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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 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

CRISPUS ATTUCKS ASSOCIATION OF YORK PA

Doing Business As

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

605 SOUTH DUKE STREET

Room/suite

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

YORK, PA 17401

F Name and address of principal officer

DANIEL ELBY

605 SOUTH DUKE STREET

YORK, PA 17401

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.CRISPUSATTUCKS.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1952

M State of legal domicile

PA

Part I	Summary																																
Activities & Governance	1 Briefly describe the organization's mission or most significant activities OFFER SERVICES TO FULFILL ITS MISSION AS THE HEART OF CHANGE FOR ALL PEOPLE IN NEED																																
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																																
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>17</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>17</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</td><td>5</td><td>101</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>70</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>2,769</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	17	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	101	6	Total number of volunteers (estimate if necessary)	6	70	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,769	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0								
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Part II

Signature Block

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

Sign Here

Signature of officer

2013-02-12

Date

ROBERT L SIMPSON CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

DOUGLAS L BERMAN

Date

2013-02-12

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P01269555

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

REINSEL KUNTZ LESHER LLP

3501 CONCORD ROAD PO BOX 21439

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

THE CRISPUS ATTUCKS ASSOCIATION OF YORK, PENNSYLVANIA IS A COMPREHENSIVE NON-PROFIT ENTITY THAT PROVIDES EDUCATION SERVICES, HUMAN SERVICES, COMMUNITY DEVELOPMENT AND AFFORDABLE HOUSING THAT ENHANCE THE QUALITY OF LIFE FOR A DIVERSE POPULATION

2

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

☐ Yes ☒ No

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?

