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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

YORK COUNTY COMMUNITY FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

14 WEST MARKET STREET

Room/suite

City or town, state or country, and ZIP + 4

YORK, PA 174011617

F Name and address of principal officer

HENRY CHRIST

14 WEST MARKET STREET

YORK, PA 174011617

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.YCCF.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1961

M State of legal domicile

PA

Part ISummary

Activities & Governance

1

Briefly describe the organization's mission or most significant activities

WE CREATE A VIBRANT YORK COUNTY BY ENGAGING DONORS, PROVIDING COMMUNITY LEADERSHIP AND INVESTING IN HIGH IMPACT INITIATIVES WHILE BUILDING ENDOWMENT FOR FUTURE GENERATIONS

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)

32

4

Number of independent voting members of the governing body (Part VI, line 1b)

32

5

Total number of individuals employed in calendar year 2011 (Part V, line 2a)

11

6

Total number of volunteers (estimate if necessary)

277

7a

Total unrelated business revenue from Part VIII, column (C), line 12

0

7b

Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8

Contributions and grants (Part VIII, line 1h)

2,767,719

9

Program service revenue (Part VIII, line 2g)

87,992

10

Investment income (Part VIII, column (A), lines 3, 4, and 7d )

1,054,887

11

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

-12,518

12

Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

3,898,080

Expenses

13

Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

3,010,306

14

Benefits paid to or for members (Part IX, column (A), line 4)

0

15

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

703,570

16a

Professional fundraising fees (Part IX, column (A), line 11e)

0

b

Total fundraising expenses (Part IX, column (D), line 25)

254,096

17

Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

316,335

18

Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

4,030,211

19

Revenue less expenses Subtract line 18 from line 12

-132,131

Net Assets or Fund Balances

Beginning of Current Year

66,688,773

End of Year

66,392,294

20

Total assets (Part X, line 16)

12,549,635

21

Total liabilities (Part X, line 26)

54,139,138

22

Net assets or fund balances Subtract line 21 from line 20

54,102,752

Part IISignature 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

2012-10-17

Type or print name and title

Preparer's signature

AMY GOHN ANSTINE

Date

2012-10-17

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P00072689

Firm's name (or yours if self-employed), address, and ZIP + 4

REINSEL KUNTZ LESHER LLP

3501 CONCORD ROAD STE 250 PO BOX 21

YORK, PA 17402

EIN

23-2108173

Phone no

(717) 843-3804

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

FOR OUR MISSION, SEE PART I, QUESTION 1 AND CONTINUATION ON SCHEDULE O AS A STEWARD OF CHARITABLE ENDOWMENT AND GRANTMAKER TO CHARITABLE ORGANIZATIONS SERVING OUR COMMUNITY, WE ARE PLEASED TO INCLUDE THE FOLLOWING AS ONE OF OUR ACHIEVEMENTS YORK COUNTY COMMUNITY FOUNDATION MET THE NATION'S HIGHEST PHILANTHROPIC STANDARDS FOR OPERATIONAL QUALITY, INTEGRITY AND ACCOUNTABILITY AS CONFIRMED THROUGH THE COUNCIL ON FOUNDATION'S NATIONAL STANDARDS FOR U S COMMUNITY FOUNDATION PROGRAM THE PROGRAM IS DESIGNED TO PROVIDE QUALITY ASSURANCE TO DONORS, AS WELL AS TO THEIR LEGAL AND FINANCIAL ADVISORS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,031,202 including grants of \$ 1,645,764 ) (Revenue \$ )

YORK COUNTY COMMUNITY FOUNDATION'S GRANTMAKING PROGRAM REACHES BROADLY ACROSS ALL CHARITABLE SECTORS SERVING YORK COUNTY PENNSYLVANIA, AS EVIDENCED BY THE OVER 230 CHARITABLE ORGANIZATIONS LISTED ON SCHEDULE I GRANT SUPPORT IS PROVIDED BY BOTH COMPETITIVE APPLICATION AND NON-COMPETITIVE DESIGNATIONS MAJOR GRANT PROGRAMS INCLUDE POST-SECONDARY SCHOLARSHIP SUPPORT TO CHARITABLE ORGANIZATIONS AND EDUCATIONAL INSTITUTIONS AND GRANT SUPPORT THROUGH OUR HERITAGE FUNDS PROGRAMS TO BUILD ENDOWMENTS FOR PARTICIPATING CHARITABLE ORGANIZATIONS OTHER MAJOR PROGRAM INTEREST AREAS NOTED SEPARATELY

4b

(Code ) (Expenses \$ 214,784 including grants of \$ 214,784 ) (Revenue \$ 0 )

POST SECONDARY SCHOLARSHIPS TO 150 INDIVIDUALS IN THE U S THROUGH GRANTS TO EDUCATIONAL INSTITUTIONS

4c

(Code ) (Expenses \$ 207,793 including grants of \$ 206,427 ) (Revenue \$ 0 )

YORK COUNTY COMMUNITY FOUNDATION'S FUND FOR YORK COUNTY RESPONDS TO THE GREATEST NEEDS OF OUR COMMUNITY THROUGH HIGH IMPACT STRATEGIC GRANTS SUPPORTING COMMUNITY VIBRANCY

(Code ) (Expenses \$ 488,867 including grants of \$ 480,773 ) (Revenue \$ 0 )

AGRICULTURE & LAND PRESERVATION - GRANTS \$47,000 & TOTAL EXPENSES \$48,943 ENERGY CONSERVATION - GRANTS \$56,260 & TOTAL EXPENSES \$56,260HAHN HOME FUND FOR WOMEN - GRANTS \$192,500 & TOTAL EXPENSES \$198,651WEYER COMMUNITY HEALTH - GRANTS \$122,313 & TOTAL EXPENSES \$122,313PA EITC CREDIT PROGRAM SCHOLARSHIPS - GRANTS \$62,700 & TOTAL EXPENSES \$62,700

4d

Other program services (Describe in Schedule O )

(Expenses \$ 488,867 including grants of \$ 480,773 ) (Revenue \$ )

4e

Total program service expenses \$ 2,942,646

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 <i>Schedule B, Schedule of Contributors</i> (see instructions)?                                                                                                                                                      | 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   | <b>Section 501(c)(3) organizations.</b> 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   | No  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>  | 6   | Yes |
| 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 temporarily restricted endowments, permanent endowments, 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 | Yes |
| 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</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, Part 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, Part 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.</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  | No  |
| 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? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .                                                                                                                        | 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  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                           | 22  | Yes |    |
| 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  |     | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . . | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                  | 24b |     |    |
| 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 |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                            | 24d |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                       | 28c | Yes |    |
| 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  |     | No |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?                                                                                                                                                                       | 35a |     | No |
| b   | 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> . . . . .                                                                               | 35b |     | No |
| 36  | <b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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.<br>.                                                                                                                                                                                                                                                            | 1a22 |     |    |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                                                                                              | 1b0  |     |    |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                                                                                      | 1c   |     |    |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.<br>.                                                                                                                                                            | 2a11 |     |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><br>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                                                                                              | 2b   | Yes |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?<br>.                                                                                                                                                                                                                                            | 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 or securities account)?<br>.                                                                                                                         | 4a   |     | No |
| b   | If "Yes," enter the name of the foreign country: _____<br>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?<br>.                                                                                                                                                                                                                                    | 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?<br>.                                                                                                                                                                                                                                                                        | 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?<br>.                                                                                                                                                              | 6a   |     | No |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?<br>.                                                                                                                                                                                            | 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?<br>.                                                                                                                                                                                          | 7a   |     | No |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?<br>.                                                                                                                                                                                                                                          | 7b   |     |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?<br>.                                                                                                                                                                                                     | 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?<br>.                                                                                                                                                                                                                          | 7e   |     | No |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?<br>.                                                                                                                                                                                                                             | 7f   |     | No |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?<br>.                                                                                                                                                                                                         | 7g   |     |    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?<br>.                                                                                                                                                                                                       | 7h   |     |    |
| 8   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?<br>.                                                                    | 8    |     | No |
| 9   | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                                                                                                     |      |     |    |
| a   | Did the organization make any taxable distributions under section 4966?<br>.                                                                                                                                                                                                                                                                  | 9a   |     | No |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person?<br>.                                                                                                                                                                                                                                                   | 9b   |     | No |
| 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?<br>Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state. | 13a  |     |    |
| b   | Enter the aggregate 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 aggregate amount of reserves on hand.                                                                                                                                                                                                                                                                                               | 13c  |     |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?<br>.                                                                                                                                                                                                                                               | 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 . . . . .                                                                                                                                 |     |     |
| 1a | 32                                                                                                                                                                                                                            |     |     |
| b  | Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                  | 1b  | 32  |
| 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   | No  |
| 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  | Did the organization have members or stockholders? . . . . .                                                                                                                                                                  | 6   | No  |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .                                                                  | 7a  | No  |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                           | 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 | Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                           | 10a | No  |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .                                                                   | 10b |     |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                            | 11a | No  |
| b   | Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .                                                                                                                                                                                                  |     |     |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                      | 12a | Yes |
| b   | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                           | 12b | Yes |
| c   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .                                                                                                                                           | 12c | Yes |
| 13  | Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                    | 13  | Yes |
| 14  | Did 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 . . . . .                                                                                                                                                                                                                                          | 15b | No  |
|     | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                                                                                    |     |     |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                        | 16a | No  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | 16b |     |

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                                               |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> 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 made these available. Check all that apply.<br><input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization made 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 <input checked="" type="checkbox"/><br>GEORGE DVORYAK CFO<br>14 WEST MARKET STREET<br>YORK, PA 174011203<br>(717) 848-3733                                                                                                                       |

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

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

Form **990** (2011)

## Part VII

|           |                                                                        |          |         |   |        |
|-----------|------------------------------------------------------------------------|----------|---------|---|--------|
| <b>1b</b> | <b>Sub-Total . . . . .</b>                                             | <b>▼</b> |         |   |        |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A . . . . .</b> | <b>▼</b> |         |   |        |
| <b>d</b>  | <b>Total (add lines 1b and 1c) . . . . .</b>                           | <b>▼</b> | 222,730 | 0 | 13,659 |

