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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 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF YORK & YORK COUNTY Doing Business As	D Employer identification number 23-1352600
	Number and street (or P O box if mail is not delivered to street address) 90 NORTH NEWBERRY STREET	Room/suite
	E Telephone number (717) 812-0119	
	G Gross receipts \$ 7,637,503	
	City or town, state or country, and ZIP + 4 YORK, PA 17401	
	F Name and address of principal officer LARRY M RICHARDSON 90 NORTH NEWBERRY STREET YORK, PA 17401	H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527		
J Website: ▶ WWW.YORKCOYMCA.ORG		

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation 1855	M State of legal domicile PA
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Part I	Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	628	
6 Total number of volunteers (estimate if necessary)	6	1,715	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,259,644	Current Year 1,490,772
	9 Program service revenue (Part VIII, line 2g)	4,338,303	4,486,814
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	383,187	256,882
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	757,416	756,717
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,738,550	6,991,185
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,890,779	4,017,611
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶502,670		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,728,065	3,032,672
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,618,844	7,050,283
	19 Revenue less expenses Subtract line 18 from line 12	119,706	-59,098
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 28,558,892
21 Total liabilities (Part X, line 26)		10,979,888	9,278,683
22 Net assets or fund balances Subtract line 21 from line 20		17,579,004	17,683,275

Part II	Signature Block
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	

Sign Here	***** Signature of officer	2011-11-02 Date			
	LARRY M RICHARDSON PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DOUGLAS L BERMAN	Preparer's signature DOUGLAS L BERMAN	Date 2011-11-01	Check if self-employed ☐	PTIN
	Firm's name ▶ PARENTEBEARD LLC				Firm's EIN ▶
	Firm's address ▶ SUITE 200 221 W PHILADELPHIA ST YORK, PA 174012993				Phone no ▶ (717) 846-7000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part IIIStatement of Program Service Accomplishments

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

1Briefly describe the organization’s mission

THE MISSION OF THE YMCA OF YORK AND YORK COUNTY IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL WE EXIST TO DEVELOP AND PRACTICE THE PRINCIPLES OF FAITH, HOPE, LOVE, HONESTY, RESPECT AND RESPONSIBILITY

2Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If “Yes,” describe these new services on Schedule O