☐ Yes ☒ No

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 \$ 1,071,671 including grants of \$) (Revenue \$ 0)
CENTER FOR EMPLOYMENT AND TRAINING - THE CRISPUS ATTUCKS CENTER FOR EMPLOYMENT AND TRAINING (CACET) HAS BEEN PROVIDING ADULT EDUCATION, JOB TRAINING, PLACEMENT SERVICES, AND OTHER RELATED SUPPORT SERVICES SINCE 1986 THROUGH THE ASSISTANCE OF THE UNITED WAY AND OTHER FUNDING SOURCES (GRANTS AND TAX CREDITS) WE ARE ABLE TO PROVIDE EMPLOYMENT SERVICES FREE OF CHARGE TO RESIDENTS OF YORK CITY AND SURROUNDING MUNICIPALITIES CACET STAFF MEMBERS ASSIST ECONOMICALLY AND SOCIALLY CHALLENGED INDIVIDUALS WITH ONE OR MORE BARRIERS TO EMPLOYMENT AND OFFER THEM THE NECESSARY TOOLS TO IMPROVE THEIR QUALITY OF LIFE THROUGH ONE OR MORE SERVICES WE SERVE THE "HARDEST TO EMPLOY" POPULATIONS (I E WELFARE RECIPIENTS, UNSKILLED TO MINIMALLY SKILLED WORKERS, EX-OFFENDERS, RECOVERING SUBSTANCE ABUSERS, HIGH SCHOOL DROP-OUTS, ETC) AND HAVE A PROVEN RECORD IN TRANSITIONING THEM INTO UNSUBSIDIZED EMPLOYMENT A CORE BELIEF OF CACET IS THAT DISADVANTAGED RESIDENTS HAVE A BETTER CHANCE OF TRANSITIONING TOWARD A HIGHER LEVEL OF SELF-SUFFICIENCY THROUGH CONTINUING EDUCATION AND TRAINING DESIGNED TO PREPARE THEM FOR CAREER ORIENTED EMPLOYMENT, NOT JUST MINIMUM WAGE JOBS THE CACET EMPOWERS ITS CLIENTS TO REACH A HIGHER LEVEL OF SELF-SUFFICIENCY THROUGH EDUCATION, TRAINING, CAREER COUNSELING, AND JOB PLACEMENT CACET IS OPEN TO EVERYONE, AND SPECIAL ATTENTION IS DIRECTED TOWARD MINORITY, UNSKILLED, UNDER-SKILLED, UNEMPLOYED, AND UNDEREMPLOYED INDIVIDUALS TO ACCOMPLISH THIS, CACET COLLABORATES WITH OTHER UNITED WAY AGENCIES, YORK AREA BUSINESSES, AND LOCAL EDUCATION AND TRAINING FACILITIES THE CENTER PROVIDES DIRECT AND INDIRECT REFERRAL SERVICES TO MORE THAN 550 PARTICIPANTS EACH YEAR THROUGH THE FOLLOWING PROGRAMS AND SERVICES *GENERAL EMPLOYMENT SERVICES (GES) INCLUDING ORIENTATIONS, WORKSHOPS, CAREER COUNSELING, EMPLOYMENT AND TRAINING REFERRALS, EDUCATIONAL SERVICES, RESUME ASSISTANCE, AND JOB PLACEMENT*CAREERLINK ACCESS POINT SERVICES FOR YORK COUNTY CAREERLINK (I E REGISTRATION, RESUME POSTING, JOB SEARCH)*SUPPORTIVE SERVICES SUCH AS BUS PASSES, WORK ATTIRE, AND HUMAN SERVICE AGENCY REFERRALS (I E DOMESTIC VIOLENCE, SUBSTANCE ABUSE, HOMELESSNESS, CHILDCARE, ETC)*INTENSIVE CASE MANAGEMENT INCLUDING NEEDS ASSESSMENT, IDENTIFICATION OF BARRIERS TO EMPLOYMENT, AND FINDING WAYS TO OVERCOME THOSE BARRIERS *YOUTH EMPLOYMENT SERVICES (YES) PROGRAM FOR YOUTH AND YOUNG ADULTS UP TO AGE 22 *EDUCATION LEADING TO EMPLOYMENT & CAREER TRAINING (ELECT) PROGRAM FOR PREGNANT AND PARENTING TEENS*THE SUMMER WORK EXPERIENCE PROGRAM (SWEP) CONNECTING YOUTH IN YORK COUNTY WITH SUMMER EMPLOYMENT TRAINING, CAREER DEVELOPMENT, AND ON-SITE WORKPLACE EXPERIENCES*VALUING THE IMPORTANCE OF EDUCATION & WORK (VIEW) PROGRAM PROVIDES JOB READINESS, CAREER AWARENESS, SPECIFIC AND LIFE SKILLS EDUCATION FOR IN-SCHOOL AND OUT-OF-SCHOOL YOUTH BETWEEN THE AGES OF 14 AND 21	