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. **1**

|          |                                                                                                                                                                                                                                               | Yes      | No |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | <b>3</b> | No |
| <b>4</b> | 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> . . . . . | <b>4</b> | No |
| <b>5</b> | 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> . . . . .                       | <b>5</b> | 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

|                                                           |                                           |                                                                                                                                      |                                                                                          | (A)           | (B)                                         | (C)                              | (D)                                                                      |
|-----------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------|---------------------------------------------|----------------------------------|--------------------------------------------------------------------------|
|                                                           |                                           |                                                                                                                                      |                                                                                          | Total revenue | Related or<br>exempt<br>function<br>revenue | Unrelated<br>business<br>revenue | Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |
| Contributions, gifts, grants<br>and other similar amounts | 1a                                        | Federated campaigns . . . . .                                                                                                        | 1a                                                                                       |               |                                             |                                  |                                                                          |
|                                                           | b                                         | Membership dues . . . . .                                                                                                            | 1b                                                                                       |               |                                             |                                  |                                                                          |
|                                                           | c                                         | Fundraising events . . . . .                                                                                                         | 1c                                                                                       |               |                                             |                                  |                                                                          |
|                                                           | d                                         | Related organizations . . . . .                                                                                                      | 1d                                                                                       |               |                                             |                                  |                                                                          |
|                                                           | e                                         | Government grants (contributions)                                                                                                    | 1e                                                                                       |               |                                             |                                  |                                                                          |
|                                                           | f                                         | All other contributions, gifts, grants, and<br>similar amounts not included above                                                    | 1f                                                                                       | 5,211,076     |                                             |                                  |                                                                          |
|                                                           | g                                         | Noncash contributions included in<br>lines 1a-1f \$ 261,852                                                                          |                                                                                          |               |                                             |                                  |                                                                          |
|                                                           | h                                         | Total. Add lines 1a-1f . . . . .                                                                                                     |                                                                                          |               | 5,211,076                                   |                                  |                                                                          |
| Program Service Revenue                                   | 2a                                        | CHARITABLE TRUST FEES                                                                                                                | Business Code<br>525920                                                                  | 90,913        | 90,913                                      |                                  |                                                                          |
|                                                           | b                                         |                                                                                                                                      |                                                                                          |               |                                             |                                  |                                                                          |
|                                                           | c                                         |                                                                                                                                      |                                                                                          |               |                                             |                                  |                                                                          |
|                                                           | d                                         |                                                                                                                                      |                                                                                          |               |                                             |                                  |                                                                          |
|                                                           | e                                         |                                                                                                                                      |                                                                                          |               |                                             |                                  |                                                                          |
|                                                           | f                                         | All other program service revenue                                                                                                    |                                                                                          |               |                                             |                                  |                                                                          |
|                                                           | g                                         | Total. Add lines 2a-2f . . . . .                                                                                                     |                                                                                          |               | 90,913                                      |                                  |                                                                          |
|                                                           | Other Revenue                             | 3                                                                                                                                    | Investment income (including dividends, interest<br>and other similar amounts) . . . . . |               | 1,445,567                                   |                                  |                                                                          |
| 4                                                         |                                           | Income from investment of tax-exempt bond proceeds . . . . .                                                                         |                                                                                          |               |                                             |                                  |                                                                          |
| 5                                                         |                                           | Royalties . . . . .                                                                                                                  |                                                                                          |               |                                             |                                  |                                                                          |
| 6a                                                        |                                           | Gross rents                                                                                                                          | (i) Real<br>20,522                                                                       | (ii) Personal |                                             |                                  |                                                                          |
| b                                                         |                                           | Less rental<br>expenses                                                                                                              | 29,227                                                                                   |               |                                             |                                  |                                                                          |
| c                                                         |                                           | Rental income<br>or (loss)                                                                                                           | -8,705                                                                                   |               |                                             |                                  |                                                                          |
| d                                                         |                                           | Net rental income or (loss) . . . . .                                                                                                |                                                                                          | -8,705        |                                             |                                  | -8,705                                                                   |
| 7a                                                        |                                           | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                      | (i) Securities<br>39,562,999                                                             | (ii) Other    |                                             |                                  |                                                                          |
| b                                                         |                                           | Less cost or<br>other basis and<br>sales expenses                                                                                    | 36,771,383                                                                               |               |                                             |                                  |                                                                          |
| c                                                         |                                           | Gain or (loss)                                                                                                                       | 2,791,616                                                                                |               |                                             |                                  |                                                                          |
| d                                                         |                                           | Net gain or (loss) . . . . .                                                                                                         |                                                                                          | 2,791,616     |                                             |                                  | 2,791,616                                                                |
| 8a                                                        |                                           | Gross income from fundraising<br>events (not including<br>\$ of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a                                                                                        |               |                                             |                                  |                                                                          |
| b                                                         |                                           | Less direct expenses . . . . .                                                                                                       | b                                                                                        |               |                                             |                                  |                                                                          |
| c                                                         |                                           | Net income or (loss) from fundraising events . . . . .                                                                               |                                                                                          |               |                                             |                                  |                                                                          |
| 9a                                                        |                                           | Gross income from gaming activities<br>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<br>returns and allowances . . . . .                                                                   | a                                                                                        |               |                                             |                                  |                                                                          |
| b                                                         |                                           | Less cost of goods sold . . . . .                                                                                                    | b                                                                                        |               |                                             |                                  |                                                                          |
| c                                                         |                                           | Net income or (loss) from sales of inventory . . . . .                                                                               |                                                                                          |               |                                             |                                  |                                                                          |
| Miscellaneous Revenue                                     |                                           | Business Code                                                                                                                        |                                                                                          |               |                                             |                                  |                                                                          |
| 11a                                                       |                                           |                                                                                                                                      |                                                                                          |               |                                             |                                  |                                                                          |
| b                                                         |                                           |                                                                                                                                      |                                                                                          |               |                                             |                                  |                                                                          |
| c                                                         |                                           |                                                                                                                                      |                                                                                          |               |                                             |                                  |                                                                          |
| d                                                         | All other revenue . . . . .               |                                                                                                                                      | 1,531                                                                                    | 1,531         |                                             |                                  |                                                                          |
| e                                                         | Total. Add lines 11a-11d . . . . .        |                                                                                                                                      |                                                                                          | 1,531         |                                             |                                  |                                                                          |
| 12                                                        | Total revenue. See Instructions . . . . . |                                                                                                                                      |                                                                                          | 9,531,998     | 92,444                                      | 0                                | 4,228,478                                                                |

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)

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                       | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the United States See Part IV, line 21                                                                                                                                | 2,332,964             | 2,332,964                       |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the United States See Part IV, line 22                                                                                                                                                  | 214,784               | 214,784                         |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16                                                                                                     |                       |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                    | 244,965               | 70,936                          | 112,110                                | 61,919                      |
| 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                                                                                                                                                                                                              | 384,659               | 169,280                         | 112,968                                | 102,411                     |
| 8                                                                              | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .                                                                                                                               | 16,816                | 7,390                           | 4,894                                  | 4,532                       |
| 9                                                                              | Other employee benefits . . . . .                                                                                                                                                                                                     | 35,455                | 14,965                          | 10,531                                 | 9,959                       |
| 10                                                                             | Payroll taxes . . . . .                                                                                                                                                                                                               | 47,135                | 18,167                          | 16,540                                 | 12,428                      |
| 11                                                                             | Fees for services (non-employees)                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| a                                                                              | Management . . . . .                                                                                                                                                                                                                  | 41,720                | 37,069                          | 1,000                                  | 3,651                       |
| b                                                                              | Legal . . . . .                                                                                                                                                                                                                       | 12,140                | 1,840                           | 10,300                                 |                             |
| c                                                                              | Accounting . . . . .                                                                                                                                                                                                                  | 36,196                | 8,367                           | 26,888                                 | 941                         |
| d                                                                              | Lobbying . . . . .                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising See Part IV, line 17 . . . . .                                                                                                                                                                               |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees . . . . .                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| g                                                                              | Other . . . . .                                                                                                                                                                                                                       | 600                   |                                 |                                        | 600                         |
| 12                                                                             | Advertising and promotion . . . . .                                                                                                                                                                                                   | 1,961                 |                                 | 1,961                                  |                             |
| 13                                                                             | Office expenses . . . . .                                                                                                                                                                                                             | 46,586                | 12,496                          | 25,454                                 | 8,636                       |
| 14                                                                             | Information technology . . . . .                                                                                                                                                                                                      | 35,119                | 14,627                          | 10,431                                 | 10,061                      |
| 15                                                                             | Royalties . . . . .                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy . . . . .                                                                                                                                                                                                                   | 48,699                | 14,143                          | 24,881                                 | 9,675                       |
| 17                                                                             | Travel . . . . .                                                                                                                                                                                                                      | 5,051                 | 363                             | 2,369                                  | 2,319                       |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                              |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings . . . . .                                                                                                                                                                                      | 1,025                 | 395                             | 360                                    | 270                         |
| 20                                                                             | Interest . . . . .                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| 21                                                                             | Payments to affiliates . . . . .                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                   | 62,056                |                                 | 62,056                                 |                             |
| 23                                                                             | Insurance . . . . .                                                                                                                                                                                                                   | 7,987                 | 630                             | 6,926                                  | 431                         |
| 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                                                                              | PROGRAMS                                                                                                                                                                                                                              | 52,426                | 20,819                          | 8,665                                  | 22,942                      |
| b                                                                              | DUES AND ASSESSMENT                                                                                                                                                                                                                   | 11,078                | 3,411                           | 4,346                                  | 3,321                       |
| c                                                                              | STAFF DEVELOPMENT                                                                                                                                                                                                                     | 4,429                 |                                 | 4,429                                  |                             |
| d                                                                              |                                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| e                                                                              |                                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| f                                                                              | All other expenses                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| 25                                                                             | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                                    | 3,643,851             | 2,942,646                       | 447,109                                | 254,096                     |
| 26                                                                             | Joint costs. Check here <input type="checkbox"/> 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 . . . . .                                                                                                                                            |     |         | 87,087            | 1   | 62,304      |
|                             | 2                                                                                                                                         | Savings and temporary cash investments . . . . .                                                                                                                               |     |         | 2,253,778         | 2   | 2,781,539   |
|                             | 3                                                                                                                                         | Pledges and grants receivable, net . . . . .                                                                                                                                   |     |         | 287,624           | 3   | 253,637     |
|                             | 4                                                                                                                                         | Accounts receivable, net . . . . .                                                                                                                                             |     |         |                   | 4   |             |
|                             | 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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .      |     |         |                   | 6   |             |
|                             | 7                                                                                                                                         | Notes and loans receivable, net . . . . .                                                                                                                                      |     |         |                   | 7   |             |
|                             | 8                                                                                                                                         | Inventories for sale or use . . . . .                                                                                                                                          |     |         |                   | 8   |             |
|                             | 9                                                                                                                                         | Prepaid expenses and deferred charges . . . . .                                                                                                                                |     |         |                   | 9   |             |
|                             | 10a                                                                                                                                       | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                              | 10a | 617,613 |                   |     |             |
|                             | b                                                                                                                                         | Less accumulated depreciation . . . . .                                                                                                                                        | 10b | 448,396 | 249,181           | 10c | 169,217     |
|                             | 11                                                                                                                                        | Investments—publicly traded securities . . . . .                                                                                                                               |     |         | 56,973,144        | 11  | 51,468,033  |
|                             | 12                                                                                                                                        | Investments—other securities See Part IV, line 11 . . . . .                                                                                                                    |     |         | 5,546,537         | 12  | 10,408,218  |
|                             | 13                                                                                                                                        | Investments—program-related See Part IV, line 11 . . . . .                                                                                                                     |     |         |                   | 13  |             |
|                             | 14                                                                                                                                        | Intangible assets . . . . .                                                                                                                                                    |     |         |                   | 14  |             |
|                             | 15                                                                                                                                        | Other assets See Part IV, line 11 . . . . .                                                                                                                                    |     |         | 1,291,422         | 15  | 1,249,346   |
|                             | 16                                                                                                                                        | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .                                                                                                            |     |         | 66,688,773        | 16  | 66,392,294  |
| Liabilities                 | 17                                                                                                                                        | Accounts payable and accrued expenses . . . . .                                                                                                                                |     |         | 19,698            | 17  | 17,302      |
|                             | 18                                                                                                                                        | Grants payable . . . . .                                                                                                                                                       |     |         | 10,000            | 18  | 73,748      |
|                             | 19                                                                                                                                        | Deferred revenue . . . . .                                                                                                                                                     |     |         |                   | 19  |             |
|                             | 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 . . . . .                                                                                                       |     |         |                   | 23  |             |
|                             | 24                                                                                                                                        | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                         |     |         |                   | 24  |             |
|                             | 25                                                                                                                                        | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . . |     |         | 12,519,937        | 25  | 12,198,492  |
|                             | 26                                                                                                                                        | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                           |     |         | 12,549,635        | 26  | 12,289,542  |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                |     |         |                   |     |             |
|                             | 27                                                                                                                                        | Unrestricted net assets . . . . .                                                                                                                                              |     |         | 50,338,730        | 27  | 50,477,814  |
|                             | 28                                                                                                                                        | Temporarily restricted net assets . . . . .                                                                                                                                    |     |         | 2,958,383         | 28  | 2,825,180   |
|                             | 29                                                                                                                                        | Permanently restricted net assets . . . . .                                                                                                                                    |     |         | 842,025           | 29  | 799,758     |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 . . . . .                                                                                                                                    |     |         | 54,139,138        | 33  | 54,102,752  |
|                             | 34                                                                                                                                        | Total liabilities and net assets/fund balances . . . . .                                                                                                                       |     |         | 66,688,773        | 34  | 66,392,294  |

