he	ere.	<b>▶</b> ┌
18	Private Foundation If the organizat	ion did not chec	k a box on line 13,	, 16a, 16b, 17a oı	17b, check this l	oox and	see	<b>▶</b> □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
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						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493041000031

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

emai	Revenue Service	orm 990. F See separate instructions.			mspec	.1011
	me of the organization pus Attucks Association of York PA		Emp	loyer identification	on numbe	er
	<u></u>			1365320		
Pa	rt I Organizations Maintaining Donor Ad		unds	or Accounts.	Comple	te if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	1 ,	<b>b)</b> Funds and ath	0.5000	nto
	Total number of and of uses	(a) Donor advised lunds	<u> </u>	<b>b)</b> Funds and oth	eraccou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
•	Aggregate grants from (during year)		<del>                                     </del>			
•	Aggregate value at end of year					
i	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o		nor advi	sed	☐ Yes	┌ No
ı	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		•		┌ Yes	┌ No
Pai	t III Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	n 990, Part IV,	lıne 7.	
·	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space  Complete lines 2a-2d if the organization held a qualical easement on the last day of the tax year	on or pleasure) Preservation of ar Preservation of a	certifie	d historic structu	re	
				Held at the E	nd of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d			
3	Number of conservation easements modified, transfe the taxable year 🛌	rred, released, extinguished, or terminato	ed by th	e organization du	iring	
	Number of states where property subject to conserva	ation easement is located 🟲				
i	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and	┌ Yes	┌ No
•	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easen	nents d	uring the year 🛌		
'	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easement	s during	; the year 🟲 \$		
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	(d) above satisfy the requirements of sec	ction		┌ Yes	┌ No
)	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financia	•	•		
ar	<b>TIII</b> Organizations Maintaining Collection Complete if the organization answered "	ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Otl	ner Similar As	ssets.	
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch ın fu			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i			•	
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>-</b> \$		
	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		or finan			
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$		
				· +		

**b** Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	eası	ires, or O	<u>the</u>	<u>r Similar</u>	Ass	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing th	at ar	e a significa	nt u	se of its col	lectio	n	
а	Public exhibition		d	Γ	Loan o	rexc	hange progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y further	the	organization	's e×	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ıılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	Y" t	es" to For	m 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	edıary	forc	ontributi	ons	or other ass	etsı	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г			A mo	unt	
С	Beginning balance							1c				
d	Additions during the year						-	1d				
e	Distributions during the year							1e				
f	Ending balance						-	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				L			Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									,	. 05	,
	rt V Endowment Funds. Complete		n ans	wer	ed "Yes	" to	Form 990.	Par	t IV. line	10.		
	Enacyment and complete	(a)Current Year		)Prior			o Years Back		Three Years Ba		e)Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or 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 yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment 🕨 %											
С	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	and a	administered	lfor	the			
	organization by								Г		Yes	No
	(i) unrelated organizations					•		•		3a(i)	<u> </u>	<u> </u>
	(ii) related organizations					•		•	[	3a(ii)	<u> </u>	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	•				•		•	[	3b		<u> </u>
	t VI Investments—Land, Buildings					ΛD	art V line	10				
rai	TVI Investments—Land, Buildings	s, and Equipme	iiit. 3				•		(a) A a a u ma u l			
	Description of investment				Cost or of s (investm		(b)Cost or ot basis (other		(c) Accumul depreciation		( <b>d</b> ) Bo	ok value
1a	Land		•		152	,788	4,	000				156,788
b	Buildings		•		16,331	,607	16,328,	080	7,07	9,496	2	25,580,191
c	Leasehold improvements											
d	Equipment		•				771,	815	60	6,725		165,090
	Other						452,	542				452,542
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colui	mn (B,	), line	10(c).)				•		2	6,354,611
									Schedu	le D (	Form 9	90) 2009