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

If “Yes,” describe these changes on Schedule O

4Describe 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 \$ 2,199,272 including grants of \$ 0) (Revenue \$ 2,422,522)
	HEALTHY LIVING THE YMCA OF YORK AND YORK COUNTY IS COMMITTED TO BUILDING HEALTHY LIFESTYLES AND A HEALTHY COMMUNITY YMCA HEALTH AND FITNESS PROGRAMS PROVIDE THE OPPORTUNITIES FOR FRIENDSHIP AND COMMUNITY, INCREASED SELF-CONFIDENCE, AND THE PHYSICAL BENEFITS OF A HEALTHY BODY THE YMCA BELIEVES THAT ALL PEOPLE, REGARDLESS OF AGE, INCOME, BACKGROUND OR ABILITY, CAN BENEFIT FROM YMCA WELLNESS PROGRAMS YMCA HEALTH AND WELLNESS PROGRAMS INCLUDE PERSONAL AND GROUP FITNESS CLASSES, AN AQUATICS PROGRAM, AND NUTRITIONAL CLASSES AND PROGRAMS DESIGNED TO HELP INDIVIDUALS IN OUR COMMUNITY ACHIEVE A HEALTHIER LIFESTYLE THE YMCA OFFERS A COMPREHENSIVE AQUATICS PROGRAM TO ALL AGES FROM INFANT TO SENIOR ADULT DESIGNED TO DEVELOP THE WHOLE PERSON, PHYSICALLY, MENTALLY, AND SPIRITUALLY WE OFFER PROGRESSIVE LESSONS, WATER EXERCISE AND FITNESS, WATER SAFETY, LIFEGUARD CERTIFICATION, A COMPETITIVE SWIM TEAM, AND A MASTER'S SWIM PROGRAM IN ADDITION TO THE THREE INDOOR POOLS SPREAD ACROSS TWO OF OUR YMCA BRANCHES, WE HAVE A SEPARATE STATE OF THE ART AQUATIC FACILITY WITH BOTH INDOOR AND OUTDOOR POOLS IN 2010, WE PROVIDED SWIM LESSONS TO HUNDREDS OF INNER-CITY YOUTH THROUGH COLLABORATIONS WITH TWO LOCAL CHARTER SCHOOLS OUR AQUATIC PROGRAM IS ABOUT MORE THAN JUST THE TECHNIQUES AND SKILLS, IT IS ABOUT BUILDING FRIENDSHIPS, DEVELOPING SELF-ESTEEM AND CREATING POSITIVE EXPERIENCES THAT WILL LAST A LIFETIME BECAUSE THE YMCA IS COMMUNITY-BASED AND BELIEVES THAT ITS PROGRAMS SHOULD BE AVAILABLE TO EVERYONE, WE OFFER OUR FINANCIAL ASSISTANCE PROGRAM CALLED MEMBERSHIP FOR ALL MEMBERSHIP FOR ALL ALIGNS WITH OUR ACTIVATE AMERICA INITIATIVE AND HAS AN INCOME-BASED PRICING STRATEGY WE ARE COMMITTED TO PROVIDING OPPORTUNITY FOR A HEALTHIER SPIRIT, MIND, AND BODY TO ALL, REGARDLESS OF INCOME THE YMCA ALSO OFFERS A FREE TEMPORARY EXTENSION OF MEMBERSHIP TO ANY MEMBER EXPERIENCING LOSS OF EMPLOYMENT, AND FREE MEMBERSHIPS TO ELIGIBLE MILITARY FAMILIES AND PERSONNEL OUR GOAL IS TO REDUCE THE BARRIERS TO HEALTHY LIVING FOR ALL KIDS AND FAMILIES WITHIN OUR COMMUNITY IN 2010, WE PROMOTED HEALTHY LIVING BY SERVING MORE THAN 48,000 INDIVIDUALS IN THE COMMUNITY AND PROVIDED DIRECT FINANCIAL ASSISTANCE IN THE AMOUNT OF \$144,000
4b	(Code) (Expenses \$ 1,832,285 including grants of \$ 0) (Revenue \$ 1,461,782)
	CHILDCARE THE YMCA OF YORK AND YORK COUNTY OFFERS DEVELOPMENTALLY APPROPRIATE LEARNING ACTIVITIES FOR INFANTS TO SCHOOL AGE CHILDREN THROUGH A FULL-DAY NAEYC-ACCREDITED CHILD CARE PROGRAM, A PART-DAY PRE-KINDERGARTEN PROGRAM, AND MULTIPLE DPW LICENSED SCHOOL AGE CHILD CARE LOCATIONS, SOME OF WHICH HAVE ACHIEVED KEYSTONE STONE STARS DESIGNATIONS THE Y CHILD CARE SERVICES OFFER QUALITY, AFFORDABLE CARE FOR WORKING FAMILIES, MANY OF WHOM WOULD NOT BE ABLE TO CONTINUE THEIR EMPLOYMENT WITHOUT OUR SERVICES OUR ENRICHED CURRICULUM INCLUDES LANGUAGE ARTS, NUMBERS, SCIENCE, MUSIC, ARTS AND GYMNASTICS AND SWIMMING ACTIVITIES ARE OFFERED IN A POSITIVE LEARNING ENVIRONMENT BY A CARING AND NUTURING STAFF IN 2010, THE Y OPENED A NEW YOUTH CENTER LOCATED AT 255 W KING STREET IN DOWNTOWN YORK, WHICH