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 | 9,531,998  |
| 2 | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2 | 3,643,851  |
| 3 | Revenue less expenses Subtract line 2 from line 1                                                             | 3 | 5,888,147  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 54,139,138 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)                                          | 5 | -5,924,533 |
| 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 | 54,102,752 |

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>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?<br>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<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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

2011

Open to Public  
Inspection

|                                                              |                                                  |
|--------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>YORK COUNTY COMMUNITY FOUNDATION | Employer identification number<br><br>23-6299868 |
|--------------------------------------------------------------|--------------------------------------------------|

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007   | (b) 2008  | (c) 2009  | (d) 2010  | (e) 2011  | (f) Total  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   | 13,366,609 | 6,066,045 | 1,719,269 | 2,767,719 | 5,211,076 | 29,130,718 |
| 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                                                                                                                                                                        | 13,366,609 | 6,066,045 | 1,719,269 | 2,767,719 | 5,211,076 | 29,130,718 |
| 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) |            |           |           |           |           | 11,404,140 |
| 6 Public Support. Subtract line 5 from line 4                                                                                                                                                         |            |           |           |           |           | 17,726,578 |

Section B. Total Support

| Calendar year (or fiscal year beginning in)                                                                                      | (a) 2007   | (b) 2008  | (c) 2009  | (d) 2010  | (e) 2011  | (f) Total  |
|----------------------------------------------------------------------------------------------------------------------------------|------------|-----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4                                                                                                            | 13,366,609 | 6,066,045 | 1,719,269 | 2,767,719 | 5,211,076 | 29,130,718 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,526,087  | 668,774   | 1,503,682 | 1,422,741 | 1,466,089 | 6,587,373  |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                             |            |           |           |           |           |            |
| 10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets                                | 89,730     | 78,721    | 62,668    | 91,287    | 92,444    | 414,850    |
| 11 Total support (Add lines 7 through 10)                                                                                        |            |           |           |           |           | 36,132,941 |

12 Gross receipts from related activities, etc (See instructions )

12

414,850

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 2011 (line 6 column (f) divided by line 11 column (f))                                                                                                                                                                                                                                                                                                    | 14 | 49.060 % |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                         | 15 | 48.150 % |
| 16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 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                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| 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           |          |          |          |          |          |           |
| c Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public Support (Subtract line 7c from line 6.)                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                       |          |          |          |          |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                                    | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                          |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                             |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                      |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                        |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                 |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                             |          |          |          |          |          |           |
| 13 Total support (Add lines 9, 10c, 11 and 12.)                                                                                                                                |          |          |          |          |          |           |
| 14 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 <b>stop here</b> |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                     |    |  |
|-----------------------------------------------------------------------------------------|----|--|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 |  |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15                    | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                                     |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))                                                                                                                                                                               | 17 |  |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17                                                                                                                                                                                                    | 18 |  |
| 19a 33 1/3% support tests—2011. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization         |    |  |
| b 33 1/3% support tests—2010. 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 <b>stop here</b> . 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

|                              |
|------------------------------|
| Facts And Circumstances Test |
|                              |

|             |
|-------------|
| Explanation |
|             |
|             |
|             |
|             |

Additional Data

Software ID:  
Software Version:  
EIN: 23-6299868  
Name: YORK COUNTY COMMUNITY FOUNDATION

Form 990, Special Condition Description:

|                               |
|-------------------------------|
| Special Condition Description |
|-------------------------------|

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4d. Other program services                                                                                                                                                                                                                                                                                                                                                                                                                            |
| (Code ) (Expenses \$ 488,867 including grants of \$ 480,773 ) (Revenue \$ 0 )<br>AGRICULTURE & LAND PRESERVATION - GRANTS \$47,000 & TOTAL EXPENSES \$48,943 ENERGY CONSERVATION - GRANTS \$56,260 & TOTAL EXPENSES \$56,260HAHN HOME FUND FOR WOMEN - GRANTS \$192,500 & TOTAL EXPENSES \$198,651WEYER COMMUNITY HEALTH - GRANTS \$122,313 & TOTAL EXPENSES \$122,313PA EITC CREDIT PROGRAM SCHOLARSHIPS - GRANTS \$62,700 & TOTAL EXPENSES \$62,700 |

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
YORK COUNTY COMMUNITY FOUNDATION

Employer identification number  
23-6299868

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              | 70                      | 18                           |
| 2 Aggregate contributions to (during year) | 493,630                 | 357,137                      |
| 3 Aggregate grants from (during year)      | 395,123                 | 541,400                      |
| 4 Aggregate value at end of year           | 8,558,157               | 12,771,482                   |

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                                             | 2a                          |
| b Total acreage restricted by conservation easements                                 | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) | 2c                          |
| d Number of conservation easements included in (c) acquired after 8/17/06            | 2d                          |

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) 2011

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

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 . . . . .                      | 54,139,138    | 49,190,700        | 40,171,644          | 59,228,029         |
| b  | Contributions . . . . .                                  | 4,641,391     | 2,182,082         | 1,580,157           | 5,340,373          |
| c  | Investment earnings or losses . . . . .                  | -1,305,811    | 6,521,476         | 10,622,162          | -19,308,266        |
| d  | Grants or scholarships . . . . .                         | 2,246,636     | 2,699,291         | 2,084,008           | 3,949,859          |
| e  | Other expenditures for facilities and programs . . . . . | 394,898       | 356,269           | 408,345             | 427,775            |
| f  | Administrative expenses . . . . .                        | 730,432       | 699,560           | 690,910             | 710,858            |
| g  | End of year balance . . . . .                            | 54,102,752    | 54,139,138        | 49,190,700          | 40,171,644         |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 93 000 %

b

Permanent endowment ▶ 2 000 %

c

Term endowment ▶ 5 000 %

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

3a(i)

Yes

No

3a(ii)

Yes

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

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

|                                                                                                      |                                      |                                |                              |                |
|------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| Description of property                                                                              | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1a Land . . . . .                                                                                    |                                      |                                |                              |                |
| b Buildings . . . . .                                                                                |                                      |                                |                              |                |
| c Leasehold improvements . . . . .                                                                   |                                      | 516,242                        | 357,397                      | 158,845        |
| d Equipment . . . . .                                                                                |                                      | 101,371                        | 90,999                       | 10,372         |
| e Other . . . . .                                                                                    |                                      |                                |                              |                |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                |                              | 169,217        |



| Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements |                                                                                 |    |            |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----|------------|
| 1                                                                                   | Total revenue (Form 990, Part VIII, column (A), line 12)                        | 1  | 9,531,998  |
| 2                                                                                   | Total expenses (Form 990, Part IX, column (A), line 25)                         | 2  | 3,643,851  |
| 3                                                                                   | Excess or (deficit) for the year Subtract line 2 from line 1                    | 3  | 5,888,147  |
| 4                                                                                   | Net unrealized gains (losses) on investments                                    | 4  | -4,793,513 |
| 5                                                                                   | Donated services and use of facilities                                          | 5  |            |
| 6                                                                                   | Investment expenses                                                             | 6  |            |
| 7                                                                                   | Prior period adjustments                                                        | 7  |            |
| 8                                                                                   | Other (Describe in Part XIV)                                                    | 8  | -1,131,020 |
| 9                                                                                   | Total adjustments (net) Add lines 4 - 8                                         | 9  | -5,924,533 |
| 10                                                                                  | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -36,386    |

| Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return |                                                                                            |    |            |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----|------------|
| 1                                                                                          | Total revenue, gains, and other support per audited financial statements . . . . .         | 1  | 3,335,580  |
| 2                                                                                          | Amounts included on line 1 but not on Form 990, Part VIII, line 12                         |    |            |
| a                                                                                          | Net unrealized gains on investments . . . . .                                              | 2a | -4,793,513 |
| b                                                                                          | Donated services and use of facilities . . . . .                                           | 2b |            |
| c                                                                                          | Recoveries of prior year grants . . . . .                                                  | 2c |            |
| d                                                                                          | Other (Describe in Part XIV) . . . . .                                                     | 2d | -159,012   |
| e                                                                                          | Add lines 2a through 2d . . . . .                                                          | 2e | -4,952,525 |
| 3                                                                                          | Subtract line 2e from line 1 . . . . .                                                     | 3  | 8,288,105  |
| 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 | 1,243,893  |
| c                                                                                          | Add lines 4a and 4b . . . . .                                                              | 4c | 1,243,893  |
| 5                                                                                          | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . . | 5  | 9,531,998  |

| Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return |                                                                                             |    |           |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----|-----------|
| 1                                                                                             | Total expenses and losses per audited financial statements . . . . .                        | 1  | 3,371,966 |
| 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 | 29,227    |
| e                                                                                             | Add lines 2a through 2d . . . . .                                                           | 2e | 29,227    |
| 3                                                                                             | Subtract line 2e from line 1 . . . . .                                                      | 3  | 3,342,739 |
| 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 | 301,112   |
| c                                                                                             | Add lines 4a and 4b . . . . .                                                               | 4c | 301,112   |
| 5                                                                                             | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . . | 5  | 3,643,851 |