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-of	year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
	-		
Tabal (Caluma (h) shauld saugl Farm 000 Part V sel (D) los 13 )			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(h) Book value
	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip	ne 15. ition  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	ne 15		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Interest Rate Swap Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Interest Rate Swap Liability  Security Deposits Payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Interest Rate Swap Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Interest Rate Swap Liability  Security Deposits Payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Interest Rate Swap Liability  Security Deposits Payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Interest Rate Swap Liability  Security Deposits Payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Interest Rate Swap Liability  Security Deposits Payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Interest Rate Swap Liability  Security Deposits Payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Interest Rate Swap Liability  Security Deposits Payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Interest Rate Swap Liability  Security Deposits Payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Interest Rate Swap Liability  Security Deposits Payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Interest Rate Swap Liability  Security Deposits Payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Interest Rate Swap Liability  Security Deposits Payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Interest Rate Swap Liability  Security Deposits Payable	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  Interest Rate Swap Liability  Security Deposits Payable	5.)		(b) Book value

Sexion   S	91,643 00,264 -6,066 53,719 59,785 40,479
Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Investment expenses  Other (Describe in Part XIV)  Total adjustments (net) Add lines 4 - 8  Excess or (deficit) for the year per financial statements Combine lines 3 and 9  Total revenue, gains, and other support per audited Financial Statements With Revenue per Return  Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12  Net unrealized gains on investments  Recoveries of prior year grants  CRecoveries of prior year grants  Add lines 2a through 2d  Amounts included on Form 990, Part VIII, line 12, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Add lines 4a and 4b  Other (Describe in Part XIV)  Add lines 4a and 4b  Add lines 4a and 4b  Add lines 4a and 4b	53,719 59,785 40,479
Donated services and use of facilities  Investment expenses  Other (Describe in Part XIV)  Total adjustments (net) Add lines 4 - 8  Excess or (deficit) for the year per financial statements Combine lines 3 and 9  Total revenue, gains, and other support per audited financial Statements With Revenue per Return  Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12  Net unrealized gains on investments  Recoveries of prior year grants  Characteristics  Add lines 2a through 2d  Amounts included on Form 990, Part VIII, line 12  Amounts included on Form 990, Part VIII, line 12  A Mounts included on Form 990, Part VIII, line 12  A Mounts included on Form 990, Part VIII, line 12  A Mounts included on Form 990, Part VIII, line 12  A Mounts included on Form 990, Part VIII, line 12  A Mounts included on Form 990, Part VIII, line 12, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Add lines 4a and 4b	53,719 59,785 40,479
6       Investment expenses       6         7       Prior period adjustments       7         8       Other (Describe in Part XIV)       8       -1         9       Total adjustments (net) Add lines 4 - 8       9       -1         10       Excess or (deficit) for the year per financial statements Combine lines 3 and 9       10       1,4         Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return         1       Total revenue, gains, and other support per audited financial statements       1       8,0         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12       2a       4         a       Net unrealized gains on investments       2a       4         b       Donated services and use of facilities       2b       4         c       Recoveries of prior year grants       2c       2c         d       Other (Describe in Part XIV)       2d       1,174,269         e       Add lines 2a through 2d       1,174,269       2e       1,1         3       6,8         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1       4a       4e         1       Add lines 4a and 4b       4c       4c	59,785
7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 10 1,4  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	59,785
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 1,4  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	59,785
Total adjustments (net) Add lines 4 - 8  10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements	59,785
Total adjustments (net) Add lines 4 - 8  Excess or (deficit) for the year per financial statements Combine lines 3 and 9  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12  Net unrealized gains on investments  Recoveries of prior year grants  Re	40,479
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements	
Total revenue, gains, and other support per audited financial statements  A mounts included on line 1 but not on Form 990, Part VIII, line 12  Net unrealized gains on investments	66,176
a Net unrealized gains on investments	
b Donated services and use of facilities	
c       Recoveries of prior year grants	
d       Other (Describe in Part XIV)	
e       Add lines 2a through 2d	
3 Subtract line 2e from line 1	
A mounts 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 .  b Other (Describe in Part XIV)	74,269
a Investment expenses not included on Form 990, Part VIII, line 7b .  b Other (Describe in Part XIV)	91,907
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	
<u> </u>	
	0
	91,907
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
1 Total expenses and losses per audited financial 6,4 statements	65,912
2 A mounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities 2a	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	74,269
3 Subtract line <b>2e</b> from line <b>1</b>	91,643
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIV) 4b	
c Add lines 4a and 4b	
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	0