INCREASED OUR BEFORE AND AFTER SCHOOL PROGRAMMING AND YOUTH OUTREACH SERVICES BY 30% AT THE YORK BRANCH OUR 21-SITE SCHOOL AGED CHILD CARE PROGRAM OFFERS SAFE, SUPERVISED, ENRICHED PROGRAMMING THAT MEETS A NEED FOR PRODUCTIVE AFTER SCHOOL ACTIVITIES WE PROVIDE A SAFE ENVIRONMENT WHERE CHILDREN CAN LEARN, GROW AND THRIVE TRAINED STAFF PROVIDES HOMEWORK SUPERVISION, CRAFTS AND RECREATIONAL ACTIVITIES AT ALL OF OUR SCHOOL AGE CHILD CARE LOCATIONS WE PARTNER WITH OTHER COMMUNITY AGENCIES SUCH AS UNITED WAY OF YORK COUNTY, PRIVATE FOUNDATIONS, AND GOVERNMENT AGENCIES TO ENSURE THAT NO ONE IS TURNED AWAY DUE TO INABILITY TO PAY IN 2010, WE PROVIDED CHILD CARE FOR MORE THAN 500 CHILDREN AND GAVE DIRECT FINANCIAL ASSISTANCE IN THE AMOUNT OF \$163,000
4c	(Code) (Expenses \$ 708,108 including grants of \$ 0) (Revenue \$ 527,383)
	YOUTH DEVELOPMENT THE YMCA OF YORK AND YORK COUNTY IS COMMITTED TO ENGAGING YOUTH IN YEAR-ROUND ASSEST-BUILDING ACTIVITIES RESULTING IN PRODUCTIVE ADULTS HAVING LIFE-LONG RELATIONSHIPS WITH THE Y THE Y'S YOUTH PROGRAMS FOCUS ON REDUCING RISKY BEHAVIORS, PROMOTING A SENSE OF BELONGING, PROVIDING A SAFE ENVIRONMENT WHERE KIDS LEARN LEADERSHIP SKILLS AND BUILD CHARACTER THE Y BELIEVES THAT BY DEVELOPING KEY ABUNDANT ASSETS IN YOUTH, WE ARE HELPING KIDS TO GROW UP TO BECOME HEALTHY, CARING AND SUCCESSFUL ADULTS Y YOUTH SPORTS PROGRAMS PROVIDE YOUTH WITH POSITIVE ACTIVITIES AND CARING ADULT ATTENTION Y YOUTH SPORTS ARE OFFERED AT EACH OF OUR FOUR BRANCHES AND INCLUDE BUT NOT LIMITED TO BASKETBALL, SOCCER, T-BALL, BASEBALL, SOFTBALL, FLAG FOOTBALL, AND GIRLS' VOLLEYBALL THE Y ENCOURAGES POSITIVE COMPETITION, TEAMWORK AND FAMILY INVOLVEMENT SPECIALTY SPORTS CAMPS ARE OFFERED FOR BASEBALL, GYMNASTICS, BASKETBALL, SOCCER, SOFTBALL AND VOLLEYBALL OUR Y ACHIEVERS PROGRAM HELPS INNER-CITY YOUTH DEVELOP A POSITIVE SENSE OF SELF AND SET HIGH EDUCATION AND CAREER GOALS MENTORS EXPOSE PARTICIPANTS TO VARIOUS CAREERS, VOLUNTEERS ASSIST WITH SAT AND ACT TEST PREPARATION STUDENTS GO ON COLLEGE TOURS, PREPARING THEM FOR POST-SECONDARY EDUCATION IN 2010, COLLABORATION WITH NEW HOPE CHARTER SCHOOL AND LOGOS ACADEMY TO AN INCREASE IN THE NUMBER OF YOUTH SERVED BY AN ADDITIONAL 15% ALSO IN 2010, THE SOUTHERN BRANCH Y BEGAN A NEW PROGRAM TO SERVE CHILDREN WITH SPECIAL NEEDS WE OFFER A HIGH-QUALITY SUMMER DAY CAMP PROGRAM THAT PROVIDES A SAFE, VALUES-DRIVEN ENVIRONMENT DESIGNED TO KEEP YOUTH ENGAGED, ACTIVE, AND LEARNING THROUGHOUT THE SUMMER WE PROVIDE CHILDREN, AGES 5 TO 15, WITH SUMMER ADVENTURES THAT PROMOTE A HEALTHY SPIRIT, MIND AND BODY CHILDREN SPEND TIME INDOORS AND OUTDOORS AS EXPERIENCED STAFF LEAD CAMPERS IN A WIDE VARIETY OF ACTIVITIES EACH DAY, INCLUDING ARTS AND CRAFTS, GAMES, SPORTS AND FITNESS ACTIVITIES, INSTRUCTIONAL/RECREATIONAL SWIMMING AND WEEKLY OFF-SITE FIELD TRIPS OUR DAY CAMP PROVIDES THE OPPORTUNITY FOR YOUTH TO HAVE FUN AND MAKE NEW FRIENDS WHILE PARTICIPATING IN CHARACTER-BUILDING, SKILL DEVELOPMENT, AND HEALTHY LIVING ACTIVITIES IN 2010, THE Y PROMOTED YOUTH DEVELOPMENT BY PROVIDING DIRECT FINANCIAL ASSISTANCE IN THE AMOUNT OF \$173,000
4d	Other program services (Describe in Schedule O) See also Additional Data for Description
	(Expenses \$ 483,091 including grants of \$) (Revenue \$ 211,167)
4e	Total program service expenses\$ 5,222,756