4b	(Code) (Expenses \$ 989,541 including grants of \$) (Revenue \$ 923,849)
EARLY LEARNING CENTER - THE CRISPUS ATTUCKS EARLY LEARNING CENTER (CAELC) PROVIDES THE HIGHEST QUALITY OF CHILDCARE SERVICES AS RECOGNIZED BY OUR ATTAINMENT OF ACCREDITATION BY THE NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (NAEYC) AND OUR STAR CERTIFICATION WITH THE PENNSYLVANIA KEYSTONE STARS PROGRAM OUR NAEYC ACCREDITATION WAS SUCCESSFULLY RENEWED FOR AN ADDITIONAL FIVE YEARS IN 2009 THE CAELC IS OPEN 6 30 A M TO 5 30 P M , MONDAY THROUGH FRIDAY, 52 WEEKS A YEAR ALL CHILDREN ARE PLACED IN AGE AND DEVELOPMENTALLY APPROPRIATE CLASSROOMS NUTRITIOUS MEALS ARE PROVIDED FOR BREAKFAST, LUNCH, AND SNACK AND ARE FINANCIALLY SUPPORTED THROUGH THE CHILD CARE/ADULT FOOD PROGRAM OFFERED BY THE PA DEPARTMENT OF EDUCATION THE TARGET POPULATION FOR OUR EARLY LEARNING CENTER IS FAMILIES WHO HAVE CHILDREN BETWEEN THE AGES OF THREE MONTHS AND TWELVE YEARS THE VAST MAJORITY OF FAMILIES SEEKING OUR SERVICES ARE LOW-TO-MODERATE INCOME FAMILIES, WITH ABOUT 90% QUALIFYING FOR CHILD CARE SUBSIDIES THE ETHNICITY OF CHILDREN REPRESENTS THE DIVERSITY OF OUR NEIGHBORHOOD AND YORK CITY IN GENERAL HISTORICALLY, A LARGE NUMBER OF FAMILIES IN OUR PROGRAM HAVE BEEN AFRICAN-AMERICAN, AND WE HAVE SEEN AN INCREASE IN THE NUMBER OF LATINO FAMILIES PARTICIPATING IN OUR PROGRAM THE CONSTRUCTION AND OPENING OF THE NEW EARLY LEARNING CENTER ACROSS THE STREET FROM OUR PREVIOUS LOCATION ALLOWED US TO INCREASE ENROLLMENT SIGNIFICANTLY THE NEW CENTER ALLOWS US TO INCREASE ENROLLMENT FROM OUR PAST MAXIMUM OF 125 CHILDREN TO A NEW MAXIMUM OF 225 CHILDREN CHILDREN ARE ENROLLED ON A FIRST-COME, FIRST-SERVED BASIS GIVEN AVAILABILITY OF AGE-SPECIFIC OPENINGS THIS WILL SIGNIFICANTLY REDUCE THE NUMBER OF FAMILIES ON OUR WAITING LIST AND ALLOW US TO PREPARE MORE CHILDREN TO BE READY FOR AND SUCCESSFUL IN SCHOOL WE SERVE THE FOLLOWING AGE COMPONENTS INFANTS 3 MONTHS - 12 MONTHSYOUNG TODDLERS 13 MONTHS - 24 MONTHSOLDER TODDLERS 25 MONTHS - 36 MONTHSPRESCHOOLERS 37 MONTHS - ENTRY INTO KINDERGARTENYOUNG SCHOOL AGE KINDERGARTEN - 3RD GRADEOLD SCHOOL AGE 4TH GRADE - UP TO COMPLETION OF THE SCHOOL YEAR (INCLUDING THE SUMMER) OF THEIR 12TH BIRTHDAY	

4c	(Code) (Expenses \$ 854,493 including grants of \$) (Revenue \$ 524,200)
HOUSING - CRISPUS ATTUCKS HAS MADE A COMMITMENT TO PROVIDE LOW-INCOME HOUSING TO THE SOUTHEAST NEIGHBORHOOD IN THE YORK COMMUNITY WE PROVIDE 137 RENTAL UNITS IN APARTMENTS AND SINGLE FAMILY HOMES TO LOW-TO-MODERATE INCOME INDIVIDUALS AND FAMILIES THE ANNUAL HOUSING STATISTICS ARE AS FOLLOWS * 125 FAMILIES WERE HOUSED IN CA OWNED PROPERTIES IN 2011* 357 INDIVIDUALS SERVED (48% ARE AFRICAN-AMERICAN, 47% ARE HISPANIC, AND 5% WHITE) THE CA HOUSING DEPARTMENT CONTINUES TO IMPROVE THEIR SERVICE TO OUR TENANTS THE MAINTENANCE STAFF WORKS DILIGENTLY AT KEEPING THE PROPERTIES UP TO CODES WITH THE LIMITED RESOURCES THAT WE HAVE THE OFFICE STAFF IS BILINGUAL AND WORKS DILIGENTLY AT PROVIDING INFORMATION AND RESOURCES TO HELP OUR TENANTS WHO NEED ADDITIONAL SERVICES	