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	Crispus Attucks Association of York, PA follows the provisions of the accounting standard for accounting for uncertainty in income taxes recognized in a company's financial statements and prescribes a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold has been met. The standard also provides guidance on de-recognition, classification, interest and penalties, and disclosure. Management has determined that the standard does not have a material impact on the financial statements. CA's federal Exempt Organization Business Income Tax Returns for the years ended June 30, 2009, 2008, and 2007 remain subject to examination by the Internal Revenue Service.
Part XI, Line 8 - Other Adjustments		Change in Value of Pertetual Trust 855 Change in Interest in Net Assets of Community Foundation 7819 Change in Fair Value of Interest Rate Swap -162393
Part XII, Line 2d - Other Adjustments		rental expenses 1174269
Part XIII, Line 2d - Other Adjustments		rental expenses 1174269

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DLN: 93493041000031

OMB No. 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

mem	al Nevellue Service	FALLACI	וו נט רטוווו פפי	O OI FUIIII 99	O-EZ. F See separate instructi	JUIIS.		Inspection
	ne of the organization	6V 1 DA					Employer ider	ntification number
Cris	pus Attucks Association	OT YORK PA					23-1365320	
Pa		Activities. Complet lers are not require			tion answered "Yes" (	to Form	990, Part IV	, line 17.
1	Indicate whether the org	manization raised funds	through:	anv of the	following activities. Che	eck all th	at apply	
a	Mail solicitations	gamzation raisea rainas	, imough.	•	Solicitation of non			
h	Internet and e-mail	solicitations		f	Solicitation of gov	-	-	
c	Phone solicitations							
d	In-person solicitation	ons		9	, opecial iditatation	gevents		
2a b	_ · · · · · · · · · · · · · · · · · · ·	l in Form 990, Part VII hest paid individuals o	I) or entity r entities	, in conne (fundraise	ection with professional f ers) pursuant to agreeme	fundraisin ents unde	ng activities? er which the fur	
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo conti	er have dy or rol of	(iv) Gross receipts from activity	(or re fundraı	nount paid to stained by) seer listed in sol (i)	(vi) A mount paid to (or retained by) organization
Tota	al		<del>.</del>	<u> </u>				

Pa	<b>11.</b>	Fundraising Events. Commore than \$15,000 on Form					or re	eporte	ea
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot (Add col			
			(event type)	(event type)	(total number)				
Revenue	1 2	Gross receipts Less Charitable	10,806	5,744		_		16	5,550
<u>~</u>	3	contributions  Gross income (line 1 minus line 2)	10,806	5 5,744				16	5,550
	4	Cash prizes							
မှ	5	Non-cash prizes							
»use	6	Rent/facility costs							
Expenses	7	Food and beverages							
Direct	8	Entertainment							
ឨ	9	Other direct expenses .	13,97	3,774				17	7,747
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	(d)	🕨			17	7,747
	11	Net income summary Combine li	nes 3, column d, and line	10				- 1	1,197
Par	t II	<b>Gaming.</b> Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted i	more	than	
Revenue			(a) Bingo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming		lcol (	ıl gamı (a) thr (c))	
	1	Gross revenue				+			
	2	Cash prizes							
Expenses	3	Non-cash prizes							
Direct D	4	Rent/facility costs							
ā	5	Other direct expenses							
	6	Volunteer labor	│ Yes%		∀es	_			
	7	Direct expense summary Add line	s 2 through 5 ın column (	(d)					
	8	Net gaming income summary Com	nbine lines 1, column d, a	nd line 7					
							$\Box$	Yes	No
9 a b	Is	ter the state(s) in which the organiz the organization licensed to operate 'No," Explain				.	9a		
						_			
10a b		re any of the organization's gaming 'Yes," Explain	licenses revoked, suspei	nded or terminated during	the tax year?		10a	<u> </u>	
	_					$\dashv$			
11 12	Is	es the organization operate gaming the organization a grantor, beneficia	ry or trustee of a trust or	a member of a partnersh	p or other entity		11		
	101	med to administer charitable gaming				•	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493041000031 OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

