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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

__ No

Form 990 (2013)

XX Yes

Open to Public

Department of the Treasury

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.us.gov/form990. A For the 2013 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change YORK COUNTY COMMUNITY FOUNDATION Name change 23-6299868 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 14 WEST MARKET STREET (717)848 - 3733X Amended 26,481,844. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Applica-YORK, PA 17401-1617 H(a) Is this a group return F Name and address of principal officer: HENRY J. CHRIST. Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? JYes [Tax-exempt status X 501(c)(3)) (insert no.) If "No," attach a list (see instructions) J Website: ► WWW.YCCF.ORG **H(c)** Group exemption number ▶ K Form of organization. X Corporation Trust Association Other > Year of formation: 1961 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: WE CREATE A VIBRANT YORK COUNTY Governance BY ENGAGING DONORS, PROVIDING COMMUNITY LEADERSHIP AND INVESTING IN Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 30 3 Number of voting members of the governing body (Part VI, line 1a) <u>30</u> Number of independent voting members of the governing body (Part VI, line 1b) Activities & 12 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 350 6 Total number of volunteers (estimate if necessary) 6 11,250. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T) line 34 T N / T T Prior Year **Current Year** SSC 7,403,282. 14,363,592. Contributions and grants (Part VIII, line 1h) MAR 2 8 2016 87,567 81,181. 3,235,046 4,894,069. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,540. 2,198 10.728.093 19.343.382. 12 Total revenue add lines 8 through 11 (must equal Rant Vill, column) 2,740,019. 2,595,305 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 14 Benefits paid to or for members (Part IX, column (A), line 4) 832,909 870,213. 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 291,998. b Total fundraising expenses (Part IX, column (D), line 25) 496,230 730,858. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,924,444 4,341,090. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 15,002,292. 6,803,649. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 79,279,380 101,523,802. Total assets (Part X, line 16) 15,188,290 17,525,682. 21 Total liabilities (Part X, line 26) 64,091,090. Net assets or fund balances. Subtract line 21 from line 20 83,998,120. Part II Signature Bløck Under penalties of perjury 1 the lare 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. errangion of prepare to the officer) is based on all information of which preparer has any kno Sign HENRY J. HBAST. III, TREASURER Here Type or print name and title Date Print/Type preparer's name Preparer's signature AMY GOHN ANSTINE 03/11/16 ₽00072689 Paid AMY GOHN ANSTINE REINSEL KUNTZ LESHER LLP Preparer Firm's name Firm's EIN 23-2108173 Use Only 3501 CONCORD ROAD, PO BOX 21439 Phone no. (717) 843-3804 YORK, PA 17402

0-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.
SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

May the IRS discuss this return with the preparer shown above? (see instructions)

	1990 (2013) YORK COUNTY COMMUNITY FOUNDATION	23-6299868	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Bnefly describe the organization's mission:	<u> </u>	
•		ITDING	
	WE CREATE A VIBRANT YORK COUNTY BY ENGAGING DONORS, PROV		
	COMMUNITY LEADERSHIP AND INVESTING IN HIGH IMPACT INITIA		
	BUILDING ENDOWMENT FOR FUTURE GENERATIONS. AS A STEWARI		ABLE
	ENDOWMENT AND GRANTMAKER TO CHARITABLE ORGANIZATIONS SEE	RVING OUR	
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?		es X No
	·		es LALINO
	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?	Y€	es X 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 expen-	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	rs, the total expense	s, and
4		01	C 2 1
4a	(Code) (Expenses \$ 2,357,530 . including grants of \$ 1,926,221 .) (Revenue)	e\$81	.,631. ₎
	YORK COUNTY COMMUNITY FOUNDATION'S GRANTMAKING PROGRAM F		
	ACROSS ALL CHARITABLE SECTORS SERVING YORK COUNTY PENNSY	LVANIA, AS	3
	EVIDENCED BY 713 GRANTS TO 255 CHARITABLE ORGANIZATIONS.		
		MPETITIVE	
	DESIGNATIONS. MAJOR GRANT PROGRAMS INCLUDE POST-SECONDA		CIIID
	SUPPORT TO CHARITABLE ORGANIZATIONS AND EDUCATIONAL INST		
	GRANT SUPPORT THROUGH OUR HERITAGE FUNDS PROGRAMS TO BUI		ENTS
	FOR PARTICIPATING CHARITABLE ORGANIZATIONS. OTHER MAJOR	ROGRAM PROGRAM	
	INTEREST AREAS NOTED SEPARATELY.		
		-	
			
4b	(Code) (Expenses \$135,458. including grants of \$135,458.) (Revenue	e \$)
	POST SECONDARY SCHOLARSHIPS TO 106 INDIVIDUALS IN THE U.	S. THROUGH	I
	GRANTS TO EDUCATIONAL INSTITUTIONS.		
		······	
	The state of the s		
	177 566		
4¢	(Code) (Expenses \$ 177,566. including grants of \$ 173,233.) (Revenue)	e \$)
	YORK COUNTY COMMUNITY FOUNDATION'S FUND FOR YORK COUNTY		
	GREATEST NEEDS OF OUR COMMUNITY THROUGH HIGH IMPACT STRA	TEGIC GRAN	ITS
	SUPPORTING COMMUNITY VIBRANCY.		
			