(Code)	(Expenses \$ 259,944	including grants of \$ 259,944)	(Revenue \$ 149,431)
YOUTH BUILD CHARTER SCHOOL - THE CRISPUS ATTUCKS YOUTHBUILD CHARTER SCHOOL IS A SEPARATELY-OPERATED NON-PROFIT ORGANIZATION DESIGNED TO HELP STUDENTS EARN A HIGH SCHOOL EDUCATION, DEVELOP EMPLOYABILITY SKILLS, PROVIDE SKILLS TRAINING AND ULTIMATELY PUT THEM IN A POSITION TO SECURE GAINFUL EMPLOYMENT CRISPUS ATTUCKS IS A RECIPIENT OF SEVERAL GRANTS WHICH ARE PASSED THROUGH DIRECTLY TO THE CHARTER SCHOOL			

(Code) (Expenses \$ 1,410,404 including grants of \$) (Revenue \$ 4,995)
VARIOUS OTHER PROGRAM SERVICES

4d	Other program services (Describe in Schedule O)
(Expenses \$ 1,670,348 including grants of \$ 259,944) (Revenue \$ 154,426)	

4e	Total program service expenses\$ 4,586,053
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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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	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	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
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	No
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? Note. 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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V ☐		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	2
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes
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	2a101
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aYes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3bYes
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)?	4aNo
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6aNo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b
7	Organizations that may receive deductible contributions under section 170(c).	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7aNo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7cNo
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?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7fNo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	9a
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b
10	Section 501(c)(7) organizations. Enter	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b
11	Section 501(c)(12) organizations. Enter	
a	Gross income from members or shareholders	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. 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?	14aNo
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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?		No
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		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official		No
15b	Other officers or key employees of the organization		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?		No
16b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☒ Own website ☒ Another's website ☒ Upon request	
19	Describe in Schedule O whether (and if so, how), the organization 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.	DONNA WILLIAMS - CFO 605 SOUTH DUKE STREET YORK, PA 17401 (717) 848-3610

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANIEL ELBY PRESIDENT	2 00	X		X				0	0	0
(2) DR KENNETH MARTIN VICE-PRESIDENT	1 00	X		X				0	0	0
(3) MARGARET DRISCOLL SECRETARY	1 00	X		X				0	0	0
(4) GEORGE DOTZEL CPA TREASURER	2 00	X		X				0	0	0
(5) FRANK COUNTESS DIRECTOR	1 00	X						0	0	0
(6) PAMELA BOSTIC DIRECTOR	1 00	X						0	0	0
(7) JOHN KLINEDINST DIRECTOR	1 00	X						0	0	0
(8) ED MAGEE DIRECTOR	1 00	X						0	0	0
(9) GARY LAUER DIRECTOR	1 00	X						0	0	0
(10) ARLENE LAPORE DIRECTOR	1 00	X						0	0	0
(11) DR JOSEPH MCCORMICK II DIRECTOR	1 00	X						0	0	0
(12) ERIC MENZER DIRECTOR	1 00	X						0	0	0
(13) JUAN KIMBLE DIRECTOR	1 00	X						0	0	0
(14) THOMAS WOLF DIRECTOR	1 00	X						0	0	0
(15) DR JOEL RODNEY DIRECTOR	1 00	X						0	0	0
(16) MICHAEL MARCH DIRECTOR	1 00	X						0	0	0
(17) BRIAN MCLAUGHLIN DIRECTOR	1 00	X						0	0	0