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

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

Open to Public Inspect ion

Internal Revenue Service Name of the organization Employer identification number Crispus Attucks Association of York PA 23-1365320 Part General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Crispus Attucks Youthbuild Charter School605 S Duke Street York, PA 17401	233029584	501(C)(3)	800,357	0	Fair Market Value	· •	Grants passed to subrecipient

Enter total number of section 501(c)(3) and govern	ment organizations
----------------------------------------------------	--------------------

Schedule I	. (Form 990) 2009	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part	t IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental Information. Com	plete this part to pi	rovide the information red	quired in Part I, line 2,	and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Grant funds are monitor according to the terms of grant contracts Grant expenditures are audited on an annual basis as set forth in the Single Audit Act and OMB Circular A-133

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

(Form 990)

Department of the Treasury

DLN: 93493041000031

OMB No 1545-0047

Schedule K (Form 990) 2009

## **Supplemental Information on Tax Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Intern	al Revenue Service	- Attach to For	III 990. F C	ee separate	mstruction	13.		pection						
	of the organization us Attucks Association of York PA									Emplo	yer identifi	cation nu	mber	
C1151										23-13	365320			
Pa	t I Bond Issues													
	(a) Issuer Name	( <b>b)</b> Issuer EIN	(c) CUSIP #	<b>(d)</b> Dat	e Issued	<b>(e)</b> Issue	e Price	<b>(f)</b> Des	cription of Pu	rpose	<b>(g)</b> De	feased	Beha	On alfof uer
											Yes	No	Yes	No
	York County Industrial Development Authority	23-7045116	986401BK8	06-01	-2007	14,	450,000	Constructio refinance cu	n, expansion, irrent debt	and		X		X
Pai	t III Proceeds													
					A		В	•	C	I	D		E	
1	Total proceeds of issue				14,450,000									
2	Gross proceeds in reserve funds													
3	Proceeds in refunding or defeasance	escrows			3,349,559									
4	O ther unspent proceeds				145,856									
5	Issuance costs from proceeds				230,604									
6	Working capital expenditures from p				2,161,966									
7	Capital expenditures from proceeds				8,562,015									
8	Year of substantial completion				010									
9	Were the bonds issued as part of a c	urrent refundina is	sue?	<b>Yes</b> X	No	Yes	No	Yes	No	Yes	No	Yes		No
10	Were the bonds issued as part of an	· ·			Х									
11	Has the final allocation of proceeds	_	,	×	^									
12	Does the organization maintain adec		cords to support	X										
	the final allocation of proceeds?			,										
Par	Private Business Use				Α		 В		 C		D		E	
				Yes	No No	Yes	No No	Yes	No	Yes	No	Yes	_	No
1	Was the organization a partner in a p which owned property financed by ta		ember of an LLC,		Х									
2	A re there any lease arrangements w which may result in private business		financed property		X									
i														