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	22
b	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	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	628
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	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).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
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.		
a	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			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a26		
b	Enter the number of voting members included in line 1a, above, who are independent	1b25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		No
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		No
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		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
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 organization. JOHN CAMPBELL JR 90 NORTH NEWBERRY STREET YORK, PA 17401 (717) 812-0119

Part VII

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAMPISI ANTHONY P CHAIR	6.00	X		X				0	0	0
(2) WASILEWSKI JOHN 1ST VICE CHAIR	3.00	X		X				0	0	0
(3) DOTZEL CYNTHIA 2ND VICE CHAIR	5.00	X		X				0	0	0
(4) HERROLD JOHN SECRETARY	5.00	X		X				0	0	0
(5) O'CONNOR MICHAEL TREASURER	5.00	X		X				0	0	0
(6) BLACK MICHAEL J BOARD OF DIRECTORS	1.20	X						0	0	0
(7) ANDERSON AARON BOARD OF DIRECTORS	1.20	X						0	0	0
(8) CALLAHAN FRED BOARD OF DIRECTORS	1.20	X						0	0	0
(9) CHIARUTTINI JAMES E BOARD OF DIRECTORS	1.20	X						0	0	0
(10) CROSS DAVID L BOARD OF DIRECTORS	1.20	X						0	0	0
(11) CROUSE DR JOAN BOARD OF DIRECTORS	1.20	X						0	0	0
(12) JOHNSON EARL BOARD OF DIRECTORS	1.20	X						8,581	0	0
(13) FALCO MIKE BOARD OF DIRECTORS	1.20	X						0	0	0
(14) KOTTCAMP BRIAN BOARD OF DIRECTORS	1.20	X						0	0	0
(15) HARGETT-ROBINSON DEBORAH BOARD OF DIRECTORS	1.20	X						0	0	0
(16) ILKHANOFF BERNARD BOARD OF DIRECTORS	1.20	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) JENSON STEVE E BOARD OF DIRECTORS	1 20	X						0	0	0
(18) LUTZ PETER J BOARD OF DIRECTORS	1 20	X						0	0	0
(19) NOONE JOHN BOARD OF DIRECTORS	1 20	X						0	0	0
(20) SWIFT RON BOARD OF DIRECTORS	1 20	X						0	0	0
(21) SCHAEFER CAROLYN BOARD OF DIRECTORS	1 20	X						0	0	0
(22) WENNER ANGELA BOARD OF DIRECTORS	1 20	X						0	0	0
(23) SHIVELY REV KEVIN T BOARD OF DIRECTORS	1 20	X						0	0	0
(24) SIMPSON WILLIAM BOARD OF DIRECTORS	1 20	X						0	0	0
(25) SPAGNOLA LAURIE ANNE BOARD OF DIRECTORS	1 20	X						0	0	0
(26) VOORHEIS WENDY BOARD OF DIRECTORS	1 20	X						0	0	0
(27) RICHARDSON LARRY M PRESIDENT, CEO	40 00			X				149,602	0	17,517
(28) CAMPBELL JR JOHN J VP OF FINANCE/CFO	40 00			X				87,000	0	7,374
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								245,183	0	24,891

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization										
(A) Name and business address								(B) Description of services	(C) Compensation		
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization0										