Part XIVSupplemental 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   | GIFTS TO THE YORK COUNTY COMMUNITY FOUNDATION ARE PRIMARILY HELD AS ENDOWMENTS UNDER TERMS OF GIFT INSTRUMENTS WITH THE DONOR. THE FOUNDATION HOLDS ENDOWMENTS TO PROVIDE A PERMANENT SOURCE OF INCOME TO PROVIDE GRANTS TO CHARITABLE ORGANIZATIONS AND SUPPORT CHARITABLE PROGRAMS AND OPERATIONS. THE FOUNDATION CLASSIFIES AS UNRESTRICTED NET ASSETS (UNDER LINE 2A BOARD DESIGNATED OR QUASI-ENDOWMENT) FUNDS HELD AS PERMANENT ENDOWMENT, INCLUDING THOSE WITH DONOR-IMPOSED RESTRICTIONS, BUT SUBJECT TO THE VARIANCE POWER OF THE FOUNDATION AS ESTABLISHED IN ITS GOVERNING DOCUMENTS. THE FOUNDATION CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (UNDER LINE 2B PERMANENT ENDOWMENT LINE) PERMANENT ENDOWMENTS WHICH ARE SUBJECT TO DONOR IMPOSED STIPULATIONS WHICH RESTRICT SPENDABILITY (SUCH AS INTERESTS IN PERPETUAL TRUSTS HELD BY A THIRD PARTY). THE FOUNDATION CLASSIFIES NET ASSETS AS TEMPORARILY RESTRICTED (UNDER LINE 2C TERM ENDOWMENT) ENDOWMENTS WITH RESTRICTIONS WHICH WILL EXPIRE WHEN STIPULATED TIME RESTRICTIONS OR PURPOSE RESTRICTIONS ARE FULFILLED (SUCH AS IRREVOCABLE CHARITABLE TRUSTS), AT WHICH TIME THEY WILL BE RECLASSIFIED TO UNRESTRICTED. |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X           | THE FOUNDATION IS A NOT-FOR-PROFIT ENTITY AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM INCOME TAXES ON RELATED ACTIVITIES PURSUANT TO SECTION 509(A) OF THE CODE. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE COMPANY, INCLUDING WHETHER THE ENTITY IS EXEMPT FROM INCOME TAXES. MANAGEMENT OF THE FOUNDATION EVALUATED THE TAX POSITIONS TAKEN AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2008.                                                                                                                                                                                                                                                                                                     |
| PART XI, LINE 8 - OTHER ADJUSTMENTS                 |                  | CHANGE IN SPLIT INTEREST AGREEMENT -144,628<br>AGENCY ENDOWMENT GIFTS -597,568<br>AGENCY ENDOWMENT INVESTMENT INCOME -584,639<br>AGENCY ENDOWMENT GRANT DISTRIBUTIONS 301,112<br>REVENUE FROM BENEFICIAL INTERESTS IN TRUSTS -42,267<br>CHARITABLE REMAINDER UNITRUST (REVENUE)/EXPENSE -63,030<br>TOTAL TO SCHEDULE D, PART XI, LINE 8 - 1,131,020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                     |                  | PART XII, LINE 2D REVENUE FROM CHARITABLE REMAINDER UNITRUSTS \$27,883<br>REVENUE FROM BENEFICIAL INTEREST IN TRUSTS (\$42,267)<br>CHANGE IN SPLIT INTEREST AGREEMENTS (\$144,628)<br>PART XII, LINE 4B RENTAL EXPENSES (\$29,227)<br>AGENCY ENDOWMENT GIFTS \$597,568<br>AGENCY ENDOWMENT INVESTMENT INCOME (LOSSES) EXCLUDED FROM F/S BY SFAS 136 \$584,639<br>FEES FROM CHARITABLE REMAINDER UNITRUSTS \$90,913<br>PART XIII, LINE 2D RENTAL EXPENSES \$29,227<br>PART XIII, LINE 4B GRANT DISTRIBUTIONS FOR AGENCY ENDOWMENTS EXCLUDED FROM F/S DUE TO SFAS NO 136 \$301,112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
YORK COUNTY COMMUNITY FOUNDATION

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Employer identification number  
23-6299868

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| See Additional Data Table                          |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

**Part III**

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

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| See Additional Data Table      |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier                                 | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | PART I, LINE 2   | SCHEDULE I, PART I, LINE 2 FOR COMPETITIVE GRANTS FROM UNRESTRICTED AND FIELD OF INTEREST FUNDS, GRANTEES MUST SIGN A GRANT AGREEMENT CONTRACT WHICH INCLUDES LANGUAGE THAT "GRANT FUNDS PROVIDED BY THE COMMUNITY FOUNDATION TO THE GRANTEE WILL BE EXPENDED ONLY FOR CHARITABLE PURPOSES THAT BENEFIT THE COMMUNITY IT SERVES FUNDS PROVIDED TO THE GRANTEE MAY NOT BE USED FOR ANY POLITICAL CAMPAIGN OR FOR EFFORTS TO INFLUENCE LEGISLATION BY ANY GOVERNMENTAL BODY, OTHER THAN THROUGH MAKING AVAILABLE THE RESULTS OF NONPARTISAN ANALYSIS, STUDY AND RESEARCH " ALL COMPETITIVE GRANTS REQUIRE A WRITTEN FINAL REPORT INCLUDING A FINANCIAL STATEMENT OF HOW THE GRANT WAS SPENT IT IS THE GRANTS ADMINISTRATOR AND COMMUNITY INVESTMENT STAFF'S RESPONSIBILITY TO REVIEW THE GRANT REPORT AND TO MAKE SURE THAT THE GRANT MONEY WAS USED FOR ITS INTENDED PURPOSE, THAT IS THE PURPOSE APPROVED BY THE COMMUNITY FOUNDATION'S BOARD OF DIRECTORS IF THE FUNDS WERE NOT USED FOR THE INTENDED PURPOSE, THE COMMUNITY FOUNDATION ASKS FOR THE FUNDS TO BE RETURNED FOR DESIGNATED FUND GRANTS, DONOR ADVISED FUND GRANTS, AND FOR SCHOLARSHIP GRANTS, THE COMMUNITY FOUNDATION PROVIDES A WRITTEN COVER LETTER TO THE GRANTEE ALONG WITH THE GRANT CHECK THE COVER LETTER STATES THAT "YOUR ACCEPTANCE OF GRANT FUNDS REPRESENTS THAT THEY WILL BE EXPENDED ONLY FOR CHARITABLE PURPOSES THAT BENEFIT THE COMMUNITY YOUR ORGANIZATION SERVES FUNDS PROVIDED TO YOUR ORGANIZATION MAY NOT BE USED FOR ANY POLITICAL PURPOSES PLEASE ACKNOWLEDGE THE RECEIPT OF THIS GRANT TO THE COMMUNITY FOUNDATION " THE RETURNED ACKNOWLEDGEMENT FROM THE GRANTEE SERVES AS THEIR AGREEMENT TO CARRY OUT THE CHARITABLE PURPOSE OF THE GRANT MANY OF THE GRANTS IN THESE CATEGORIES ARE FOR GENERAL SUPPORT OF THE ORGANIZATION WRITTEN REPORTS MAY BE REQUIRED FOR GRANTS WHICH HAVE UNIQUE RESTRICTIONS |