Cat No 50193E

art III Private Business Use (Contin
--------------------------------------

				Α		В			С		D		E
			Yes	No	Yes	N	lo	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?			X									
3b	Are there any research agreements with respect to the financed prop which may result in private business use?	erty		X									
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	2		X									
4	Enter the percentage of financed property used in a private business by entities other than a section $501(c)(3)$ organization or a state or legovernment												
5	Enter the percentage of financed property used in a private business as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or loc government  Total of lines 4 and 5												
6													
7 Dog	Has the organization adopted management practices and procedures ensure the post-issuance compliance of its tax-exempt bond liabilities.  IV Arbitrage			X									
Fall	Aibitiage		Δ		В			С .		D		E	
	v	es	n No	Yes		o	Yes		ło	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	cs .	X	ies	•		163	'		165	140	ies	NO
			^										
2	Is the bond issue a variable rate issue?		Х										
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and												
	records?		X										
b	Name of provider												
С	Term of hedge												
4a	Were gross proceeds invested in a GIC?		×										
ь	Name of provider												
c	Term of GIC												
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?												
5	Were any gross proceeds invested beyond an available temporary period?		x										
6	Did the bond issue qualify for an exception to rebate?		X										

#### **SCHEDULE M** (Form 990)

## **NonCash Contributions**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Inspection **Employer identification number** Name of the organization Crispus Attucks Association of York PA 23-1365320 Part I Types of Property (a) (b) (c) (d) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues

		applicable		1 g				
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							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .	Х	1	53,045	Fair Market Value			
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	O ther ► ()							
26	O ther ►()							
27	O ther ▶()							
	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29			
20	Dummer the many did the con-		- h.,h.,h.,h.,	unio un un auta di co Diacet III	1 20 45-4-4		Yes	No
<sub>5</sub> ua	During the year, did the organiza			, ,				
	must hold for at least three year				d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangeme	ent in Part I	Ι					
31	, , ,	•		·		31		No
32a	Does the organization hire or us contributions?	· ·	es or related organizations	to solicit, process, or sell	non-cash • • • • •	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report	revenuesı	n column (c) for a type of pr	roperty for which column (a	) is checked,			
	describe in Part II							
Ear F	Privacy Act and Panerwork Reduction	Act Notice	soo the Instructions for Forn	n 990 Cat No. 512271	Schedule	M /For		2000

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanat ion
Method for Determining Number of Contributors	Part I, Column (b)	One property was donated during the year

Schedule M (Form 990) 2009

#### \_\_\_\_\_

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

## **Supplemental Information to Form 990**

on

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Crispus Attucks Association of York PA Employer identification number

23-1365320

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 8b		Committees do not have the authority to act on behalf of the board. All committee recommendations are taken to full board for action and approval. Committee meetings are not documented.
Form 990, Part VI, Section B, line 11		The Director of Finance will review the Form 990 in detail. A copy of the Form 990 will be provided to the Association's Finance Committee for their review. The Treasurer of the Board will provide a copy of the Form 990 to each Board member via e-mail, if e-mail is not available a copy will be supplied before board meeting. Upon final approval of the Form 990 by the Finance Committee, the Board will approve the filing of the Form 990.
Form 990, Part VI, Section B, line 12c		A conflict of interest may exist when the interests or concerns of any director, officer or staff member, or said person's immediate family, or any party, group or organization to which said person has allegiance, may be seen as competing with the interests or concerns of this organization. Any possible conflict of interest shall be disclosed to the board of directors by the person concerned. When such conflict of interest is relevant to a matter requiring action by the board of directors, the interested person shall call it to the attention of the board of directors (or its committee) and such person shall not vote on the matter. Moreover, the person having a conflict shall, at the board's discretion, retire from the room in which the board (or its committee) is meeting and in no event shall participate in the final deliberation or decision regarding the matter under consideration. However, that person shall provide the board or committee with any and all relevant information upon request of the board. When there is doubt as to whether a conflict of interest exists, the matter shall be resolved by a vote of the board of directors (or its committee), excluding the person concerning whose situation the doubt has arisen.
Form 990, Part VI, Section C, line 19		The organization does not make the governing documents, conflict of interest policy and financial statements public since it is not required by federal or state law. The organization includes a copy of its financial statements with the state registration filed with the Pennsylvania Department of State, Bureau of Charitable Organizations. These documents are a matter of public record and can be viewed at the bureau office.
Form 990, Part XI, Line 2c		Finance committee assumes responsibility for oversight of the audit and selection of the independent accountant They meet monthly and review all financial matters and make reports/recommendations to the Board, this is consistent with prior year
Form 990, Part V, Line 2a	Number of Employees reported on form W-3	Crispus Attucks Association issued 157 W-2s in 2009. Of that total, 105 were to full and part-time employees, the balance, or 52, were issued as stipend checks to the residents of the Community Correction Center operated by Crispus Attucks Association.