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	1,134,692	0	6,362

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

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

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	260,068			
	b	Membership dues	1b	2,200			
	c	Fundraising events	1c	5,906			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,305,242			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	472,933			
	g	Noncash contributions included in lines 1a-1f \$ 4,778					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	CHILDCARE	624410	923,849	923,849		
	b	LOW INC HOUSING RENTAL	531110	524,200	524,200		
	c	PROPERTY MANAGEMENT IN	531310	149,431	149,431		
	d	PROGRAM SERVICE FEES	624100	6,195	6,195		
	e	LOW INC HOUSING P-SHIP	900003	-1,200	-1,200		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			1,602,475		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		7,941			7,941
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real					
		1,089,800					
		(ii) Personal					
		1,034,980					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		54,820		2,769	52,051
	7a	(i) Securities					
		5,000					
		(ii) Other					
		616					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		4,384			4,384
	8a	Gross income from fundraising events (not including \$ 5,906 of contributions reported on line 1c) See Part IV, line 18					
	a	4,738					
	b	Less direct expenses					
c	Net income or (loss) from fundraising events . .		1,730			1,730	
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances						
a	4,594						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .		-8,627			-8,627	
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS INCOME		900099	22,595			22,595
b	REIMBURSEMENTS		900099	1,366			1,366
c							
d	All other revenue						
e	Total. Add lines 11a-11d			23,961			
12	Total revenue. See Instructions			4,733,033	1,602,475	2,769	81,440

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	259,944	259,944		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
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	211,749	190,717	17,775	3,257
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	2,118,930	1,908,467	177,875	32,588
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	130,589	117,619	10,962	2,008
10	Payroll taxes	227,008	204,461	19,056	3,491
11	Fees for services (non-employees)				
a	Management				
b	Legal	8,338	1,260	7,078	
c	Accounting	21,000	800	20,200	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	195,134	194,881		253
12	Advertising and promotion	4,121	3,712	346	63
13	Office expenses	251,503	222,756	24,753	3,994
14	Information technology				
15	Royalties				
16	Occupancy	798,688	739,303	50,190	9,195
17	Travel	23,803	21,439	1,998	366
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,351	3,351		
20	Interest	172,284	56,646	115,638	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	577,812	455,909	121,011	892
23	Insurance	134,674	121,298	11,305	2,071
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	PROGRAM EXPENSES	128,094	128,094		
b	MISC TAXES, LICENSES,	14,748	14,108	640	
c	MEMBERSHIP DUES	3,145	300	2,305	540
d	BAD DEBTS EXPENSE	-59,012	-59,012		
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	5,225,903	4,586,053	581,132	58,718
26	Joint costs. Check here ☒ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			384,106	1	588,267
	2	Savings and temporary cash investments			758,583	2	535,332
	3	Pledges and grants receivable, net			1,096,619	3	552,541
	4	Accounts receivable, net			789,090	4	764,100
	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			23,720	7	23,720
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			67,985	9	99,201
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	34,826,879			
	b	Less: accumulated depreciation	10b	9,773,176	25,917,795	10c	25,053,703
	11	Investments—publicly traded securities			735,369	11	134,742
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11			34,354	13	33,154
	14	Intangible assets			654,492	14	726,287
	15	Other assets. See Part IV, line 11			414,464	15	413,437
	16	Total assets. Add lines 1 through 15 (must equal line 34)			30,876,577	16	28,924,484
Liabilities	17	Accounts payable and accrued expenses			593,856	17	760,693
	18	Grants payable				18	
	19	Deferred revenue			119,000	19	0
	20	Tax-exempt bond liabilities			12,786,298	20	11,280,473
	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			881,217	23	890,546
	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			1,160,122	25	1,863,399
	26	Total liabilities. Add lines 17 through 25			15,540,493	26	14,795,111
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			14,189,014	27	13,531,029
	28	Temporarily restricted net assets			1,114,493	28	567,240
	29	Permanently restricted net assets			32,577	29	31,104
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			15,336,084	33	14,129,373
	34	Total liabilities and net assets/fund balances			30,876,577	34	28,924,484

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	4,733,033
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,225,903
3	Revenue less expenses Subtract line 2 from line 1	3	-492,870
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,336,084
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-713,841
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	14,129,373