Software ID:  
Software Version:  
EIN: 23-6299868  
Name: YORK COUNTY COMMUNITY FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                          | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                     |
|---------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------------|
| AMERICAN ROAD & TRANSPORTATION BUILDERS ASSOCIATION1219 28TH STREET NW WASHINGTON, DC 20007 | 52-6283894 | 501(C)(3)                          | 12,000                   | 0                                 |                                                       |                                        | 2011 LEGAL CENTER SUPPORT AND IT'S OUR FUTURE CAMPAIGN |
| ASBURY FOUNDATION 201 RUSSELL AVENUE GAITHERSBURG, MD 20877                                 | 52-1862674 | 501(C)(3)                          | 5,000                    | 0                                 |                                                       |                                        | 2011 CARING CLASSIC                                    |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|
| BYRNES HEALTH EDUCATION CENTER515 SOUTH GEORGE STREET YORK,PA 174012723 | 23-2588187 | 501(C)(3)                          | 23,062                   | 0                                 |                                                       |                                        | GENERAL SUPPORT AND HEARTBEAT CAMPAIGN |
| CAMPS NEWFOUND OWATONNA4 CAMP NEWFOUND ROAD HARRISON,ME 04040           | 04-2384391 | 501(C)(3)                          | 13,992                   | 0                                 |                                                       |                                        | GENERAL SUPPORT                        |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government      | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|----------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| CENTRAL YORK DOLLARS FOR SCHOLARS775 MARION ROAD YORK,PA 17406 | 91-1942745     | 501(C)(3)                                 | 250                             | 0                                        |                                                              |                                               | GENERAL SUPPORT                           |
| CHILDREN'S AID SOCIETY343 LINCOLNWAY WEST NEW OXFORD,PA 17350  | 23-1429838     | 501(C)(3)                                 | 10,021                          | 0                                        |                                                              |                                               | GENERAL SUPPORT                           |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                             | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance    |
|--------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|---------------------------------------|
| CHILDREN'S HOME OF YORK77 SHOE HOUSE ROAD YORK,PA 17406                        | 23-1352081 | 501(C)(3)                          | 11,169                   | 0                                 |                                                       |                                        | GENERAL SUPPORT AND BUILDING PROJECTS |
| CHRISTA MCAULIFFE SCHOLARSHIP FOUNDATION601 MUNDIS MILL ROAD YORK,PA 174069714 | 25-1622451 | 501(C)(3)                          | 9,560                    | 0                                 |                                                       |                                        | GENERAL SUPPORT                       |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance      |
|----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-----------------------------------------|
| CITY OF YORKP O BOX 509 YORK,PA 17405              | 23-6001908 | GOVERNMENT                         | 109,545                  | 25,693                            |                                                       | PORTABLE ICE RINK                      | GATES PROJECT AND REGIONAL POLICE STUDY |
| COVENANT HOUSEP O BOX 731 NEW YORK,NY 101080731    | 13-2725416 | 501(C)(3)                          | 5,000                    | 0                                 |                                                       |                                        | GENERAL SUPPORT                         |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                      |
|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|---------------------------------------------------------|
| CRISPUS ATTUCKS ASSOCIATION605 SOUTH DUKE STREET YORK,PA 174033111  | 23-1365320 | 501(C)(3)                          | 20,018                   | 0                                 |                                                       |                                        | GENERAL SUPPORT AND EARLY CHILDHOOD CARE AND EDUCAATION |
| CULTURAL ALLIANCE OF YORK COUNTY14 WEST MARKET STREET YORK,PA 17401 | 23-2992925 | 501(C)(3)                          | 20,396                   | 0                                 |                                                       |                                        | GENERAL SUPPORT                                         |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                              | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| CULTURE OF LIFE FOUNDATION INC<br>1413 K STREET NW<br>SUITE 1000<br>WASHINGTON, DC<br>200053490 | 52-2055185 | 501(C)(3)                          | 5,000                    | 0                                 |                                                       |                                        | GENERAL SUPPORT                    |
| DALLASTOWN AREA DOLLARS FOR SCHOLARS100 INDIAN SPRINGS ROAD<br>RED LION, PA<br>17356            | 41-1774747 | 501(C)(3)                          | 6,693                    | 0                                 |                                                       |                                        | GENERAL SUPPORT                    |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                   | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                          |
|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------|
| DOWNTOWN INC16 NORTH GEORGE ST YORK,PA 17401                         | 23-2411781 | 501(C)(3)                          | 15,539                   | 0                                 |                                                       |                                        | GENERAL SUPPORT, PLANTERS FOR DOWNTOWN AREA AND WEB BASED MARKETING PROGRAM |
| DREAMWRIGHTS YOUTH & FAMILY THEATRE100 CARLISLE AVENUE YORK,PA 17401 | 23-2882835 | 501(C)(3)                          | 7,000                    | 0                                 |                                                       |                                        | GENERAL SUPPORT AND PROFESSIONAL DEVELOPMENT                                |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government          | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance      |
|--------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|------------------------------------------------|
| EASTERN YORK DOLLARS FOR SCHOLARSP O BOX 95 WRIGHTSVILLE, PA 17368 | 91-1920812     | 501(C)(3)                                 | 6,798                           | 0                                        |                                                              |                                               | GENERAL SUPPORT                                |
| FAMILY-CHILD RESOURCES3995 EAST MARKET STREET YORK, PA 174022621   | 23-2666368     | 501(C)(3)                                 | 5,249                           | 0                                        |                                                              |                                               | GENERAL SUPPORT AND TOO GOOD FOR DRUGS PROGRAM |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government                           | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| FARM & NATURAL LANDS TRUST OF YORK COUNTY156 NORTH GEORGE ST STE 300 YORK, PA 17401 | 23-2612674     | 501(C)(3)                                 | 5,421                           | 0                                        |                                                              |                                               | GENERAL SUPPORT                           |
| FIRST PRESBYTERIAN CHURCH225 EAST MARKET STREET YORK, PA 17403                      | 23-1355118     | 501(C)(3)                                 | 14,012                          | 0                                        |                                                              |                                               | GENERAL SUPPORT                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government        | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| FOOD FOR THE POOR INC6401 LYONS ROAD COCONUT CREEK, FL 330733602 | 59-2174510     | 501(C)(3)                                 | 6,400                           | 0                                        |                                                              |                                               | 2 HOUSES WITH SANITATION                  |
| FORSIGHT VISION1380 SPAHN AVENUE YORK,PA 17403                   | 23-1365986     | 501(C)(3)                                 | 12,088                          | 0                                        |                                                              |                                               | GENERAL SUPPORT                           |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| FULTON OPERA HOUSE FOUNDATION12 NORTH PRINCE ST LANCASTER, PA 17601    | 23-1631733 | 501(C)3                            | 5,000                    | 0                                 |                                                       |                                        | MAINSTAGE PRODUCTIONS              |
| GETTYSBURG COLLEGE300 NORTH WASHINGTON ST BOX 423 GETTYSBURG, PA 17325 | 23-1352641 | 501(C)(3)                          | 9,035                    | 0                                 |                                                       |                                        | GENERAL SUPPORT                    |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government                | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| HANOVER AREA HISTORICAL SOCIETYPO BOX 305 HANOVER, PA 17331              | 23-6407016     | 501(C)(3)                                 | 65,426                          | 0                                        |                                                              |                                               | GENERAL SUPPORT OF WAREHIME/MYERS MANSION |
| HARRISBURG AREA COMMUNITY COLLEGEONE HACC DRIVE HARRISBURG, PA 171102999 | 23-2353614     | 501(C)(3)                                 | 17,000                          | 0                                        |                                                              |                                               | SUMMER MATH "BOOT CAMP" PILOT PROGRAM     |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| HARRISBURG AREA COMMUNITY COLLEGE FOUNDATIONONE HAAC DR HARRISBURG, PA 171109989 | 23-2353614 | 501(C)(3)                          | 5,000                    | 0                                 |                                                       |                                        | YORK COUNTY SCHOLARSHIPS           |
| HEALTHY YORK COUNTY COALITION1101 SOUTH EDGAR ST SUITE F YORK, PA 17403          | 23-3050192 | 501(C)(3)                          | 5,000                    | 0                                 |                                                       |                                        | COMMUNITY HEALTH NEEDS ASSESSMENT  |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government                     | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| HIGHWAY EDUCATION FOUNDATION800 NORTH THIRD ST SUITE 500 HARRISBURG, PA 17102 | 30-0471283     | 501(C)3                                   | 5,000                           | 0                                        |                                                              |                                               | EDUCATION TRUST FUND                      |
| HORN FARM CENTER FOR AGRICULTURAL EDUCATION4945 HORN ROAD YORK, PA 17406      | 20-1061394     | 501(C)(3)                                 | 18,000                          | 0                                        |                                                              |                                               | INCUBATOR FARMS PROGRAM                   |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------------------|
| HOUSING AUTHORITY OF YORKPO BOX 1963 YORK,PA 17405         | 23-6001908 | GOVERNMENT                         | 6,000                    | 0                                 |                                                       |                                        | PROFESSIONAL DEVELOPMENT                           |
| LEADERSHIP YORK39 EAST KING STREET 1ST FLOOR YORK,PA 17401 | 23-2139541 | 501(C)(3)                          | 21,500                   | 0                                 |                                                       |                                        | GENERAL SUPPORT AND FUTURE LEADERS OF YORK PROGRAM |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|----------------------------------------------------------------------------|----------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------------|
| LEAVE A LEGACY<br>YORK COUNTY137<br>EAST MARKET<br>STREET<br>YORK,PA 17401 | 25-<br>1719216 | 501(C)(3)                          | 5,926                    | 0                                 |                                                       |                                        | GENERAL<br>SUPPORT                                     |
| LINCOLN<br>INTERMEDIATE<br>UNIT 12P O BOX 70<br>NEW OXFORD,PA<br>17350     | 23-<br>1743636 | 501(C)3                            | 9,800                    | 0                                 |                                                       |                                        | PROFESSIONAL<br>DEVELOPMENT<br>AND STUDENT<br>PROGRAMS |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|-------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------------------------|
| LOGOS ACADEMY<br>250 W KING ST<br>YORK,PA 17401                                           | 31-1520442 | 501(C)(3)                          | 48,250                   | 0                                 |                                                       |                                        | GENERAL SUPPORT, FIELD TRIPS AND THE HIGH SCHOOL PROGRAM |
| LUTHERAN SOCIAL SERVICES OF SOUTH CENTRAL PA<br>1050 PENNSYLVANIA AVENUE<br>YORK,PA 17404 | 23-1476329 | 501(C)(3)                          | 7,825                    | 0                                 |                                                       |                                        | GENERAL SUPPORT                                          |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government                                                          | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| MAKE-A-WISH FOUNDATION OF GREATER PENNSYLVANIA & SOUTHERN WEST VIRGINIA2951 WHITEFORD ROAD SUITE 304 YORK,PA 17402 | 25-1464177     | 501(C)(3)                                 | 7,397                           | 0                                        |                                                              |                                               | GENERAL SUPPORT                           |
| MARGARET E MOUL HOME2050 BARLEY ROAD YORK,PA 174041557                                                             | 23-2037566     | 501(C)(3)                                 | 7,692                           | 0                                        |                                                              |                                               | GENERAL SUPPORT                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government     | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                                      |
|---------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------|
| MARTIN LIBRARY<br>159 EAST<br>MARKET STREET<br>YORK, PA 17401 | 23-<br>1352224 | 501(C)(3)                                 | 26,372                          | 0                                        |                                                              |                                               | GENERAL<br>SUPPORT                                                             |
| MEMORIAL<br>HOSPITALP O<br>BOX 15118<br>YORK, PA 17405        | 23-<br>1265004 | 501(C)(3)                                 | 6,154                           | 0                                        |                                                              |                                               | GENERAL<br>SUPPORT,<br>HEALTHY KIDS<br>CAMPAIGN AND<br>DIABETES<br>PROGRAMMING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------|
| MOUNT WOLF BOROUGHPO BOX 458<br>MOUNT WOLF, PA 17347                     | 23-1952738 | GOVERNMENT                         | 10,148                   | 0                                 |                                                       |                                        | MOUNT WOLF ATHLETIC ASSOCIATION      |
| MT ZION UNITED CHURCH OF CHRIST1054 RIDGEWOOD ROAD<br>YORK, PA 174021758 | 23-1884302 | 501(C)(3)                          | 25,076                   | 0                                 |                                                       |                                        | GENERAL SUPPORT AND MISSION PROJECTS |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| NEW HOPE ACADEMY<br>CHARTER SCHOOL<br>459 W KING ST<br>YORK,PA 17401 | 20-8908462 | 501(C)3                            | 5,000                    | 0                                 |                                                       |                                        | AFTER SCHOOL PROGRAMS              |
| NEW HOPE MINISTRIES211 S BALTIMORE STREET<br>DILLSBURG, PA 17019     | 23-2223120 | 501(C)(3)                          | 5,000                    | 0                                 |                                                       |                                        | CRISIS ASSISTANCE PROGRAM          |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|-------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|---------------------------------------------------------|
| NORTHEASTERN SCHOOL DISTRICT SCHOLARSHIP FOUNDATION647 DELLINGER ROAD MOUNT WOLF,PA 17347 | 41-1822799 | 501(C)(3)                          | 6,211                    | 0                                 |                                                       |                                        | GENERAL SUPPORT                                         |
| OTTERBEIN UNITED METHODIST CHURCH (MT WOLF)PO BOX 386 MOUNT WOLF,PA 17347                 | 23-6277722 | 501(C)(3)                          | 13,054                   | 0                                 |                                                       |                                        | GENERAL SUPPORT AND EARLY CHILDHOOD CARE AND EDUCAATION |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government                                    | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                                      |
|----------------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------|
| OTTERBEIN UNITED METHODIST CHURCH (YORK)301 WEST PHILADELPHIA STREET YORK,PA 17404           | 23-1484147     | 501(C)(3)                                 | 5,023                           | 0                                        |                                                              |                                               | GENERAL SUPPORT AND YOUTH PROGRMS                                              |
| PARTNERSHIP FOR ECONOMIC DEVELOPMENT IN YORK COUNTY144 ROOSEVELT AVE SUITE 100 YORK,PA 17401 | 23-2768349     | 501(C)3                                   | 51,000                          | 0                                        |                                                              |                                               | MERGER OF YCEDC AND YCCC AND WIRELESS INTERNET NETWORK ACCESS IN DOWNTOWN YORK |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------|
| PENN STATE YORK1031 EDGECOMB AVENUE YORK, PA 174033326                   | 24-6000376 | 501(C)(3)                          | 6,701                    | 0                                 |                                                       |                                        | GENERAL SUPPORT, SCHOLARSHIPS AND PROJECT TALENT CONNECTIONS PROGRAM |
| PENN-MAR HUMAN SERVICES INC310 OLD FREELAND ROAD MARYLAND LINE, MD 21053 | 52-1590195 | 501(C)(3)                          | 6,171                    | 0                                 |                                                       |                                        | GENERAL SUPPORT                                                      |