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DLN: 93493041000031

**SCHEDULE R** (Form 990)

### **Related Organizations and Unrelated Partnerships**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization **Employer identification number** Crispus Attucks Association of York PA

23-1365320

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

(a)
Name, address, and EIN of disregarded entity

Primary activity

(c) Legal domicile (state or foreign country)

Total income

(e) End-of-year assets

(f) Direct controlling entity

Part II

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

(a)
Name, address, and EIN of related organization

(b) Primary activity

(c) Legal domicile (state or foreign country)

Exempt Code section

Public charity status (if section 501(c)(3)) Direct controlling entity

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> ) Gener mana partr	al or ging
							Yes No		Yes	No
400 South George Street Partnership 605 South Duke Street york, PA17403 23-2660297	low income housing rental	PA	400 south George Street Inc	related	-820	87,332	No		Yes	
SKW Housing Partners Limited Partnership 605 South Duke Street york, PA17403 23-2850370	low income housing rental	PA	N/A	related	-1,161	1,672,887	No		Yes	

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership
400 south George Street Inc 605 South Duke Street York, PA17403 23-2660294	Pass through general partner interest 0f 400 South George Street	РА	N/A	С	-820	1,672,887	100 000 %

(6)

Sche	dule R (Form 990) 2009		Рa	ge <b>3</b>
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or	36.)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	<b>1</b> i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n		No
o	Reimbursement paid to other organization for expenses	10		No
p	Reimbursement paid by other organization for expenses	<b>1</b> p		No
q	O ther transfer of cash or property to other organization(s)	1q		No
r	Other transfer of cash or property from other organization(s)	<b>1</b> r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	n thresholds		
	(a) (b) Transaction Name of other organization type(a-r)	Amouni	(c) t ınvolv	'ed
(1) (2)	VF-1- V			

(3) (4) (5)

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Form 990 Part VII - Compensation of Officers Directors Trustees Key Employees Highest

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Daniel elby President	2 00	Χ		Χ				0	0	0	
Raymond Crenshaw Vice-President	1 00	X		Χ				0	0	0	
Mieke Walsh Driscoll Secretary	1 00	Х		Х				0	0	0	
Jeffrey Snyder Treasurer	2 00	X		х				0	0	0	
Joanne Borders Board of Directors	1 00	X						0	0	0	
Pamela Bostic Board of Directors	1 00	X						0	0	0	
Frank Countess board of Directors	1 00	X						0	0	0	
Jaun Kımble board of Dırectors	1 00	X						0	0	0	
John Klinedinst board of Directors	1 00	X						0	0	0	
Gary Lauer board of Directors	1 00	X						0	0	0	
Dr Joseph McCormick II board of Directors	1 00	X						0	0	0	
Dr Ken Martın board of Dırectors	1 00	X						0	0	0	
Eric Menzer board of Directors	1 00	X						0	0	0	
A pril Murray board of Directors	1 00	Х						0	0	0	
George Ruffin Board of Directors	1 00	Х						0	0	0	
William Simpson board of Directors	1 00	Х						0	0	0	
Tom Wolf Board of Directors	1 00	X						0	0	0	
Donna M Williams Finance Director	40 00			Х				96,464	0	3,167	
Robert L Simpson CEO	40 00			Х				133,067	0	3,175	

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 23-1365320

Name: Crispus Attucks Association of York PA

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	n services									
(Code	) (Expenses \$	1,320,144	ıncludıng grants of \$	800,357 ) (Revenue \$	203,408 )					
OTHER PROGRAM SERVICES										