	<u> </u>		
4d			_
	(Expenses \$ 549,699 · including grants of \$ 505,107 ·) (Revenue \$)	
4e	Total program service expenses 3,220,253.		

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YORK COUNTY COMMUNITY FOUNDATION
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)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	١,	·	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
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? If "Yes," complete Schedule C, Part III	5		х
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? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			,
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
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? If "Yes," complete Schedule D, Part VIII	44.		Х
ď	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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
46	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	-	
•-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	· ·		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	· · · · · · · · · · · · · · · · · · ·			

Form 990 (2013)

YORK COUNTY COMMUNITY FOUNDATION

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u></u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			İ
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			-
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			. :
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	,		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34_		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,.
	If "Yes," complete Schedule R, Part V, line 2	36	L	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٦,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		.	
	Note. All Form 990 filers are required to complete Schedule O	_38_	X	(2012)
			4411	いつりゅつい

	990 (2013) YORK COUNTY COMMUNITY FOUNDATION 23-6299	868	P	age 5
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	_
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 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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 as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		-	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	27	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
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		Х
9	Sponsoring organizations maintaining donor advised funds.			.,
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	40-		_
а		13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
140	Enter the amount of reserves on hand	44-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Ves." has it filed a Form 720 to import these payments? If "No." provide an explanation in Schedule O.	14a 14b	-	┢ᢚ
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		Ц.

Form 990 (2013) YORK COUNTY COMMUNITY FOUNDATION 23-6299868 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 30			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			•
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			_
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	ıvaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	·	
	GEORGE DVORYAK, CFO - 717-848-3733			
	14 WEST MARKET STREET YORK PA 17401-1203			