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|-----------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------|
| PENNSYLVANIA ENVIRONMENTAL COUNCIL130 LOCUST STREET 200 HARRISBURG, PA 17101            | 23-7286159     | 501(C)(3)                                 | 144,104                         | 0                                        |                                                              |                                               | ENERGY CONSERVATION AND CODORUS WATERSHED PROGRAMS |
| PENNSYLVANIA PARKS & FORESTS FOUNDATION1845 MARKET STREET 3RD FLOOR CAMP HILL, PA 17011 | 25-1859016     | 501(C)3                                   | 5,000                           | 0                                        |                                                              |                                               | ENHANCEMENTS TO PLAYGROUND EQUIPMENT               |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------|
| PHILANTHROPIC ENDEAVORS FOUNDATIONP O BOX 553 EMIGSVILLE,PA 17318        | 20-0751671 | 501(C)3                            | 20,000                   | 0                                 |                                                       |                                        | HEALTHY WORLD CAFE                                                         |
| PLANNED PARENTHOOD OF CENTRAL PENNSYLVANIAP O BOX 1469 YORK,PA 174051469 | 23-1580959 | 501(C)(3)                          | 10,952                   | 0                                 |                                                       |                                        | GENERAL SUPPORT, HIV/AIDS PREVENTION EDUCATION, CPR/AED TRAINING FOR STAFF |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|---------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-----------------------------------------|
| RED LION AREA SCHOOL DISTRICT696 DELTA ROAD RED LION, PA 17356                        | 23-1674306 | GOVERNMENT                         | 15,000                   | 0                                 |                                                       |                                        | DENTAL PROGRAM                          |
| ROTARY CLUB OF YORK CHARITABLE ENDOWMENT FUND48 EAST MARKET STREET YORK, PA 174014630 | 23-2642321 | 501(C)(3)                          | 22,749                   | 0                                 |                                                       |                                        | GENERAL SUPPORT AND SCHOLARSHIP FUNDING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|--------------------------------------------------------------------------------------------|----------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------|
| SERVANTS INC<br>268 WEST BEAVER<br>ST SUITE 103<br>HELLAM, PA<br>17406                     | 23-<br>3042387 | 501(C)(3)                          | 5,000                    | 0                                 |                                                       |                                        | HOME REPAIR<br>SERVICES TO<br>NEEDY |
| SOUTH WESTERN<br>DOLLARS FOR<br>SCHOLARS195<br>STOCK ST STE<br>331<br>HANOVER, PA<br>17331 | 91-<br>1889354 | 501(C)(3)                          | 1,000                    | 0                                 |                                                       |                                        | GENERAL<br>SUPPORT                  |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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|------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SOUTHERN YORK COUNTY SCHOOLS DOLLARS FOR SCHOLARS130 HAYWARD HEIGHTS GLEN ROCK, PA 17327 | 23-2862892 | 501(C)(3)                          | 10,469                   | 0                                 |                                                       |                                        | GENERAL SUPPORT                    |
| SPRING GROVE AREA SCHOLARSHIP FOUNDATIONP O BOX 66 SPRING GROVE, PA 173620066            | 04-2296967 | 501(C)(3)                          | 37,151                   | 0                                 |                                                       |                                        | GENERAL SUPPORT                    |

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|-------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| SPRING GROVE AREA SCHOOL DISTRICT100 EAST COLLEGE AVENUE SPRING GROVE, PA 173621205 | 23-6004845     | GOVERNMENT                                | 6,945                           | 0                                        |                                                              |                                               | GENERAL SUPPORT                           |
| ST FRANCIS DESALES SCHOOL 917 S 47TH ST PHILADELPHIA, PA 19143                      | 23-1352450     | 501(C)(3)                                 | 5,000                           | 0                                        |                                                              |                                               | GENERAL SUPPORT                           |

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|---------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------|
| STRAND-CAPITOL PERFORMING ARTS CENTER50 NORTH GEORGE STREET YORK,PA 17401 | 23-2053382     | 501(C)(3)                                 | 26,970                          | 0                                        |                                                              |                                               | GENERAL SUPPORT, PERFORMING ARTS FOR CHILDREN, "THE ROSIES" AWARDS PROGRAM |
| THE HAHN HOME 403 CHESTNUT HILL ROAD YORK,PA 17402                        | 23-1425032     | 501(C)(3)                                 | 192,500                         | 0                                        |                                                              |                                               | GENERAL SUPPORT                                                            |

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|---------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------|
| THE JANUS SCHOOL205 LEFEVER ROAD MOUNT JOY, PA 17552          | 23-2578832     | 501(C)(3)                                 | 10,000                          | 0                                        |                                                              |                                               | CAPITAL CAMPAIGN "BEATING THE ODDS"              |
| UNITED WAY OF YORK COUNTY 800 EAST KING STREET YORK, PA 17403 | 23-1352588     | 501(C)(3)                                 | 97,506                          | 0                                        |                                                              |                                               | GENERAL SUPPORT AND FOCUS ON OUR FUTURE PROGRAMS |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-----------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| VNA HOME HEALTH - WELLSPAN540 S GEORGE ST YORK, PA 174012732          | 23-1352573     | 501(C)(3)                                 | 23,567                          | 0                                        |                                                              |                                               | GENERAL SUPPORT                           |
| WEST YORK AREA DOLLARS FOR SCHOLARS1785 RAINBOW CIRCLE YORK, PA 17408 | 41-1855206     | 501(C)(3)                                 | 5,266                           | 0                                        |                                                              |                                               | GENERAL SUPPORT                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government                    | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| WEST YORK AREA SCHOOL DISTRICT2605 WEST MARKET STREET YORK, PA 17404         | 23-1642980     | GOVERNMENT                                | 10,374                          | 0                                        |                                                              |                                               | SCHOOL'S MUSIC PROGRAMS                   |
| WINDY HILL SENIOR CENTER 50 NORTH EAST STREET SUITE 2 SPRING GROVE, PA 17362 | 23-2342745     | 501(C)(3)                                 | 6,000                           | 0                                        |                                                              |                                               | PROFESSIONAL DEVELOPMENT                  |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                      | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                           |
|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|
| YMCA OF YORK AND YORK COUNTY90 NORTH NEWBERRY STREET YORK, PA 17401     | 23-1352600 | 501(C)(3)                          | 60,694                   | 0                                 |                                                       |                                        | GENERAL SUPPORT, URBAN NEIGHBORHOODS PROJECT, YOUTH PROGRAMS |
| YORK ACADEMY REGIONAL CHARTER SCHOOL32 WEST NORTH STREET YORK, PA 17401 | 27-2294198 | 501(C)3                            | 7,600                    | 0                                 |                                                       |                                        | GENERAL SUPPORT, ART EDUCATION AND MUSICAL INSTRUMENTS       |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| YORK BENEVOLENT ASSOCIATIONPO BOX 5041 YORK,PA 174055041          | 23-1353396 | 501(C)(3)                          | 28,366                   | 0                                 |                                                       |                                        | GENERAL SUPPORT                    |
| YORK CITY BUREAU OF HEALTH435 W PHILADELPHIA ST YORK,PA 174011035 | 23-6001908 | GOVERNMENT                         | 122,313                  | 0                                 |                                                       |                                        | GENERAL SUPPORT                    |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                 | (b) EIN        | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                                                           |
|------------------------------------------------------------------------------------|----------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------|
| YORK CITY<br>DOLLARS FOR<br>SCHOLARS1475<br>HUNTLEY CT<br>YORK,PA 17408            | 04-<br>2296967 | 501(C)(3)                          | 39,202                   | 0                                 |                                                       |                                        | GENERAL<br>SUPPORT                                                                                           |
| YORK COLLEGE OF<br>PENNSYLVANIA441<br>COUNTRY CLUB<br>ROAD<br>YORK,PA<br>174033651 | 23-<br>1352698 | 501(C)(3)                          | 136,406                  | 0                                 |                                                       |                                        | GENERAL<br>SUPPORT, YORK<br>NONPROFIT<br>MANAGEMENT<br>DEVELOPMENT<br>CENTER,<br>MOVING PLANS<br>INTO ACTION |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government                  | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|----------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| YORK COUNTRY DAY SCHOOL1071 REGENTS GLEN BOULEVARD YORK,PA 17403           | 23-1440120     | 501(C)(3)                                 | 27,307                          | 0                                        |                                                              |                                               | GENERAL SUPPORT                           |
| YORK COUNTY CHAMBER FOUNDATION144 ROOSEVELT AVENUE SUITE 100 YORK,PA 17401 | 23-2481811     | 501(C)(3)                                 | 12,905                          | 0                                        |                                                              |                                               | GENERAL SUPPORT                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government                  | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                                               |
|----------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------|
| YORK COUNTY HERITAGE TRUST<br>250 EAST MARKET STREET<br>YORK, PA 174032013 | 23-1352323     | 501(C)(3)                                 | 32,226                          | 0                                        |                                                              |                                               | GENERAL SUPPORT, YORK NONPROFIT MANAGEMENT DEVELOPMENT CENTER, MOVING PLANS INTO ACTION |
| YORK COUNTY LIBRARY SYSTEM<br>159 EAST MARKET STREET<br>YORK, PA 17401     | 23-7394108     | 501(C)(3)                                 | 6,325                           | 0                                        |                                                              |                                               | COLLABORATION BETWEEN YORK COUNTY LIBRARY SYSTEM AND YORK COUNTY LITERACY COUNCIL       |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                              | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance      |
|---------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-----------------------------------------|
| YORK COUNTY LITERACY COUNCIL800 EAST KING STREET STE 400 YORK,PA 174031772      | 23-2088132 | 501(C)(3)                          | 7,158                    | 0                                 |                                                       |                                        | GENERAL SUPPORT                         |
| YORK COUNTY PARKS FOUNDATION CHARITABLE TRUST400 MUNDIS RACE ROAD YORK,PA 17406 | 22-2655234 | 501(C)(3)                          | 5,374                    | 0                                 |                                                       |                                        | CONDUCT USER SURVEYAND PARK MAINTENANCE |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government                          | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                              |
|------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------|
| YORK COUNTY SPCA<br>3159<br>SUSQUEHANNA<br>TRAIL NORTH<br>YORK, PA 17406           | 23-<br>1399588 | 501(C)(3)                                 | 35,874                          | 0                                        |                                                              |                                               | GENERAL<br>SUPPORT                                                     |
| YORK DAY NURSERY<br>INC450 EAST<br>PHILADELPHIA<br>STREET<br>YORK, PA<br>174031622 | 23-<br>1649205 | 501(C)(3)                                 | 19,360                          | 0                                        |                                                              |                                               | GENERAL<br>SUPPORT AND<br>EARLY<br>CHILDHOOD<br>CARE AND<br>EDUCAATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                     | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                                    |
|------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------|
| YORK HEALTH FOUNDATION912 SOUTH GEORGE STREET STE 1 YORK, PA 174033700 | 23-3050192 | 501(C)(3)                          | 12,348                   | 0                                 |                                                       |                                        | GENERAL SUPPORT, PARKINSON'S PROGRAMS, MEDICAL EDUCATION FUND, HOOVER MEDICAL LIBRARY |
| YORK JEWISH COMMUNITY CENTER2000 HOLLYWOOD DRIVE YORK, PA 174034210    | 23-1355127 | 501(C)(3)                          | 11,953                   | 0                                 |                                                       |                                        | ANNUAL CAMPAIGN, EARLY CHILDHOOD EDUCATION                                            |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government                         | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-----------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| YORK LITTLE THEATRE27 S BELMONT STREET YORK,PA 17403                              | 23-1251224     | 501(C)(3)                                 | 5,276                           | 0                                        |                                                              |                                               | GENERAL SUPPORT                           |
| YORK SUBURBAN DOLLARS FOR SCHOLARS409 VALLEY VIEW CIRCLE NEW CUMBERLAND, PA 17070 | 91-1912966     | 501(C)(3)                                 | 12,722                          | 0                                        |                                                              |                                               | GENERAL SUPPORT                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government     | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| YORK SYMPHONY ASSOCIATION50 NORTH GEORGE STREET YORK,PA 17401 | 23-6298810     | 501(C)(3)                                 | 29,163                          | 0                                        |                                                              |                                               | GENERAL SUPPORT                           |
| YORKCOUNTS14 WEST MARKET STREET YORK,PA 17401                 | 26-2804411     | 501(C)(3)                                 | 30,000                          | 0                                        |                                                              |                                               | GENERAL SUPPORT                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                        |
|-----------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------|
| YWCA YORK320 EAST MARKET STREET YORK,PA 17403             | 23-1360889     | 501(C)(3)                                 | 38,929                          | 0                                        |                                                              |                                               | GENERAL SUPPORT, ACCESS YORK, VICTIM SERVICES,& CAMP CANN-EDI-ON |