Part VIII

Statement 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	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	184,999			
	b	Membership dues	1b				
	c	Fundraising events	1c	28,246			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	319,115			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	958,412			
	g	Noncash contributions included in lines 1a-1f \$		53,078			
	h	Total. Add lines 1a-1f		1,490,772			
	Program Service Revenue	2a	Business Code				
		HEALTH/WELLNESS PROGRA	624100	4,486,814	4,486,814		
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		4,486,814			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		255,075		
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties					
	6a	Gross Rents	(i) Real 100,401	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)	100,401				
	d	Net rental income or (loss)			100,401		100,401
	7a	Gross amount from sales of assets other than inventory	(i) Securities 376,300	(ii) Other 1,500			
	b	Less cost or other basis and sales expenses	369,372	6,621			
	c	Gain or (loss)	6,928	-5,121			
	d	Net gain or (loss)			1,807		1,807
	8a	Gross income from fundraising events (not including \$ 28,246 of contributions reported on line 1c) See Part IV, line 18	a 282,421				
	b	Less direct expenses	b 270,325				
	c	Net income or (loss) from fundraising events . . .			12,096		12,096
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances	a 12,631				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory . . .			12,631		12,631
	Miscellaneous Revenue	Business Code					
11a	MANAGEMENT DEFICIT REI	900099	196,048			196,048	
b	RESIDENCE INCOME	624100	182,123			182,123	
c	MANAGEMENT FEE INCOME	561000	136,040	136,040			
d	All other revenue		117,378			117,378	
e	Total. Add lines 11a-11d		631,589				
12	Total revenue. See Instructions		6,991,185	4,622,854	0	877,559	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
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	261,493	198,835	53,353	9,305
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,246,609	2,513,554	624,698	108,357
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	126,229	81,358	38,041	6,830
9	Other employee benefits	126,744	81,690	38,196	6,858
10	Payroll taxes	256,536	196,473	51,862	8,201
a	Fees for services (non-employees) Management				
b	Legal	1,080		1,080	
c	Accounting	27,375		27,375	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	3,515		3,515	
g	Other	224,033	176,314	33,929	13,790
12	Advertising and promotion	2,570		2,326	244
13	Office expenses	659,407	535,463	113,439	10,505
14	Information technology				
15	Royalties				
16	Occupancy	753,633	675,331	69,334	8,968
17	Travel	41,431	34,853	6,578	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	260,958	70,554	109,535	80,869
21	Payments to affiliates	71,455		71,455	
22	Depreciation, depletion, and amortization	602,591	582,608	19,983	
23	Insurance	107,232	83,217	20,515	3,500
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBTS EXPENSE	215,183	-27,532	-2,528	245,243
b	MISCELLANEOUS EXPENSE	42,749	8,157	34,592	
c	DUES AND SUBSCRIPTIONS	19,460	11,881	7,579	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	7,050,283	5,222,756	1,324,857	502,670
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				11,297	1	24,945
	2	Savings and temporary cash investments				60,132	2	59,963
	3	Pledges and grants receivable, net				3,864,247	3	2,380,174
	4	Accounts receivable, net				1,542,830	4	1,647,621
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L					6	
	7	Notes and loans receivable, net				5,081,975	7	5,199,808
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				12,736	9	8,357
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	19,488,605				
	b	Less: accumulated depreciation	10b	4,467,091	15,510,124	10c	15,021,514	
	11	Investments—publicly traded securities				309,807	11	320,498
	12	Investments—other securities. See Part IV, line 11				2,136,436	12	2,271,734
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				29,308	15	27,344
16	Total assets. Add lines 1 through 15 (must equal line 34)				28,558,892	16	26,961,958	
Liabilities	17	Accounts payable and accrued expenses				269,234	17	326,145
	18	Grants payable					18	
	19	Deferred revenue				66,811	19	75,621
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties				10,643,843	23	8,876,917
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities. Complete Part X of Schedule D					25	
	26	Total liabilities. Add lines 17 through 25				10,979,888	26	9,278,683
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				11,580,032	27	13,021,053
	28	Temporarily restricted net assets				3,971,878	28	2,507,341
	29	Permanently restricted net assets				2,027,094	29	2,154,881
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				17,579,004	33	17,683,275
34	Total liabilities and net assets/fund balances				28,558,892	34	26,961,958	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,991,185
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,050,283
3	Revenue less expenses Subtract line 2 from line 1	3	-59,098
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,579,004
5	Other changes in net assets or fund balances (explain in Schedule O)	5	163,369
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	17,683,275