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

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

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

Check this box if neither the organization r (A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one			than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	s bot	h an	compensation	compensation	amount of
	week	<u> </u>		T		1	<u> </u>	from	from related	other
	(list any hours for	direct						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	iee or	stee		ĺ	nsate		(W-2/1099-MISC)	(** 2, 1000 111100)	organization
	organizations	fres	nal tr.		oyee	ompe (and related
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) WIGHT WELGOVE	line)	르	E .	HO.	Ke.	풀통	호		-	
(1) MICHAEL NEWSOME	2.00	x		.					,	•
CHAIR, DIRECTOR	1.00	<u> </u>		X		-		0.	0.	0.
(2) PAUL L. RUDY, III	1.00	x		X				۸ ا		0
2ND VICE CHAIR, DIRECTOR (3) MARSHA M. EVERTON	1.00	<u> </u>		Λ		_		0.	0.	0.
SECRETARY DIRECTOR	1.00	X		х				0.	0.	^
(4) MARGARET Z. SWARTZ	1.00	<u> </u>		^	\vdash	H		U •	<u> </u>	0.
ASSISTANT SECRETARY, DIREC	1.00	х		х				0.	0.	0.
(5) HENRY J. CHRIST, III	2.00	Δ	┝	<u> </u>	\vdash	\vdash				0.
TREASURER DIRECTOR	1 2:00	x		х				0.	0.	0.
(6) CARL E. ANDERSON	1.00		\vdash		┢			0.	0.	<u> </u>
DIRECTOR	<u> </u>	х						0.	0.	0.
(7) JOHN W. BAILEY	1.00	<u> </u>				_		-		
DIRECTOR		х			İ			0.	0.	0.
(8) VERNON L. BRACEY (TILL 5/2013)	1.00									
DIRECTOR		Х			l			0.	0.	0.
(9) TIMOTHY J. BUPP	1.00									
DIRECTOR		X						0.	0.	0.
(10) ELIZABETH F. CARSON	1.00									
DIRECTOR		X						0.	0.	0.
(11) CHARLES H. CHODROFF	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JOSEPH P. CLARK II	1.00									
DIRECTOR		Х						0.	0.	0.
(13) DAVID L. CROSS	1.00									
DIRECTOR		Х			L_			0.	0.	0.
(14) KRISTA SNYDER DARR	1.00									_
DIRECTOR	1 00	Х						0.	0.	0.
(15) DAVID M. DAVIDSON	1.00	,								-
DIRECTOR	1 00	X			<u> </u>	_		0.	0.	0.
(16) SALLY DIXON (TILL 5/2013)	1.00	٠,								•
DIRECTOR	1.00	Х				\vdash		0.	0.	0.
(17) JENNIFER GEESEY DIRECTOR	1.00	x						0.	0.	^
222007 10 20 12	1	Λ			L	نــــا		<u> </u>	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
(A)	(B)	(C)						(D)	(E)			(F)		
Name and title	Average	(do	not c	Pos heck	ntion more	than	one	Reportable	Reportable		Est	ımate	∌d	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	n		ount		
	week (list any		la an	I	l	I	T	from	from related		-	other		
	hours for	irecto						the	organizations (W-2/1099-MIS		comp			
	related	e or d	eg.			sated		organization (W-2/1099-MISC)	(44-2/1099-14113	⁰ ,		m the		
	organizations	truste	a trus		ea_	шреп		(11 2) 1055 111100)		- 1	_	relat		
	below	individual trustee or director	Institutional trustee	_	Kay employee	S sco	ᡖ			İ	orgar			
	line)	P	Instit	Officer	Keye	Highest compensated employee	Former				•			
(18) MICHAEL H. HADY, III	1.00					Π								
DIRECTOR		Х		L				0.		0.			0.	
(19) RONALD HERSHNER	1.00													
DIRECTOR		X					L	0.		0.			0.	
(20) TIMOTHY KINSLEY	1.00													
DIRECTOR		Х					L.	0.		0.			0.	
(21) SUSAN D. KREBS	1.00				1								_	
DIRECTOR		Х	L.	_				0.		0.	_		0.	
(22) LOREN H. KROH	1.00						ĺ						_	
DIRECTOR	1 00	X	_			_	<u> </u>	0.		0.			0.	
(23) JEFFREY D. LOBACH									0.					
DIRECTOR	1 00	Х		<u> </u>		L		0.		0.		<u>' · </u>		
(24) ERIN J. MILLER (TILL 5/2013)	1.00	v						ا م		ا ۱			0	
DIRECTOR (25) LORI O. MITRICK	1.00	Х			┝	┢	-	0.		0.			0.	
DIRECTOR	1.00	х						0.		0.			0.	
(26) JOHN M. POLLI	1.00	<u> </u>				-	├	0.		"			- 0 •	
DIRECTOR	1.00	х						0.		0.			0.	
1b Sub-total				L	L	L	_	0.		0.1			0.	
c Total from continuation sheets to Part VI	I Section A							232,786.		0.	17	1 1	09.	
d Total (add lines 1b and 1c)	ii, Section A							232,786.		0.			$\frac{0}{0}$	
2 Total number of individuals (including but n	ot limited to th	Inse	liste	nd al	hove	e) wt	20 r		000 of reportable					
compensation from the organization	ot minica to ti	1000	11000	, u	00*	c, •••		cocived more man wroc	,,ooo oi reportabil	_			1	
											Τ,	Yes	No	
3 Did the organization list any former officer,	director, or tru	uste	e. ke	v er	npla	vee.	. or	highest compensated e	mplovee on	Γ				
line 1a? If "Yes," complete Schedule J for s			,	•	•	,		3 ,		j	3		Х	
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	n and	d otl	her compensation from	the organization	1				
and related organizations greater than \$150									_		4	X	1	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr	elat	ed organization or indivi	dual for services	Γ				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son					5		X	
Section B. Independent Contractors														
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pensa	ition fr	om		
the organization. Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ıthır	n the organization's tax	year					
(A) (B)										(C)				
Name and business	address						- 1	Description of s	ervices	Co	mpen	satio	n	

Name and business address

FUND EVALUATION GROUP, 201 EAST FIFTH
STREET; SUITE 1600, CINCINNATI, OH 45202

CONSULTING

(C)
Compensation

INVESTMENT
CONSULTING

191,221.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1

Part VII Section A. Officers, Directors,		mplo	oyee			ligh	est			
(A) Name and title	(B) Average hours	(ci		Posi all t	ition		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) SCOTT C. ROGERS IRECTOR	1.00	х	:					0.	0.	(
28) WILLIAM S. SHIPLEY, III PIRECTOR	1.00	х						0.	0.	C
29) JOHN J. SHORB IRECTOR	1.00	x						0.	0.	(
30) PATTI STIRK IRECTOR	1.00	x						0.	0.	(
31) JOHN J. SYGEIELSKI IRECTOR	1.00	x						0.	0.	
32) JOSEPH G. WAGMAN	1.00	x						0.	0.	
33) CLAIRE S. WEAVER IRECTOR	1.00	x						0.	0.	
34) WILLIAM R. HARTMAN RESIDENT, CEO	45.00			х				146,844.	0.	6,61
35) GEORGE DVORYAK ICE-PRESIDENT, CFO	40.00			Х				85,942.	0.	10,49
										_
			_		_					
		-					_			
Fotal to Part VII, Section A, line 1c								232,786.		17,10

