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DLN: 93492343011070

OMB No 1545-1150

2009

Form 990-EZ

Department of the Treasury

Short Form 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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Open to Public <u>Inspection</u>

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 2009 calendar year, or tax year beginning 07-01-2009 , and ending 06-30-2010 Check if applicable D Employer identification number C Name of organization Please LEADERSHIP YORK Address change use IRS 23-2139541 Name change label or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number print or 39 EAST KING STREET Initial return type. (717) 846-5323 Terminated See Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-YORK, PA 174011452 Application pending tions. ♦ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Other (specify) 🟲 must attach a completed Schedule A (Form 990 or 990-EZ). 🕏 Check ► ✓ If the organization I Website:► WWW LEADERSHIPY ORK ORG is **not** required to attach **J Tax-Exempt status** (check only one)— 501(c) (3) ◄(Insert no) 4947(a)(1) or 527 Schedule B (Form 990, 990-EZ, or 990-PF) K Check ▶ fifthe organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received 105,129 Program service revenue including government fees and contracts 135,003 3 Membership dues and assessments 3 4 197 Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Revenue 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 🕨 Gross revenue (not including \$ _of contributions Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) Gross sales of inventory, less returns and allowances 7a Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 1,192 Other revenue (describe 8 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 241,521 9 9 5,000 10 Grants and sımılar amounts paıd (attach schedule) 🥵 10 Benefits paid to or for members . . . 44,226 11 11 Salaries, other compensation, and employee benefits 143,134 12 Professional fees and other payments to independent contractors 4,350 13 Expenses 13 Occupancy, rent, utilities, and maintenance 13,813 14 14 Printing, publications, postage, and shipping 15 6,185 15,122 16 Other expenses (describe 16 Total expenses. Add lines 10 through 16 231,830 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 9,691 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 131.104 Other changes in net assets or fund balances (attach explanation) 🕏 3,369 20 20 Net assets or fund balances at end of year Combine lines 18 through 20 144,164 21 21 Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year 22 Cash, savings, and investments 83,770 22 95,447 23 Land and buildings 23 24 Other assets (describe 🌬 😇 63,633 24 68,751 147,403 25 164,198 25 Total assets 26 Total liabilities (describe 🟲 🕏 16,299 26 20,034

144,164

131,104

27

Part III Statement of Program S		nents (See the instruction	s for Part III)	Expenses
What is the organization's primary exempt LEADERSHIP YORK'S MISSION IS TO TR SERVE THE YORK COMMUNITY IN LEAD DEVELOPING COMMUNITY LEADERS SI ADULTS AND TEENAGERS WHO WANT T LEADERSHIP SKILLS UNDERPINNED BY WEAKNESSES LEADERSHIP YORK IS A SRECORD AND A CONTINUING NEED FOR BENEFIT THE COURSE PARTICIPANTS ((Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)			
200+ NONPROFIT ORGANIZATIONS WH COMMITTEES, ENABLING THESE ORGAN				
THAT MEET COMMUNITY NEEDS Describe what was achieved in carrying out	the organization's exempt	nurposes In a clear a	nd concise manner.	
describe the services provided, the number program title				
28 See Additional Data Table				
(6)			. —	
(Grants \$) If this	s amount includes foreign ç	grants, check here .	<u> ► </u>	28a
(Grants \$) If this	s amount includes foreign o	grants, check here .	▶┌	29a
30				
(Grants \$) If this	s amount includes foreign ç	grants, check here .	▶┌	30a
31 O ther program services (attach schedul	e)		· ·	
(Grants \$) If this 32 Total program service expenses (add line	s amount includes foreign (grants, check here .	· · ▶ ┌ ▶	31a 2 202,774
Part IV List of Officers, Directors, Trus		List each one even if not co	· · · · · · · · · · · · · · · · · · ·	tructions for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pl deferred compensa	ans & account and
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)						
33						
	description of each activity	33		N o		
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		N o		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T					
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		Νο		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Νο		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	1				
ь	Did the organization file Form 1120-POL for this year?	37b				
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were					
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Νo		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b					
39	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on line 9 39a					
b	Gross receipts, included on line 9, for public use of club facilities 39b					
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under					
	section 4911 • 0 , section 4912 • 0 , section 4955 • 0					
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40Ь		No		
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 • 0					
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization					
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νο		
41	List the states with which a copy of this return is filed PA					
42a	The organization's books are in care of 🕨 STEVE SNYDER	► <u>(71</u>	7)846-	5323		
	39 EAST KING STREET Located at ► YORK, PA ZIP + 4	► <u>17</u>	40114	52		
Ь	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	42b	Yes	No No		
	account)? If "Yes," enter the name of the foreign country 🕨	720				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		Νο		
	If "Yes," enter the name of the foreign country 🕨					
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		• •	▶ Г		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No		
	Form 990-EZ.	44		Νο		
1 5				11 0		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.					