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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?		No
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		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF YORK & YORK COUNTY	Employer identification number 23-1352600
--	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

▶

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		▶
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		▶
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		▶
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		▶
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,217,892	3,891,785	1,493,803	1,259,644	1,502,868	15,365,992
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,370,121	4,181,246	4,500,297	4,684,470	4,635,485	22,371,619
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	11,588,013	8,073,031	5,994,100	5,944,114	6,138,353	37,737,611
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	122,435	29,838	19,338	21,601	18,733	211,945
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	122,435	29,838	19,338	21,601	18,733	211,945
8 Public Support (Subtract line 7c from line 6)						37,525,666

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	11,588,013	8,073,031	5,994,100	5,944,114	6,138,353	37,737,611
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	330,206	347,940	340,112	330,279	313,596	1,662,133
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	330,206	347,940	340,112	330,279	313,596	1,662,133
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.)	226,286	357,330	258,384	433,835	487,429	1,763,264
13 Total support (Add lines 9, 10c, 11 and 12.)	12,144,505	8,778,301	6,592,596	6,708,228	6,939,378	41,163,008
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	91.160%	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	93.020%	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	4.040%	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	4.030%	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶			

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF YORK & YORK COUNTY

Employer identification number

23-1352600

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	☐ Yes ☐ No

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii)

Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2010

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	2,415,622	2,037,632	2,840,761		
b Contributions	23,235	25,637	20,147		
c Investment earnings or losses	178,835	396,892	-813,730		
d Grants or scholarships	5,736				
e Other expenditures for facilities and programs	0	40,322	6,031		
f Administrative expenses	4,826	4,217	3,515		
g End of year balance	2,607,130	2,415,622	2,037,632		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 16 780 %

b

Permanent endowment ▶ 82 650 %

c

Term endowment ▶ 0 570 %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		914,774		914,774
b Buildings		15,553,076	2,567,450	12,985,626
c Leasehold improvements		631,592	194,614	436,978
d Equipment		1,960,760	1,276,624	684,136
e Other		428,403	428,403	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				15,021,514

Schedule D (Form 990) 2010

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,991,185
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,050,283
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-59,098
4	Net unrealized gains (losses) on investments	4	21,921
5	Donated services and use of facilities	5	6,150
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	135,298
9	Total adjustments (net) Add lines 4 - 8	9	163,369
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	104,271

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	6,793,405
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-7,882
b	Donated services and use of facilities	2b	6,150
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-1,732
3	Subtract line 2e from line 1	3	6,795,137
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	196,048
c	Add lines 4a and 4b	4c	196,048
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,991,185

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	7,050,283
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	7,050,283
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,050,283

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT EARNINGS ARE USED FOR GENERAL OPERATING EXPENSES. ANNUALLY, THE SPENDING RATE IS RECOMMENDED TO THE BOARD OF DIRECTORS AND IS BASED ON THE SIZE, GROWTH, AND PERFORMANCE OF THE ENDOWMENT FUNDS AND THE NEEDS OF THE OPERATING BUDGET.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE YMCA 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 BY 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 DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. MANAGEMENT HAS DETERMINED THAT THE STANDARD DOES NOT HAVE A MATERIAL IMPACT ON THE YMCA'S FINANCIAL STATEMENTS. THE YMCA'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2009, 2008, AND 2007 REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF PERPETUAL TRUST 127,787 CHANGE IN INEREST IN NET ASSETS 7,511
PART XII, LINE 4B - OTHER ADJUSTMENTS		MANAGEMENT DEFICIT REIMBURSEMENT 196,048

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF YORK & YORK COUNTY

Employer identification number

23-1352600

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			<u>GIANT/WEIS GIFT CARDS</u>	<u>SWIM-A-THON</u>	<u>2</u>	(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	136,281	10,865	59,694	206,840
	2	Less Charitable contributions			28,246	28,246
3	Gross income (line 1 minus line 2)	136,281	10,865	31,448	178,594	
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes			2,180	2,180
	6	Rent/facility costs			9,100	9,100
	7	Food and beverages			9,774	9,774
	8	Entertainment				
	9	Other direct expenses	128,913	658	4,778	134,349
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				155,403
	11	Net income summary Combine lines 3 and 10 in column (d). ▶				23,191

Part III Gaming.