Pai	t'VII							<u></u>
1		Check if Schedule O cont	ains a response	or note to any lin	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	Revenue excluded from tax under sections 512 - 514
တ္တ	•	Federated compagns	140			revenue	revenue	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns	18					
عَةِ		Membership dues	1b					;
r A		Fundraising events	1c					
<u> </u>		Related organizations	1d					1
Sis		Government grants (contribut All other contributions, gifts, gran						
호텔	ī	similar amounts not included above		14,363,592.				,
[5분	_		L	262,454.				
泛	g	Noncash contributions included in lines Total. Add lines 1a-1f	ια- II Ψ		14,363,592.			L S
"		Total: Add lines 1a-11	 	Business Code	,,			
ا ه	2 a	CHARITABLE TRUST FEES		525920	81,181.	81,181.		
Š	2 a b				,	,		
S al	C	 				_		
E §	d					_		
Program Service Revenue	e					_		
표	f		nue					
		Total. Add lines 2a-2f			81,181.			٠
	3	Investment income (including	dividends, intere					
		other similar amounts)	,		2,469,364.			2,469,364.
	4	Income from investment of tax	x-exempt bond p	proceeds				
	5	Royalties		•				
		•	(i) Real	(ii) Personal				
	6 a	Gross rents	20,530.					
	b	Less: rental expenses	27,690.					·
	С	Rental income or (loss)	<7,160.	>				,
	d	Net rental income or (loss)		•	<7,160.	>]		<7,160.
	7 a	Gross amount from sales of	(i) Securities	(ıi) Other				
		assets other than inventory	9,535,477.					,
	b	Less: cost or other basis						,
		and sales expenses	7,110,772.					
	c	Gain or (loss)	2,424,705.					
	d	l Net gain or (loss)			2,424,705.			2,424,705.
nue	8 a	Gross income from fundraisin	g events (not					
en		including \$	of					
Other Reve		contributions reported on line	1c). See					
ē		Part IV, line 18	а					
盲		Less: direct expenses	b	L]
_		Net income or (loss) from fund	_	<u> </u>				
	9 a	Gross income from gaming ac						
		Part IV, line 19	a .					
		Less: direct expenses	b					
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances	. a					
		Less: cost of goods sold	b					
	c	Net income or (loss) from sale		D				
	44 -	Miscellaneous Revenu ADMINISTRATIVE SERVICE		Business Code 561000	11,250.		11,250.	
	ıı a			900099	450.	450.	22,230.	
		·			350.			
	d					_		
		Total. Add lines 11a 11d	-		11,700.			
	12	Total revenue. See instructions.			19,343,382.		11,250.	4,886,909.
33200 10-29			_					Form 990 (2013)

Part IX Statement of Functional Expenses

	rt IX Statement of Functional Expens ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth		omplete column (A).	
	Check if Schedule O contains a respor				(D)
	not include amounts reported on lines 6b, 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	2,604,561.	2,604,561.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	135,458.	135,458.		
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	253,665.	97,849.	118,670.	37,146.
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	496,175.	166,312.	182,222.	147,641.
8	Pension plan accruals and contributions (include	-			
	section 401(k) and 403(b) employer contributions)	19,395.	7,357.	6,639.	5.399.
9	Other employee benefits	45,607.	16,486.	16,244.	12.877.
10	Payroll taxes	55,371.	19,631.	21,924.	5,399. 12,877. 13,816.
11	Fees for services (non-employees):				
а	Management				
b	Legal	12,725.		12,725.	
c	Accounting	25,774.	1,356.	23,464.	954.
d	Lobbying	· · · · · · · · · · · · · · · · · · ·			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	255,016.		255,016.	
g	Other. (If line 11g amount exceeds 10% of line 25,				. ,
3	column (A) amount, list line 11g expenses on Sch O.)	95,196.	95,196.		
12	Advertising and promotion	6,805.	3,403.		3,402.
13	Office expenses	61,200.	13,942.	37,251.	10,007
14	Information technology	37,159.	14,268.	11,981.	10,910.
15	Royalties				20,520
16	Occupancy	50,349.	14,651.	25,386.	10,312.
17	Travel	1,922.	340.	754.	828.
18	Payments of travel or entertainment expenses		- 3100	7,511	020.
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		· · · · · · · · · · · · · · · · · · ·		
21	Payments to affiliates	62,248.		62,248.	
22	Depreciation, depletion, and amortization Insurance	9,597.	3,199.	3,199.	3,199.
23 24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	9,397.	3,133.	3,133.	3,199.
	amount, list line 24e expenses on Schedule O.)				
а	PROGRAMS	75,019.	22,420.	20,916.	31,683.
b	STAFF DEVELOPMENT	26,376.		26,376.	
c	DUES AND ASSESSMENTS	11,472.	3,824.	3,824.	3,824.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,341,090.	3,220,253.	828,839.	291,998.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		_		