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

| (a)Type of grant or assistance                             | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|------------------------------------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| SCHOLARSHIPS FOR CENTRAL YORK HIGH SCHOOL STUDENTS         | 8                       | 5,000                   | 0                                |                                                      |                                       |
| SCHOLARSHIPS FOR DALLASTOWN HIGH SCHOOL STUDENTS           | 11                      | 10,250                  | 0                                |                                                      |                                       |
| SCHOLARSHIPS FOR DELAWARE VALLEY COLLEGE STUDENTS          | 2                       | 5,000                   | 0                                |                                                      |                                       |
| SCHOLARSHIPS FOR DOVER HIGH SCHOOL STUDENTS                | 4                       | 3,500                   | 0                                |                                                      |                                       |
| SCHOLARSHIP FOR ELIZABETHTOWN COLLEGE STUDENT              | 1                       | 1,000                   | 0                                |                                                      |                                       |
| SCHOLARSHIPS FOR EASTERN YORK HIGH SCHOOL STUDENTS         | 6                       | 5,500                   | 0                                |                                                      |                                       |
| SCHOLARSHIP FOR LASALLE UNIVERSITY STUDENT                 | 1                       | 2,500                   | 0                                |                                                      |                                       |
| SCHOLARSHIPS FOR LOGOS ACADEMY STUDENTS                    | 3                       | 21,691                  | 0                                |                                                      |                                       |
| SCHOLARSHIPS FOR MILLERSVILLE UNIVERSITY STUDENTS          | 1                       | 2,000                   | 0                                |                                                      |                                       |
| SCHOLARSHIPS FOR NORTHEASTERN HIGH SCHOOL STUDENTS         | 18                      | 18,320                  | 0                                |                                                      |                                       |
| SCHOLARSHIPS FOR PENN STATE ALTOONA CAMPUS STUDENTS        | 2                       | 10,000                  | 0                                |                                                      |                                       |
| SCHOLARSHIP FOR PENN STATE YORK CAMPUS STUDENT             | 1                       | 2,000                   | 0                                |                                                      |                                       |
| SCHOLARSHIPS FOR PENN STATE UNIVERSITY STUDENTS            | 5                       | 14,000                  | 0                                |                                                      |                                       |
| SCHOLARSHIPS FOR RED LION AREA HIGH SCHOOL STUDENTS        | 6                       | 5,000                   | 0                                |                                                      |                                       |
| SCHOLARSHIPS FOR SOUTH EASTERN HIGH SCHOOL STUDENTS        | 8                       | 8,000                   | 0                                |                                                      |                                       |
| SCHOLARSHIPS FOR SOUTH WESTERN HIGH SCHOOL STUDENTS        | 8                       | 8,000                   | 0                                |                                                      |                                       |
| SCHOLARSHIPS FOR SOUTHERN YORK COUNTY HIGH SCHOOL STUDENTS | 9                       | 9,839                   | 0                                |                                                      |                                       |
| SCHOLARSHIPS FOR SPRING GROVE AREA HIGH SCHOOL STUDENTS    | 5                       | 5,756                   | 0                                |                                                      |                                       |
| SCHOLARSHIPS FOR SUSQUEHANNA WALDORF SCHOOL STUDENTS       | 9                       | 19,317                  | 0                                |                                                      |                                       |
| SCHOLARSHIP FOR TEMPLE UNIVERSITY STUDENT                  | 1                       | 2,500                   | 0                                |                                                      |                                       |
| SCHOLARSHIPS FOR WEST YORK AREA HIGH SCHOOL STUDENTS       | 7                       | 5,000                   | 0                                |                                                      |                                       |
| SCHOLARSHIPS FOR YORK CITY HIGH SCHOOL STUDENTS            | 19                      | 16,234                  | 0                                |                                                      |                                       |
| SCHOLARSHIPS FOR YORK SUBURBAN HIGH SCHOOL STUDENTS        | 10                      | 8,685                   | 0                                |                                                      |                                       |
| SCHOLARSHIP FOR YORK COLLEGE OF PENNSYLVANIA STUDENT       | 2                       | 4,000                   | 0                                |                                                      |                                       |
| SCHOLARSHIP FOR YORK COUNTRY DAY SCHOOL STUDENTS           | 3                       | 21,691                  | 0                                |                                                      |                                       |

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons  
▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047  
**2011**  
Open to Public Inspection

Name of the organization  
YORK COUNTY COMMUNITY FOUNDATION

Employer identification number  
  
23-6299868

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c)<br>Corrected? |    |
|---|---------------------------------|--------------------------------|-------------------|----|
|   |                                 |                                | Yes               | No |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? |      | (c)Original principal amount | (d)Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g)Written agreement? |    |
|-------------------------------------------|---------------------------------------|------|------------------------------|----------------|-----------------|----|-------------------------------------|----|-----------------------|----|
|                                           | To                                    | From |                              |                | Yes             | No | Yes                                 | No | Yes                   | No |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
| Total . . . . . ▶ \$ _____                |                                       |      |                              |                |                 |    |                                     |    |                       |    |

Part III Grants or Assistance Benefitting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b)Relationship between interested person and the organization | (c)Amount of grant or type of assistance |
|-------------------------------|----------------------------------------------------------------|------------------------------------------|
|                               |                                                                |                                          |
|                               |                                                                |                                          |
|                               |                                                                |                                          |
|                               |                                                                |                                          |
|                               |                                                                |                                          |
|                               |                                                                |                                          |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction                                                                                                                                                                                                                                                                                                                                                            | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                                                                                                                                                                                                                                                                                                                                                                           | Yes                                     | No |
| (1) LARRY J MILLER            | FORMER DIRECTOR                                                 |                           | PRESIDENT OF BANK WHERE THE FOUNDATION, IN ITS NORMAL COURSE OF BUSINESS, HAS CHECKING AND MONEY MARKET ACCOUNTS TOTALING \$442,326 AT DECEMBER 31, 2011 THE FOUNDATION ALSO HAD AN AUTHORIZED BUT UNUSED \$250,000 LINE OF CREDIT AT THE BANK, WHICH WAS CLOSED IN 2011 THERE WERE NO FEES CONNECTED WITH THIS LINE THE RELATIONSHIP WAS APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS |                                         | No |
|                               |                                                                 |                           |                                                                                                                                                                                                                                                                                                                                                                                           |                                         |    |
|                               |                                                                 |                           |                                                                                                                                                                                                                                                                                                                                                                                           |                                         |    |
|                               |                                                                 |                           |                                                                                                                                                                                                                                                                                                                                                                                           |                                         |    |
|                               |                                                                 |                           |                                                                                                                                                                                                                                                                                                                                                                                           |                                         |    |
|                               |                                                                 |                           |                                                                                                                                                                                                                                                                                                                                                                                           |                                         |    |