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a

The organization's facility

13a

b

An outside facility

13b

14

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

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

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

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF YORK & YORK COUNTY

Employer identification number

23-1352600

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☒ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARDSON LARRY M	(i) (ii)	146,618 0	0 0	2,984 0	12,080 0	5,437 0	167,119 0	0 0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF YORK & YORK COUNTY

Employer identification number
23-1352600

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A GENERAL AUTHORITY OF SOUTHCENTRAL PENNSYLVANIA REVENUE NOTE - SERIES 2004	23-2982233		12-29-2004	2,550,000	EXPAND AND RENOVATE FACILITIES AT SOUTHERN BRANCH YMCA		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	2,550,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	665,995							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2008							
		Yes	No						
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	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?		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X						

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	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?		X						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	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						

Part VSupplemental Information

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

Identifier	Return Reference	Explanation

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF YORK & YORK COUNTY

Employer identification number

23-1352600

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .	X	1	5,500	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	2	4,075	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
PROGRAM				
25 Other ► (SUPPLIES)	X	66	12,298	RETAIL VALUE
SPECIAL				
EVENT				
26 Other ► (ITEMS)	X	95	10,978	RETAIL VALUE
FURNITURE				
AND				
27 Other ► (EQUIPMENT)	X	5	20,227	RETAIL VALUE
28 Other ► ()				

29

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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) 2010

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.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	THE ORGANIZATION USES MORGAN STANLEY SMITH BARNEY TO SELL DONATIONS OF STOCK NO COMMISSION IS CHARGED TO THE ORGANIZATION FOR THE SERVICES
NON REPORTING OF REVENUE	PART I, LINE 33	DONATED STOCK VALUED AT \$319,498 WAS RECEIVED THIS YEAR \$315,423 WAS TREATED AS DONATION TOWARD PLEDGE RECEIVABLE AND NOT RECORDED AS CURRENT YEAR NON-CASH CONTRIBUTIONS THE REMAINING \$4,075 WAS AN IN-KIND DONATION OF STOCK THIS YEAR

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF YORK & YORK COUNTY	Employer identification number 23-1352600
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		WILLIAM SIMPSON AND RON SWIFT HAVE A BUSINESS RELATIONSHIP

Additional Data

Software ID:
Software Version:
EIN: 23-1352600
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION
OF YORK & YORK COUNTY

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

4d. Other program services			
(Code	) (Expenses \$	483,091	including grants of \$ 0) (Revenue \$ 211,167)
COMMUNITY DEVELOPMENT ACTIVITIES INCLUDE SUBSTANCE ABUSE COUNSELING SERVICES, MANAGEMENT OF MEN'S RESIDENCE, EMERGENCY SHELTER ROOMS, AND LIVING UNITS OWNED BY RELATED ENTITIES			