Form 990 (2013)
Part'X Balance Sheet

Part)	<u>^</u>	Balance Sneet					
		Check if Schedule O contains a response or not	te to any line in this	s Part X			L
					(A) Beginning of year		(B) End of year
						<u> </u>	•
	1	Cash non-interest-bearing			214,629.	1	106,392 5,367,246
	2	Savings and temporary cash investments			3,340,535.	2	126,016
1	3	Pledges and grants receivable, net			200,434.	3	120,010
	4	Accounts receivable, net				4	
1	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated employees C	omplete		_	
	_	Part II of Schedule L				5	
١,	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section		-			
_		employers and sponsoring organizations of sect		-			errore errore
Assets	_	employees' beneficiary organizations (see instr)	of Sch L		6		
Ass	7	Notes and loans receivable, net				7	
1 6	В	Inventories for sale or use		-		8	
	9	Prepaid expenses and deferred charges	1 1			9	
10	Ua	Land, buildings, and equipment: cost or other		39,741.			
		basis. Complete Part VI of Schedule D	 	18,076.	90,314.		21,665
		Less accumulated depreciation	10b 6	10,070.	62,244,850.	10c	79,466,627
11		Investments - publicly traded securities	4.4		11,831,543.	11	14,846,492
12		Investments - other securities. See Part IV, line	11,031,343.	12	14,040,432		
13		Investments - program-related. See Part IV, line		13			
14		Intangible assets	1 357 075	14	1 500 367		
15		Other assets See Part IV, line 11	1,357,075. 79,279,380.	15	1,589,364 101,523,802		
16		Total assets. Add lines 1 through 15 (must equ	ai line 34)	· · · · · · · · · · · · · · · · · · ·	26,606.	16 17	6,387
17		Accounts payable and accrued expenses		147,509.	18	19,736	
18		Grants payable	147,303.	19	15,750		
19		Deferred revenue			20		
21		Tax-exempt bond liabilities	Dort IV of Cobodule	- D		21	
		Escrow or custodial account liability. Complete laboration and other payables to current and former				21	-
ے ا≝	_	key employees, highest compensated employee		*			
Liabilities		Complete Part II of Schedule L	es, and disqualmed	persons		22	
ات ا 23	2	Secured mortgages and notes payable to unrela	atad third parties			23	
24		Unsecured notes and loans payable to unrelate	•			24	
25		Other liabilities (including federal income tax, pa	· ·	hurd		2-4	
	•	parties, and other liabilities not included on lines	-				
		Schedule D	3 17 24). Complete	T dit X Oi	15,014,175.	25	17,499,559
26	6	Total liabilities. Add lines 17 through 25			15,188,290.	26	17,525,682
		Organizations that follow SFAS 117 (ASC 958	R) check here	X and			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ဖွ		complete lines 27 through 29, and lines 33 an					
و 27	7	Unrestricted net assets			60,110,553.	27	79,436,187
E 28		Temporanly restricted net assets			3,119,693.	28	3,600,306
B 29		Permanently restricted net assets	-		860,844.	29	961,627
5	_	Organizations that do not follow SFAS 117 (A	SC 958), check he	ere 🕨 🗌			
<u>ة</u>		and complete lines 30 through 34.					
र्ध 30	n	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances		Paid-in or capital surplus, or land, building, or ed		•		31	
¥ 32		Retained earnings, endowment, accumulated in	• •	nds		32	
ž 3		Total net assets or fund balances			64,091,090.	33	83,998,120
34		Total liabilities and net assets/fund balances	• • •	_	79,279,380.	34	101,523,802
					··		Form 990 (201

orm	990 (2013) YORK COUNTY COMMONITY FOUNDATION	<u> </u>	0299	000	_ Pag	<u>je 12</u>
	t XI Reconciliation of Net Assets			_	_	
	Check if Schedule O contains a response or note to any line in this Part XI					X
			1.			00
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		,34		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 34		
3	Revenue less expenses Subtract line 2 from line 1	3		,00		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,09		
5	Net unrealized gains (losses) on investments		,60	3,9	22.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<69	<u>9,1</u>	84.>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	83	3,99	<u>8,1</u>	<u>20.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					LX.
					Yes	No
1	Accounting method used to prepare the Form 990 L Cash LX Accrual L Other					,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both					;
	Separate basis Consolidated basis Both consolidated and separate basis				:	,
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	š,			,
	consolidated basis, or both					,
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	i,		1.	- -
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule ()			,
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdıt	1		ائــي ا
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred au	dıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	-		3b	L	
	·			Form	990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