Form	990-E	Z (2009)							Page 4
Par	t VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and sectioi	n 4947(a)(1) nonex	-			-	stions
46	Did the	e organization engage in direct	or indirect political car	npaign activities on be	half of or in opp	osition to		Yes	No
	candıd	ates for public office? If "Yes,"	complete Schedule C,	Part I			46		Νο
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								No
49a	49a Did the organization make any transfers to an exempt non-charitable related organization?								No
b	If"Yes	," was the related organization	a section 527 organiz	ation?			49b		
50		ete this table for the organization							
(a)		nd address of each employee more than \$100,000	(b) Title and averag hours per week devoted to position	(c) Compensati	on employee	tributions to benefit plans & compensation	a	e) Expe count rallow	and
N O N I	E								
51	Compl of com	number of other employees pa ete this table for the organization pensation from the organization me and address of each indepe	on's five highest comp n If there is none, ente	er "None "		each received n		an \$10 Compen	
NON		no ana dadress or each macpe	nacine contractor para i	nore than \$100,000	(2) 1 7 5	01 5017100	(5)	, ompen	<u> </u>
51(d) Total	number of other independent o	ontractors each receiv	ving over \$100,000		▶			
Plea	se	Under penalties of perjury, I declare t and belief, it is true, correct, and com				on of which prepare			
Sign Here		Signature of officer			Date				
		Diane Hill President Type or print name and title							
Paid		Preparer's Signature Pamela J Evans		Date	Check if self-empolyed	Preparer's identifications (See instructions)		nber	
Prepa Use C	Only	f self-employed),	riedman & Company PC			EIN Þ			
		address, and ZIP + 4 10 Wyntre York, PA 1	Brooke Drive 74034555			Phone no ► (7:	17) 741-	0004	
May t	he IRS	discuss this return with the pre		ee instructions		.	₽ Y	es 「	No