Part V Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization  
YORK COUNTY COMMUNITY FOUNDATION

Employer identification number  
23-6299868

Part I

Types of Property

|                                                                            | (a)<br>Check<br>if<br>applicable | (b)<br>Number of Contributions<br>or items contributed | (c)<br>Contribution amounts<br>reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>contribution amounts |
|----------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               |                                  |                                                        |                                                                               |                                                      |
| 2 Art—Historical treasures . . . . .                                       |                                  |                                                        |                                                                               |                                                      |
| 3 Art—Fractional interests . . . . .                                       |                                  |                                                        |                                                                               |                                                      |
| 4 Books and publications . . . . .                                         |                                  |                                                        |                                                                               |                                                      |
| 5 Clothing and household<br>goods . . . . .                                |                                  |                                                        |                                                                               |                                                      |
| 6 Cars and other vehicles . . . . .                                        |                                  |                                                        |                                                                               |                                                      |
| 7 Boats and planes . . . . .                                               |                                  |                                                        |                                                                               |                                                      |
| 8 Intellectual property . . . . .                                          |                                  |                                                        |                                                                               |                                                      |
| 9 Securities—Publicly traded . . . . .                                     | X                                | 7                                                      | 261,852                                                                       | AVG SALE PRICE GIFT DATE                             |
| 10 Securities—Closely held stock . . . . .                                 |                                  |                                                        |                                                                               |                                                      |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                                  |                                                        |                                                                               |                                                      |
| 12 Securities—Miscellaneous . . . . .                                      |                                  |                                                        |                                                                               |                                                      |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                                  |                                                        |                                                                               |                                                      |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                                  |                                                        |                                                                               |                                                      |
| 15 Real estate—Residential . . . . .                                       |                                  |                                                        |                                                                               |                                                      |
| 16 Real estate—Commercial . . . . .                                        |                                  |                                                        |                                                                               |                                                      |
| 17 Real estate—Other . . . . .                                             |                                  |                                                        |                                                                               |                                                      |
| 18 Collectibles . . . . .                                                  |                                  |                                                        |                                                                               |                                                      |
| 19 Food inventory . . . . .                                                |                                  |                                                        |                                                                               |                                                      |
| 20 Drugs and medical supplies . . . . .                                    |                                  |                                                        |                                                                               |                                                      |
| 21 Taxidermy . . . . .                                                     |                                  |                                                        |                                                                               |                                                      |
| 22 Historical artifacts . . . . .                                          |                                  |                                                        |                                                                               |                                                      |
| 23 Scientific specimens . . . . .                                          |                                  |                                                        |                                                                               |                                                      |
| 24 Archeological artifacts . . . . .                                       |                                  |                                                        |                                                                               |                                                      |
| 25 Other ► ( )                                                             |                                  |                                                        |                                                                               |                                                      |
| 26 Other ►( )                                                              |                                  |                                                        |                                                                               |                                                      |
| 27 Other ►( )                                                              |                                  |                                                        |                                                                               |                                                      |
| 28 Other ► ( )                                                             |                                  |                                                        |                                                                               |                                                      |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .29

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

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) 2011

Part III

**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 FOUNDATION UTILIZES ITS CUSTODIAN BANKS AND BROKERAGE FIRMS TO PROCESS AND SELL NON-CASH CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES |

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

2011

Open to Public Inspection

Name of the organization  
YORK COUNTY COMMUNITY FOUNDATION

Employer identification number  
23-6299868

| Identifier                             | Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                        | FORM 990, PART VI, SECTION B, LINE 11  | A DRAFT OF THE 2011 FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE AND THE TREASURER A COPY OF THE PUBLIC DISCLOSURE COPY OF THE 990 WAS THEN PROVIDED TO THE BOARD BEFORE FILING OF THE RETURN                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                        | FORM 990, PART VI, SECTION B, LINE 12C | ALL BOARD MEMBERS, COMMITTEE MEMBERS AND STAFF ARE REQUIRED TO COMPLY WITH THE FOUNDATION'S CONFLICT OF INTEREST POLICY ANNUAL DISCLOSURES ARE REQUIRED STAFF CONFIRMS THAT DISCLOSURES ARE RECEIVED FROM ALL COMMITTEE AND BOARD MEMBERS THE POTENTIAL FOR ANY CONFLICT OF INTEREST IS CONSIDERED FOR ALL FINANCIAL OR BUSINESS RELATIONSHIPS THE PRESIDENT AND CHAIRMAN OF THE BOARD ARE AUTHORIZED TO EXECUTE CONTRACTS AND HAVE ACCESS TO ALL DISCLOSURES THE CHIEF FINANCIAL OFFICER REVIEWS ALL DISBURSEMENTS FROM THE FOUNDATION ANY POTENTIAL CONFLICTS ARE DISCLOSED AT BOARD AND COMMITTEE MEETINGS, AND ABSTAINING MEMBERS ARE DOCUMENTED IN THE MINUTES |
|                                        | FORM 990, PART VI, SECTION B, LINE 15A | A PERFORMANCE EVALUATION AND REVIEW FOR THE PRESIDENT/CEO IS CONDUCTED ANNUALLY BY THE CHAIRMAN OF THE BOARD AND THE EXECUTIVE COMMITTEE, INCLUDING INPUT FROM OTHER BOARD MEMBERS SALARIES FOR PRESIDENTS AND CEOS OF OTHER PENNSYLVANIA BASED COMMUNITY FOUNDATIONS ARE UTILIZED IN ADDITION, INFORMATION ON CURRENT SALARIES FOR LEADERS OF COMMUNITY FOUNDATIONS AS WELL AS NON-PROFITS IN GENERAL THROUGHOUT THE U.S. SUCH AS THAT SUPPLIED BY EXECUTIVE SEARCH CONSULTANTS, IS CONSIDERED, AS ARE COST-OF-LIVING AND MERIT INCREASES IF APPLICABLE                                                                                                            |
|                                        | FORM 990, PART VI, SECTION C, LINE 19  | THE FOUNDATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY MAINTAINING A COPY OF THE ANNUAL AUDITED FINANCIAL STATEMENTS ON OUR OWN WEBSITE SUMMARY FINANCIAL STATEMENTS ARE INCLUDED IN THE FOUNDATION'S ANNUAL REPORT, WITH A REFERENCE THAT THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE AT THE FOUNDATION OFFICES GOVERNING INSTRUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST                                                                                                                                                                                                                                       |
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5              | NET UNREALIZED LOSSES ON INVESTMENTS -4,793,513 CHANGE IN SPLIT INTEREST AGREEMENT -144,628 AGENCY ENDOWMENT GIFTS -597,568 AGENCY ENDOWMENT INVESTMENT INCOME -584,639 AGENCY ENDOWMENT GRANT DISTRIBUTIONS 301,112 REVENUE FROM BENEFICIAL INTERESTS IN TRUSTS -42,267 CHARITABLE REMAINDER UNITRUST (REVENUE)/EXPENSE -63,030 TOTAL TO FORM 990, PART XI, LINE 5 -5,924,533                                                                                                                                                                                                                                                                                      |
|                                        | FORM 990, PART XII, LINE 2C            | THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A)<br>Name and Title                  | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all<br>that apply) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|----------------------------------------|----------------------------------------|-------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                        |                                        | Individual trustee<br>or director         | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                   |                                                                                            |                                                                                                                 |
| JUDITH V BLAKEY<br>DIRECTOR            | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| CARL ANDERSON<br>DIRECTOR              | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| VERNON L BRACEY<br>DIRECTOR            | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| CHARLES H CHODROFF MD<br>DIRECTOR      | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| HENRY J CHRIST<br>TREASURER, DIRECTOR  | 2 00                                   | X                                         |                       | X       |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| DAVID L CROSS<br>DIRECTOR              | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| DAVID DAVIDSON<br>DIRECTOR             | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| DONALD B DELLINGER JR<br>DIRECTOR      | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| MARSHA M EVERTON<br>DIRECTOR           | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| GEORGE W HODGES<br>DIRECTOR            | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| JEFFREY D LOBACH<br>DIRECTOR           | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| JODY L KELLER<br>DIRECTOR              | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| MICHAEL HADY<br>DIRECTOR               | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| LOREN H KROH<br>DIRECTOR               | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| G STEVEN MCKONLY<br>DIRECTOR           | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| SUE D KREBS<br>DIRECTOR                | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| LORI O MITRICK<br>DIRECTOR             | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| W ROBERT BERKEBILE<br>DIRECTOR         | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| JOHN M POLLI<br>DIRECTOR               | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| GRACE T QUARTEY<br>DIRECTOR            | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| SALLY DIXON<br>DIRECTOR                | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| PAUL RUDY III<br>DIRECTOR              | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| CLAIRE S WEAVER<br>DIRECTOR            | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| DAVID J STEWART<br>SECRETARY, DIRECTOR | 1 00                                   | X                                         |                       | X       |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| JOHN J SYGIELSKI<br>DIRECTOR           | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                           | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all<br>that apply) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|-------------------------------------------------|----------------------------------------|-------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                                 |                                        | Individual trustee<br>or director         | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                   |                                                                                            |                                                                                                                 |
| WILLIAM S SHIPLEY III<br>DIRECTOR               | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| SCOTT C ROGERS<br>DIRECTOR                      | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| PATTI STIRK<br>DIRECTOR                         | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| R ERIC MENZER<br>CHAIR, DIRECTOR                | 2 00                                   | X                                         |                       | X       |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| JENNIFER GEESEY<br>DIRECTOR                     | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| MICHAEL NEWSOME<br>VICE CHAIR, DIRECTOR         | 2 00                                   | X                                         |                       | X       |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| MARGARET Z SWARTZ<br>ASSISTANT SECRETARY, DIREC | 1 00                                   | X                                         |                       | X       |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| THOMAS W DEMPSEY<br>DIRECTOR                    | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| ERIN J MILLER<br>DIRECTOR                       | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| TIMOTHY KINSELY<br>DIRECTOR                     | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| JOSEPH G WAGMAN<br>DIRECTOR                     | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| GEORGE DVORYAK<br>VICE PRESIDENT, CFO           | 45 00                                  |                                           |                       | X       |              |                                 |        | 80,773                                                                            | 0                                                                                          | 8,862                                                                                                           |
| WILLIAM R HARTMAN<br>PRESIDENT, AND EX-OFFICIO  | 55 00                                  |                                           |                       | X       |              |                                 |        | 141,957                                                                           | 0                                                                                          | 4,797                                                                                                           |