Open to Public Inspection

Employer identification number

			UNTY COMMUNI						2	3-6299	868	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu:	st complet	e this part) See inst	ructions				
The organ	ization is not a	a private foundation	because it is: (For lines 1	through	11, check	only one b	ox.)		-			
1 🗀	A church, co	nvention of churches	s, or association of church	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲			tal service organization of	•		170(b)(1)(A)(iii).					
4	•		operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospital	's nam	e.
. —	city, and stat		- ,					(-/(-//-//	,			-,
5 🗀	-		benefit of a college or ur	niversity ou	wned or or	perated by	a governi	mental uni	t descrit	ned in		
•	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)											
e 🗀			ent or governmental unit	t dooonbo	d in agatia	n 170/b)/d	VAVA					
7 X	•		•							mulhin dana		_
1 (4)	•	•	eives a substantial part	or its supp	ort from a	governme	mai unii o	r from the	generai	public desc	ribea i	n
	-	b)(1)(A)(vi). (Comple	•									
8	-		ection 170(b)(1)(A)(vi). (•							_
9 📖	•	-	eives: (1) more than 33 1							•	•	
		•	nctions - subject to certa		•	•				•		
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızatıon	after June 3	0, 197	'5
	See section	509(a)(2). (Complete	Part III)									
10	An organizati	on organized and or	perated exclusively to test	st for publ	ıc safety. S	See sectio	n 509(a)(4	l).				
11 🔲	An organizati	on organized and op	perated exclusively for th	ne benefit o	of, to perfo	orm the fur	nctions of,	or to carry	y out the	purposes o	f 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	e type of supporting	organization and comple	ete lines 1	1e through	11h.						
	a ☐ Type I	ı b ∟∐ Tչ	/peⅡ c∐ Ty	ype III - Fui	nctionally	ntegrated	d	І 📖 Тур	e III - No	n-functional	y integ	grated
e 🗀	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one or	more disc	qualified	persons oth	er tha	n
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations desc	cribed in s	ection 509	(a)(1) or	section 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at rt is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box									
g	Since August	t 17, 2006, has the c	rganization accepted an	y gift or co	ontribution	from any	of the folk	owing pers	ons?			
-	(i) A person	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	lescribed i	ın (ıı) and (ı	ıı) below	/.	Yes	No
		=	upported organization?	Ū				,, ,	•	11g(i)		
	•	• •	n described in (i) above?							11g(ii)		
		•	person described in (i) of		e?					11g(iii)		
h		•	about the supported or							<u>[···s(···/</u>		
••	i iovide trie i	ollowing information	about the supported of	garnzation	(3)							
(*) Al		("XEIN	(**) T ((iv) Is the o	rnanization	(v) Did voi	notify the	(vi) Is	the	() A		4
	of supported	(ii) EIN		in col. (i) lis		organizat		lorganizátic	n in col.	(vii) Amount		letary
ψiya	anization			governing				(i) organızı U.S.	ea in ine .?	յ Տոր	port	
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
				103		103	110	100	''			
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23-6299868 Page 2

Schedule A (Form 990 or 990 EZ) 2013 YORK COUNTY COMMUNITY FOUNDATION 23-62998

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

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

Sec	ction A. Public Support			-		··	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	1,719,269.	2,767,719.	5,211,076.	7,403,282.	14,363,592.	31,464,938.
2	Tax revenues levied for the organ-				_		
	ization'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	1,719,269.	2,767,719.	5,211,076.	7,403,282.	14,363,592.	31,464,938.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		1				
	supported organization) included		i				
	on line 1 that exceeds 2% of the		į				
	amount shown on line 11,]				
	column (f)						10,783,125.
6	Public support. Subtract line 5 from line 4						20,681,813.
	ction B. Total Support	<u>.</u>		.			
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	1,719,269.	2,767,719.	5,211,076.	7,403,282.	14,363,592.	31,464,938.
	Gross income from interest,		_,,	,,,	, , ,		, ,
٠	dividends, payments received on						
	securities loans, rents, royalties					:	
	and income from similar sources	1,503,682.	1,422,741.	1,466,089.	1,711,568.	2,489,894.	8,593,974.
	Net income from unrelated business	2,000,002.	-,,	- 1,100,002.	2,122,000.	2,102,021.	0,000,012.
Э							
	activities, whether or not the				1,823.	1,941.	3,764.
40	business is regularly carned on				1,023.	1,7410	3,701.
IŲ	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						40,062,676.
	Total support. Add lines 7 through 10					40	415,697.
12		•	•			12	413,037.
13	First five years. If the Form 990 is for	-	s IIrst, secona, third	i, iourth, or iiith ta	ix year as a sectio	n 501(c)(3)	⊾ □
Sec	organization, check this box and storection C. Computation of Publ		rcentage				
	· · · · · · · · · · · · · · · · · · ·			olump (fl)		14	51.62 %
	Public support percentage for 2013 (Public support percentage from 2012		-	olumin (I))		15	60.83 %
	,, ,	•	•	ulino 12 and lino :	14 to 22 1/20/ or m	L	
102	33 1/3% support test - 2013. If the c stop here. The organization qualifies	•		Time 13, and time	14 15 33 1/370 01 11	nore, check this bo	x and ►X
			•	no 12 or 160, and	Inno 15 to 22 1/20/	ar mara abaak th	—
L	33 1/3% support test - 2012. If the c	-			ine 13 is 33 1/370	o or more, check in	IIS DOX
17-	and stop here. The organization qual	• •	• • •		10 160 164	and line 14 is 100/	. >
178	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fact				<u>-</u>	it iv now the organ	iization
	meets the "facts-and-circumstances"	•	•		•	 17a and line 45 les	100/ ==
t	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				•		·
40	organization meets the "facts-and-circ		-	•			
18	Private foundation. If the organization	on ala not check a	oox on line 13, 16a	<u>ו, וסט, 17a, or 17b</u>			
					SCNE	edule A (Form 990	UI 33U-EL 2U 3