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION HAS MEMBERS WHO NOMINATE AND ELECT THE MEMBERS OF THE GOVERNING BODY THE MEMBERS DO NOT RECEIVE A SHARE OF THE ORGANIZATION'S PROFITS OR EXCESS DUES, OR A SHARE OF THE ASSETS UPON DISSOLUTION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		ALL PERSONS EIGHTEEN YEARS OF AGE OR OVER, WHO ARE MEMBERS IN GOOD STANDING, SHALL HAVE THE RIGHT TO VOTE THIS INCLUDES THE RESPONSIBILITY TO NOMINATE AND ELECT THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS DISTRIBUTED TO ALL CORPORATE BOARD DIRECTORS FOR THEIR REVIEW THE CORPORATE FINANCE COMMITTEE MEMBERS REVIEW THE FORM 990 PRIOR TO DISTRIBUTION TO THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY COVERS DIRECTORS, OFFICERS, VOLUNTEERS, EMPLOYEES AND THEIR FAMILY MEMBERS BOARD MEMBERS COMPLETE AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE WHICH IS REVIEWED BY THE PRESIDENT DISCLOSURES OF POTENTIAL CONFLICTS SHOULD BE MADE TO THE BOARD OR THE EXECUTIVE COMMITTEE BY THE PRESIDENT THE BOARD MEMBERS ARE ASKED TO ABSTAIN FROM VOTING ON MATTERS WHERE THEY WOULD HAVE A CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	WHEN CHANGES TO THE COMPENSATION LEVELS ARE BEING CONSIDERED, THE CEO COMPENSATION PACKAGE IS DETERMINED BY THE EXECUTIVE COMMITTEE USING COMPARABLE DATA, INDEPENDENT REVIEW AND APPROVED BY THE BOARD THIS PROCESS WAS LAST UNDERTAKEN IN 2008 WHEN COMPENSATION LEVELS WERE LAST ADJUSTED COMPARABLE DATA IS USED IN DETERMINING COMPENSATION FOR OTHER EMPLOYEES AND SUCH COMPENSATION IS APPROVED BY THE BOARD THE DELIBERATION AND DECISION IS CONTEMPORANEOUSLY DOCUMENTED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ALL GOVERNING DOCUMENTS AND CONFLICT OF INTEREST STATEMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST TO THE CEO

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A	THE COMPENSATION REPORTED FOR DIRECTOR EARL JOHNSON REPRESENTS EARNED COMPENSATION RECEIVED AS A PREVIOUS EMPLOYEE OF THE ORGANIZATION PRIOR TO HIS JOINING THE BOARD OF DIRECTORS MR JOHNSON IS NO LONGER AN EMPLOYEE OF THE ORGANIZATION AND RECEIVES NO COMPENSATION IN HIS ROLE OF DIRECTOR

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 21,921 DONATED SERVICES AND USE OF FACILITIES 6,150 CHANGE IN VALUE OF PERPETUAL TRUST 127,787 CHANGE IN INEREST IN NET ASSETS 7,511 TOTAL TO FORM 990, PART XI, LINE 5 163,369

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF YORK & YORK COUNTY	Employer identification number 23-1352600
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Part I 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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" 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)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) NEWBERRY PROPERTIES 90 NORTH NEWBERRY STREET YORK, PA 17401 23-2904116	LOW-INCOME HOUSING	PA	501(C)(3)	LINE 9	N/A		No
(2) Y COMMUNITY DEVELOPMENT CORP 90 NORTH NEWBERRY STREET YORK, PA 17401 23-2921065	ASSIST IN PLANNING, DEVELOPMENT, AND IMPROVEMENT OF CITY OF YORK	PA	501(C)(3)	LINE 9	N/A		No

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) TRIANGLE GROUP LP 90 NEWBERRY STREET YORK, PA17401 23-2949560	RENTAL REAL ESTATE	PA	N/A									
(2) SMB PROPERTIES 90 NEWBERRY STREET YORK, PA17401 23-3010870	LOW INCOME HOUSING	PA	N/A									
(3) HISTORIC FAIRMOUNT ASSOCIATES LP 90 NEWBERRY STREET YORK, PA17401 41-2028190	LOW INCOME HOUSING	PA	N/A									

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

Yes

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

No

1r

Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) TRIANGLE GROUP LP	P	182,123	
(2) TRIANGLE GROUP LP	A	96,389	
(3) TRIANGLE GROUP LP	R	196,048	
(4) TRIANGLE GROUP LP	D	3,688,146	
(5) SMB PROPERTIES	A	22,158	
(6) SMB PROPERTIES	D	1,466,662	

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.

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 23-1352600

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION
OF YORK & YORK COUNTY

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) TRIANGLE GROUP LP	P	182,123	
(2) TRIANGLE GROUP LP	A	96,389	
(3) TRIANGLE GROUP LP	R	196,048	
(4) TRIANGLE GROUP LP	D	3,688,146	
(5) SMB PROPERTIES	A	22,158	
(6) SMB PROPERTIES	D	1,466,662	