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization LEADERSHIP YORK

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**

23-2139541

Pai	τI	Reaso	n for Pub	lic Charity Stat	us (All org	anızatıons	must comp	lete this pa	rt.) See ın:	struction	15		
he o	rganız	zation is	not a private	foundation because	ıtıs (Forlı	nes 1 throu	gh 11, check	only one box	:)				
1	Γ	A churc	h, conventio	n of churches, or as:	sociation of	churches s	ection 170(b)	(1)(A)(i).					
2	Γ	A schoo	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Γ	A hospi	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	Γ	A medic		organization operate						L)(A)(iii).	.Enter	the	
5	Г	An orga	nızatıon ope	rated for the benefit	of a college	or universit	y owned or op	erated by a	governmenta	al unit des	scribe	d ın	
		section	170(b)(1)(A	(iv). (Complete Pa	rt II)								
6	Γ	A federa	al, state, or l	ocal government or	governmenta	al unit desci	ıbed ın sectio	n 170(b)(1)	(A)(v).				
7	Γ	describe	ed in	normally receives a (vi) (Complete Pa		part of its s	support from a	a governmen	tal unit or fro	om the ge	neral _I	oublic	
8	Г			described in section		.)(vi) (Com	plete Part II)					
9	Ţ			normally receives					itions, memb	pership fe	es.an	d aros	5.5
_	•			ries related to its ex									
		•		ss investment incom	•	-			` '				
				anızatıon after June 3						 ,			
10	\vdash	•		anized and operated	•			•	•				
11	,	-	_	anized and operated	•	•	•			carry ou	t the p	urpos	es of
	,	one or n	nore publicly	supported organizates the type of supported by Type II	tions describ	bed in section	on 509(a)(1)	or section 5 11e through	09(a)(2) Se	e section)(3).	Check
e f g	1	other th section If the or check th Since A	an foundation 509(a)(2) Iganization r Inis box Ugust 17, 20	x, I certify that the on managers and other eceived a written def	er than one o	or more publ	licly supporte S that it is a T	d organization	ons describe	d ın secti	on 50	9 (a)(:	L) or
			g persons? rson who dur	ectly or indirectly co	ntrols aitha	ralone orto	aether with n	arsons dasc	rihad in (ii)		Г	Yes	No
				overning body of the	•			2130113 4232	indea iii (ii)	11	1g(i)	103	140
			, -	of a person describ		_	cion			_	.g(ii)		
			•	ed entity of a person	• •		hove?				.g(iii)		
h				g information about t							9(,		
				,		· 3 - · · · - · · ·	(- /						
Name of supported of the supported organization organization organization organization in col (i) listed in supported organization or IRC section document?			Did you no organizat col (i) o	(v) Did you notify the organization in col (i) of your support? (vi) Is the organization col (i) organization in the U S ?		he ition in ganized		(vii) A mount of support?					
				(see instructions))	Yes	No	Yes	No	Yes	No			
						1	1		1		 		

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ation qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

(Complete only if you checked the box on line 9 of Part I.)

Se	ection A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	102,982	73,695	80,852	118,851	105,129	481,50
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	78,654	82,835	82,835	126,165	135,003	505,49
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2,	181,636	156,530	163,687	245,016	240,132	987,00
	and 3 received from disqualified persons						
b	A mounts 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						
	Add lines 7a and 7b						
8	Public Support (Subtract line 7c from line 6)						987,00
	ection B. Total Support				Ţ		
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6	181,636	156,530	163,687	245,016	240,132	987,00
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	2,938	2,694	2,694	1,563	1,389	11,27
Ь	sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	2,938	2,694	2,694	1,563	1,389	11,27
11	Net income from unrelated business activities not included in line 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,	184,574	159,224	166,381	246,579	241,521	998,27
14	11 and 12) First Five Years If the Form 990 is check this box and stop here	for the organizatio	n's first, second,	thırd, fourth, or fi	lfth tax year as a	l 501(c)(3) organ	ızatıon, ▶┌
Se	ection C. Computation of Pub	olic Support Pe	rcentage				
15	Public Support Percentage for 200			3 column (f))		15	98 870 %
16	Public support percentage from 20	08 Schedule A , Pa	rt III, line 15			16	98 780 %
Se	ection D. Computation of Inv	estment Incor	ne Percentag	ıe			
17	Investment income percentage for				(f))	17	1 130 %
18	Investment income percentage fro	m 2008 Schedule A	, Part III, line 17	7		18	1 220 %
19a	33 1/3% support tests-2009. If th	e organization did	not check the box	x on line 14, and	line 15 is more t	han 33 1/3% and	line 17 is not

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Software ID: Software Version:

EIN: 23-2139541

Name: LEADERSHIP YORK

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) an 501(c)(4) organizations an 4947(a)(1) trusts; optiona for others.)	
28 LEADERSHIP TRAINING PROGRAM - A 9-MONTH IN-DEPTH COURSE FOR INDIVIDUALS WHO WANT TO INCREASE THEIR KNOWLEDGE ABOUT THE COMMUNITY AND STRENGTHEN LEADERSHIP SKILLS APPROXIMATELY FORTY INDIVIDUALS ANNUALLY VISIT LOCAL NONPROFIT ORGANIZATIONS, COMPLETE COMMUNITY SERVICE PROJECTS, LEARN ABOUT AREA SYSTEMS AND SERVICES, AND MAKE CONNECTIONS WITH LOCAL LEADERS THEY GRADUATE FROM THE LEADERSHIP TRAINING PROGRAM FULLY PREPARED TO SERVE ON NONPROFIT BOARDS, IN THE PUBLIC SECTOR, AND IN OTHER LEADERSHIP ROLES THE CLASS OF 2010 SUCCESSFULLY GRADUATED 38 INDIVIDUALS THE ALUMNI NOW TOTALS 1,045 STRONG (Grants \$ 0) If this amount includes foreign grants, check here	28a	75,137
29 EXECUTIVE CONNECTIONS - A FIVE-SESSION INTRODUCTION TO YORK COUNTY FOR SENIOR-LEVEL EXECUTIVES NEW TO THE COMMUNITY OR NEW TO THEIR EXECUTIVE ROLE EVERY YEAR ABOUT 25 PROFESSIONALS USE THIS COURSE TO JUMP-START THEIR UNDERSTANDING OF AND INVOLVEMENT IN THE COMMUNITY THE CLASS OF 2010 SUCCESSFULLY GRADUATED 253 INDIVIDUALS THE ALUMNI NOW TOTALS 343 STRONG (Grants \$ 0) If this amount includes foreign grants, check here	29a	12,845
30 FUTURE LEADERS OF YORK - A 7-MONTH PROGRAM FOR HIGH SCHOOL SOPHOMORES AND JUNIORS THAT MOTIVATES AND PREPARES THEM FOR RESPONSIBLE AND GENEROUS COMMUNITY PARTICIPATION EACH YEAR THE 21 YORK COUNTY HIGH SCHOOLS SELECT ONE OR TWO STUDENTS TO DEVELOP THEIR LEADERSHIP SKILLS AND CONNECTIONS WITH LOCAL LEADERS AND RESOURCES SO THEY CAN MAKE A DIFFERENCE - IN THEIR SCHOOLS, RELIGIOUS AND CIVIC COMMUNITIES THE CLASS OF 2010 SUCCESSFULLY GRADUATED 37 INDIVIDUALS THE ALUMNI NOW TOTALS 721 STRONG (Grants \$ 5,000) If this amount includes foreign grants, check here	30a	41,310
BOARD DEVELOPMENT - A VARIETY OF SERVICES DESIGNED TO STRENGTHEN YORK COUNTY NONPROFITS BY INCREASING THE EFFECTIVENESS OF THEIR BOARD MEMBERS AND EXECUTIVE DIRECTORS CUSTOMIZED TRAINING WORKSHOPS, TECHNICAL ASSISTANCE, Lunch ON Board SEMINARS, RESOURCE LIBRARY, BOARD VACANCY POSTINGS, AND NONPROFIT LEADERSHIP ACADEMY DURING THIS YEAR, FOUR SEMINARS WERE HELD, FOUR CUSTOMIZED TRAINING WORKSHOPS WERE PUT ON, AND OVER 50 BOARD VACANCY POSTINGS WERE MADE (Grants \$ 0) If this amount includes foreign grants, check here		45,625
LEADERSHIP FOR DIVERSE SCHOOLS - A 9-MONTH COURSE THAT ENABLES YORK COUNTY EDUCATORS AND SCHOOL ADMINISTRATORS TO RESPOND MORE EFFECTIVELY TO DIVERSE STUDENT AND PARENT POPULATIONS GRADUATES ARE ABLE TO TRANSFORM THEIR CLASSROOMS, SCHOOLS AND DISTRICTS INTO CULTURALLY COMPETENT COMMUNITIES THE CLASS OF 2010 SUCCESSFULLY GRADUATED 30 INDIVIDUALS THE ALUMNI NOW TOTALS 122 STRONG (Grants \$ 0) If this amount includes foreign grants, check here		27,857