Part XII Financial Statements and Reporting

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

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

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 CRISPUS ATTUCKS ASSOCIATION OF YORK PA	Employer identification number 23-1365320
--	--

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

Part II

Support Schedule for Organizations Described in 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.")	5,253,268	4,978,939	6,076,507	3,825,151	3,046,349	23,180,214
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,253,268	4,978,939	6,076,507	3,825,151	3,046,349	23,180,214
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						23,180,214

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	5,253,268	4,978,939	6,076,507	3,825,151	3,046,349	23,180,214
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,293,670	1,005,981	631,650	482,757	819,060	4,233,118
9 Net income from unrelated business activities, whether or not the business is regularly carried on					2,769	2,769
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	143,467	94,410	43,029	74,563	33,293	388,762
11 Total support (Add lines 7 through 10)						27,804,863

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

124,488,608

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	83 370 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	85 240 %

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 stop here						

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 stop here . 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 stop here . The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the 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
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS INCOME VENDING SALES PAYROLL REIMBURSEMENTS REIMBURSEMENTS FUNDRAISING INCOME

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
CRISPUS ATTUCKS ASSOCIATION OF YORK PA

Employer identification number
23-1365320

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

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

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 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)

- ☐ Public exhibition

☐ Loan or exchange programs
- ☐ Scholarly research

☐ Other
- ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
1c	
1d	
1e	
1f	

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				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2 Provide the estimated percentage of the year end balance held as

- Board designated or quasi-endowment ▶
- Permanent endowment ▶
- Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
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	152,788	4,000		156,788
b Buildings	16,348,612	16,601,087	9,112,215	23,837,484
c Leasehold improvements				
d Equipment		943,334	660,961	282,373
e Other		777,058		777,058
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				25,053,703

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,733,033
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,225,903
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-492,870
4	Net unrealized gains (losses) on investments	4	4,170
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-718,011
9	Total adjustments (net) Add lines 4 - 8	9	-713,841
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,206,711

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	5,067,393
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	4,170
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-718,011
e	Add lines 2a through 2d	2e	-713,841
3	Subtract line 2e from line 1	3	5,781,234
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	-1,048,201
c	Add lines 4a and 4b	4c	-1,048,201
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,733,033

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	6,274,104
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	1,048,201
e	Add lines 2a through 2d	2e	1,048,201
3	Subtract line 2e from line 1	3	5,225,903
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	5,225,903

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY CRISPUS ATTACKS ASSOCIATION OF YORK, PA (CA), INCLUDING WHETHER THE ENTITY IS EXEMPT FROM INCOME TAXES. MANAGEMENT EVALUATED THE TAX POSITIONS TAKEN AND CONCLUDED THAT CA HAS 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, CA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE JUNE 20, 2009.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF PERPETUAL TRUST -1,473. CHANGE IN NET ASSETS OF A COMMUNITY FOUNDATION -7,310. CHANGE IN FAIR VALUE OF INTEREST RATE SWAP - 709,228. TOTAL TO SCHEDULE D, PART XI, LINE 8 - 718,011.
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF PERPETUAL TRUST -1,473. CHANGE IN NET ASSETS OF A COMMUNITY FOUNDATION -7,310. CHANGE IN FAIR VALUE OF INTEREST RATE SWAP - 709,228.
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSES -1,034,980. COST OF INVENTORY SALES -13,221.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 1,034,980. COST OF INVENTORY SALES 13,221.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
CRISPUS ATTUCKS ASSOCIATION OF YORK PA

Employer identification number
23-1365320

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
(1) CRISPUS ATTUCKS YOUTHBUILD CHARTER SCHOOL605 S DUKE STREET YORK,PA 17401	23-3029584	501(C)(3)	259,944				GRANTS RECEIVED BY FILING ORGANIZATION AND PASSED THROUGH TO RECIPIENT

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

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 GRANT FUNDS ARE MONITORED ACCORDING TO THE TERMS OF GRANT CONTRACTS GRANT EXPENDITURES ARE AUDITED ON AN ANNUAL BASIS AS SET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

CRISPUS ATTUCKS ASSOCIATION OF YORK PA

Employer identification number

23-1365320

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 4B	ROBERT L. SIMPSON, CEO RECEIVED PAYMENT FROM THE 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN IN THE AMOUNT OF \$953,210. THIS DEFERRED COMPENSATION PLAN HAS BEEN IN EFFECT SINCE 1985.