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SHELDON YOURIST 39 East King Street York,PA 17401	President 2 00	0	0	0
SHARON CHRIST 39 East King Street york, PA 17401	President-elect 2 00	0	0	0
CAPPY BUSH 39 East King Street york,PA 17401	Vice President 2 00	0	0	0
Travis Flood 39 East King Street york,PA 17401	Secretary 2 00	0	0	0
STEVE SNYDER 39 East King Street york,PA 17401	treasurer 2 00	0	0	0
DIANE HILL 39 East King Street york,PA 17401	past president 2 00	0	0	0
NANCY BARRY 39 East King Street york,PA 17401	board member 2 00	0	0	0
ELIZABETH DELLINGER 39 East King Street york,PA 17401	board member 2 00	0	0	0
DR Ronald Dyer 39 East King Street york,PA 17401	board member 2 00	0	0	0
CAROLYN Antoinette friend 39 East King Street york,PA 17401	board member 2 00	0	0	0
WENDY grentz 39 East King Street york,PA 17401	board member 2 00	0	0	0
MARK harrold 39 East King Street york,PA 17401	board member 2 00	0	0	0
JULIE HOPPLE 39 East King Street york,PA 17401	board member 2 00	0	0	0
NADINE HUBNER 39 East King Street york,PA 17401	board member 2 00	0	0	0
KRAIG HURSH 39 East King Street york,PA 17401	board member 2 00	0	0	0
BETSY KEEFER 39 East King Street york,PA 17401	board member 2 00	0	0	0
KAY KUHN 39 East King Street york,PA 17401	board member 2 00	0	0	0
SUE LONG 39 East King Street york, PA 17401	board member 2 00	0	0	0
ALLISON MECKLEY 39 East King Street york,PA 17401	board member 2 00	0	0	0
GLENN SPINELLO 39 East King Street york,PA 17401	board member 2 00	0	0	0
SEAN SUMMERS 39 East King Street york,PA 17401	board member 2 00	0	0	0
CAROLYN WARMAN 39 East King Street YOrk,PA 17401	EXECUTIVE DIRECTOR 40 00	57,370	1,583	0
SANDY WALKER 39 East King Street YORK,PA 17401	BOARd member 2 00	0	0	0

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: LEADERSHIP YORK

Item No.	1
Class of Activity	FLY PROGRAM GRANTS
Donee's Name	CRISPUS ATTUCKS ASSOC
Donee's Address	605 S DUKE ST YORK, PA 17401
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-04

Item No.	2
Class of Activity	FLY PROGRAM GRANTS
Donee's Name	OLIVIA'S HOUSE
Donee's Address	830 S GEORGE ST YORK, PA 17403
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-04

TY 2009 Other Assets Schedule

Name: LEADERSHIP YORK

Description	Beginning of Year Amount	End of Year Amount
Prepaid Expenses	5,914	3,387
Promises to Give	30,930	36,349
Security Deposit	550	550
Investments	24,342	27,909
Other Depreciable Assets	1,897	556

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TY 2009 Other Changes in Net Assets Schedule

Name: LEADERSHIP YORK

Description	Amount
Unrealized GAIN on Investments	3,369

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TY 2009 Other Expenses Schedule

Name: LEADERSHIP YORK

Description	Amount
Office Supplies	5,372
Miscellaneous Expense	9,750

TY 2009 Other Liabilities Schedule

Name: LEADERSHIP YORK

Description	Beginning of Year Amount	End of Year Amount
Accrued taxes	2,405	2,271
Accrued Wages	3,129	2,913
accounts payable	160	2,439
Participant Deposits	10,605	6,980
ACCRUED VACATION	0	5,431

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TY 2009 Other Revenues Schedule

Name: LEADERSHIP YORK

Description	Amount
Interest Income	1,192

TY 2009 Transfers Personal Benefits Contracts Declaration

Name: LEADERSHIP YORK

EIN: 23-2139541

Declaration: The organization did not, during the year, receive any funds,

directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.