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.										OMB No 1545-0047	
											2011	
	Department of the Treasury Internal Revenue Service	Name of the organization CRISPUS ATTUCKS ASSOCIATION OF YORK PA										Employer identification number 23-1365320

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	YORK COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	23-7045116	986401BK8	06-01-2007	14,450,000	CONSTRUCTION, EXPANSION, AND REFINANCE CURRENT DEBT		X		X		X
B	GENERAL AUTHORITY OF SOUTH CENTRAL PENNSYLVANIA	23-2982233		08-30-2010	4,578,448	REFUNDING		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	7,481,893		266,082					
2	Amount of bonds defeased								
3	Total proceeds of issue	14,450,000		4,578,448					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	230,604		102,100					
8	Credit enhancement from proceeds	145,856							
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	8,706,409							
11	Other spent proceeds	5,367,131		4,476,348					
12	Other unspent proceeds								
13	Year of substantial completion	2010		2010		YesNoYesNo			
		YesNo	YesNo						
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?	X		X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?	X		X					

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
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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 CRISPUS ATTUCKS ASSOCIATION OF YORK PA	Employer identification number 23-1365320
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 8B	COMMITTEES DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE BOARD ALL COMMITTEE RECOMMENDATIONS ARE TAKEN TO FULL BOARD FOR ACTION AND APPROVAL COMMITTEE MEETINGS ARE NOT DOCUMENTED
	FORM 990, PART VI, SECTION B, LINE 11	THE DIRECTOR OF FINANCE WILL REVIEW THE FORM 990 IN DETAIL A COPY OF THE FORM 990 WILL BE PROVIDED TO THE ASSOCIATION'S FINANCE COMMITTEE FOR THEIR REVIEW THE TREASURER OF THE BOARD WILL PROVIDE A COPY OF THE FORM 990 TO EACH BOARD MEMBER VIA E-MAIL, IF E-MAIL IS NOT AVAILABLE A COPY WILL BE SUPPLIED BEFORE BOARD MEETING UPON FINAL APPROVAL OF THE FORM 990 BY THE FINANCE COMMITTEE, THE BOARD WILL APPROVE THE FILING OF THE FORM 990
	FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST MAY EXIST WHEN THE INTERESTS OR CONCERNS OF ANY DIRECTOR, OFFICER OR STAFF MEMBER, OR SAID PERSON'S IMMEDIATE FAMILY, OR ANY PARTY, GROUP OR ORGANIZATION IN WHICH SAID PERSON HOLDS A POSITION AS AN EMPLOYEE, OFFICER, DIRECTOR OR PARTNER, MAY BE SEEN AS COMPETING WITH THE INTERESTS OR CONCERNS OF THIS ORGANIZATION THE EXECUTIVE DIRECTOR AND EACH MEMBER OF THE BOARD OF DIRECTORS OF CRISPUS ATTUCKS ASSOCIATION, INC MUST DISCLOSE IN WRITING TO THE BOARD ANY POSSIBLE CONFLICT OF INTEREST THIS DISCLOSURE MUST BE UPDATED ANNUALLY WHEN SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS, THE INTERESTED PERSON SHALL CALL IT TO THE ATTENTION OF THE BOARD OF DIRECTORS (OR ITS COMMITTEE) AND SUCH PERSON SHALL NOT VOTE ON THE MATTER MOREOVER, THE PERSON HAVING A CONFLICT SHALL, AT THE BOARD'S DISCRETION, RETIRE FROM THE ROOM IN WHICH THE BOARD (OR ITS COMMITTEE) IS MEETING AND IN NO EVENT SHALL PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION HOWEVER, THAT PERSON SHALL PROVIDE THE BOARD OR COMMITTEE WITH ANY AND ALL RELEVANT INFORMATION UPON REQUEST OF THE BOARD WHEN THERE IS DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS (OR ITS COMMITTEE), EXCLUDING THE PERSON CONCERNING WHOSE SITUATION THE DOUBT HAS ARISEN
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS PUBLIC SINCE IT IS NOT REQUIRED BY FEDERAL OR STATE LAW THE ORGANIZATION INCLUDES A COPY OF ITS FINANCIAL STATEMENTS WITH THE STATE REGISTRATION FILED WITH THE PENNSYLVANIA DEPARTMENT OF STATE, BUREAU OF CHARITABLE ORGANIZATIONS THESE DOCUMENTS ARE A MATTER OF PUBLIC RECORD AND CAN BE VIEWED AT THE BUREAU OFFICE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 4,170 CHANGE IN VALUE OF PERPETUAL TRUST -1,473 CHANGE IN NET ASSETS OF A COMMUNITY FOUNDATION -7,310 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP - 709,228 TOTAL TO FORM 990, PART XI, LINE 5 -713,841
	FORM 990, PART XII, LINE 2C	THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT THEY MEET MONTHLY AND REVIEW ALL FINANCIAL MATTERS AND MAKE REPORTS/RECOMMENDATIONS TO THE BOARD, THIS IS CONSISTENT WITH THE PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CRISPUS ATTUCKS ASSOCIATION OF YORK PA

Employer identification number
23-1365320

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 400 SOUTH GEORGE STREET PARTNERSHIP 605 SOUTH DUKE STREET YORK, PA 17403 23-2660297	LOW INCOME HOUSING RENTAL	PA	N/A									
(2) SKW HOUSING PARTNERS LIMITED PARTNERSHIP 605 SOUTH DUKE STREET YORK, PA 17403 23-2850370	LOW INCOME HOUSING RENTAL	PA	CRISPUS ATTUCKS ASSOCIATION OF YORK	RELATED	-850	1,707,355		No		Yes		1 000 %

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) 400 SOUTH GEORGE STREET INC 605 SOUTH DUKE STREET YORK, PA 17403 23-2660294	PASS THROUGH GENERAL PARTNER INTEREST OF 400 SOUTH GEORGE STREET PARTNERSHIP	PA	CRISPUS ATTUCKS ASSOCIATION OF YORK PA	C	-348	86,750	100 000 %

Part V

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

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

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

Yes

No

No

No

No

No

No

Yes

No

No

No

No

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:
Software Version:
EIN: 23-1365320
Name: CRISPUS ATTUCKS ASSOCIATION OF YORK PA

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 \$ 259,944 including grants of \$ 259,944) (Revenue \$ 149,431) YOUTH BUILD CHARTER SCHOOL - THE CRISPUS ATTUCKS YOUTHBUILD CHARTER SCHOOL IS A SEPARATELY-OPERATED NON-PROFIT ORGANIZATION DESIGNED TO HELP STUDENTS EARN A HIGH SCHOOL EDUCATION, DEVELOP EMPLOYABILITY SKILLS, PROVIDE SKILLS TRAINING AND ULTIMATELY PUT THEM IN A POSITION TO SECURE GAINFUL EMPLOYMENT CRISPUS ATTUCKS IS A RECIPIENT OF SEVERAL GRANTS WHICH ARE PASSED THROUGH DIRECTLY TO THE CHARTER SCHOOL
(Code) (Expenses \$ 1,410,404 including grants of \$) (Revenue \$ 4,995) VARIOUS OTHER PROGRAM SERVICES