Schedule A (Form 990 or 990 EZ) 2013 YORK COUNTY COMMUNITY FOUNDATION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support					· ·	
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that		-				
Ū	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
(Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support					-	_
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	,					
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income			-			
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)					504()(5)	<u> </u>
14	First five years. If the Form 990 is for	r tne organization's	s tirst, second, thir	a, tourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
<u></u>	check this box and stop here .	io Support Da	roontoco		·· :	_	<u> </u>
	ction C. Computation of Publ					145	
_	Public support percentage for 2013 (• • • • • • • • • • • • • • • • • • • •	•	column (t))		15	<u>%</u>
16	Public support percentage from 2012 ction D. Computation of Inve-			·		16	<u>%</u>
	· · · · · · · · · · · · · · · · · · ·			- 10 h · (6)		147	
17	• •	•	•	ie is, column (t))		17	
18	Investment income percentage from:	•			. 15 : +b	18	<u>%</u>
198	a 33 1/3% support tests - 2013. If the						/ Is not
,	more than 33 1/3%, check this box a 33 1/3% support tests - 2012. If the		=				▶ —
•	line 18 is not more than 33 1/3%, che	=					▶□
20	Private foundation. If the organization			•		•	· ▶ □

Schedule A	A (Form 990 or 990-EZ) 2013 YORK COUNTY COMMU	NITY	FOUNDATION	23-6299868 _{Page}
Part V	A (Form 990 or 990-EZ) 2013 YORK COUNTY COMMU Supplemental Information. Provide the explanations	required b	y Part II, line 10, Part	II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See ins	structions).		
		- · · · · · · · · · · · · · · · · · · ·		
			 	
-				
		<u> </u>		
				····
_	.*-			
				

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

➤ See separate instructions. ➤ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• ;	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III	,,	_,, , (,	-
	e of organization			Emp	loyer identification number
		UNTY COMMUNITY F			23-6299868
Pa	rt I-A Complete if the org	anization is exempt un	der section 501(c)	or is a section 527 of	organization.
1	Provide a description of the organiz	ation's direct and indirect politi	cal campaign activities	ın Part IV.	
2	Political expenditures			▶ :	S
3	Volunteer hours				
,	······································				
		janization is exempt un		· · · · · · · · · · · · · · · · · · ·	
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	> 5	
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 4955	5 <u> </u>	S
3	If the organization incurred a section	n 4955 tax, did it file Form 4720) for this year?		Yes No
	Was a correction made?				└─ Yes └─ No
_	If "Yes," describe in Part IV.				7-1/0
		janization is exempt un			````
1	Enter the amount directly expended	d by the filing organization for s	ection 527 exempt func	tion activities	S
2	Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for se	_	
	exempt function activities			▶ 9	<u> </u>
3	Total exempt function expenditures	Add lines 1 and 2. Enter here	and on Form 1120-POL		
	line 17b			▶;	
	Did the filing organization file Form	·	-		☐ Yes ☐ No
5	Enter the names, addresses and er	nployer identification number (E	IN) of all section 527 po	olitical organizations to whi	ch the filing organization
	made payments. For each organiza	•			•
	contributions received that were pr	• •		•	ate segregated fund or a
	political action committee (PAC) If	additional space is needed, pro	vide information in Part	1V	-
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0-	contributions received and promptly and directly
				Turius. Il rione, enter-o-	delivered to a separate
					political organization
				_ 	If none, enter -0
				-	
		-			
		,			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990 EZ) 2013 YO	ORK COUNTY	COMMUNITY	FOUNDATION n 501(c)(3) and file	23-6 ed Form 5768	5299868 Page 2
(election under section		inpit under seemo	ii 30 i(c)(o) and iii	24 1 01111 07 00	
		lated group (and list in	n Part IV each affiliated	group member's nar	me, address, EIN,
expenses, and share	of excess lobbying	expenditures)			
B Check ▶ ☐ If the filing organizatio	n checked box A ar	nd "limited control" pro	ovisions apply.		
	on Lobbying Experures" means amou	nditures ints paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influer	nce public opinion (grass roots lobbying)			
b Total lobbying expenditures to influer	nce a legislative boo	ly (direct lobbying)			
c Total lobbying expenditures (add line	s 1a and 1b)				
d Other exempt purpose expenditures					<u> </u>
e Total exempt purpose expenditures (add lines 1c and 1c	1)			1
f Lobbying nontaxable amount. Enter t	he amount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,0	00 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500	,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	0,000 \$225,00	0 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (ente	r 25% of line 1f)				
h Subtract line 1g from line 1a If zero o	or less, enter -0-				
i Subtract line 1f from line 1c If zero o	r less, enter -0-				
j If there is an amount other than zero	on either line 1h or	line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this ye	ar?				Yes No
	ions that made a s		Section 501(h) n do not have to comp es 2a through 2f on pa		S
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	-				
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
Grassroots lobbuing expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 YORK COUNTY COMMUNITY FOUNDATION 23-6299868 Page 3 Part'II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the	e lobbying activity	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				,
	or referendum, through the use of				!
а	Volunteers?		X		•
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
С	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			192.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		X		
j	Total Add lines 1c through 1i				192.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
			1 4		·
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cai			
	expenses for which the section 527(f) tax was paid).				
	Current year .		2a	-	
	Carryover from last year		2b		
c	Total		2c	***	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and parameters and the parameters and the parameters and the parameters are the parameters and the parameters are the parameters and the parameters are the parameters and the parameters are the parameters and the parameters are the parameters	oomicai			
_	expenditure next year?		- 4		
5 Par	Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information		5		
		. IA\- DA	U.A. ! O		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group	iist); Part	II-A, IINE 2, a	ina Part II-E	s, line 1.
	complete this part for any additional information RT II-B, LINE 1, LOBBYING ACTIVITIES:				
FAI	AT II-B, BINE I, BODDIING ACTIVITIES.				
EXI	PLANATION: LOBBYING CENTERED AROUND PUBLIC EDUCATION	N FUN	DING A	ND	
LEC	GISLATION				
				<u> </u>	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.us.gov/form990.

Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Nam	e of the organization YORK COUNTY COMMUN	ITY FOUNDATION	Emt	23-62998	
Pai			(ccor	ints.Complete if th	ne
	organization answered "Yes" to Form 990, Part IV, lin				
	organization anomology to to to the organization and the organization an		(b) Fun	ds and other accou	ınts
1	Total number at end of year	82			19
2	Aggregate contributions to (during year)	5,081,076.		187	7,866.
3	Aggregate grants from (during year)	569,534.			1,861.
4	Aggregate value at end of year	16,177,601.		16,138	3,016.
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised ful	nds		
	are the organization's property, subject to the organization's			X Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a	-	only		
	for chantable purposes and not for the benefit of the donor of		-		
	impermissible private benefit?		_	X Yes	☐ No
Pai		ganızatıon answered "Yes" to Form 990, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply)			
	Preservation of land for public use (e.g., recreation or e		lly impo	ortant land area	
	Protection of natural habitat	Preservation of a certified h	istoric	structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a c	onserv	ation easement on	the last
	day of the tax year.				
				Held at the End of th	ne Tax Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c		
đ	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure			
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	nızatıor	n during the tax	
	year ▶				
4	Number of states where property subject to conservation ea	asement is located >			
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements			Yes	└─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	·	-		
7	Amount of expenses incurred in monitoring, inspecting, and			\$	_
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			└ Yes	U No
9	In Part XIII, describe how the organization reports conservat				
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes the o	rganıza	tion's accounting to	or
Ба	conservation easements rt III Organizations Maintaining Collections o	of Art Historical Treasures or Other	Simil	ar Accete	
Га	Complete if the organization answered "Yes" to Form		Jiiiii	ai Assets.	
	If the organization elected, as permitted under SFAS 116 (A)		and hal	ance cheet works o	of art
ıa	historical treasures, or other similar assets held for public ex				
	the text of the footnote to its financial statements that descri		i paolic	, service, provide, ii	iran Am,
h	If the organization elected, as permitted under SFAS 116 (A)		halanc	sheet works of ar	t historical
D	treasures, or other similar assets held for public exhibition, e				
	•	education, or research in furtherance or public si	51 VICE, [provide the following	ig amounts
	relating to these items:		_	¢	
	(ii) 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 tre		-	· ———	
2	the following amounts required to be reported under SFAS	•	, provid		
	D	, to vice docy relating to these items.	•	\$	
a h	Assets included in Form 990. Part X			\$	

		UNTI COMMU			0: :		99000	
Pai	t'III Organizations Maintaining C							
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	use of its	collection	rtems
	(check all that apply)							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's ex	empt purp	ose ın Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, historical trea	sures, or other simila	ar assets	_	_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			_ Yes	<u> </u>
Pai	t IV Escrow and Custodial Arran	-	ete if the organizatio	n answered "Yes" to	Form 990), Part IV, 1	line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for contribution	is or other assets no	t included		٦	
	on Form 990, Part X?					L	」Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amount	
С	Beginning balance				1c			
	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f	l	Yes	
2a Did the organization include an amount on Form 990, Part X, line 21?								⊢ No
	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete							
	_	(a) Current year	(b) Prior year	(c) Two years back	(d) Three			years back
1a	Beginning of year balance	64,091,090.	54,102,752.	54,139,138.	<u> </u>	190,700.		171,644.
Ь	Contributions	13,393,223.	5,734,266.	4,641,391.		182,082.		580,157.
С	Net investment earnings, gains, and losses	10,224,772.	7,874,975.	<1,305,811.		521,476.		622,162.
ď	Grants or scholarships	2,337,220.	2,264,318.	2,246,636.	2,0	599,291.	2,	084,008.
е	Other expenditures for facilities		564 458		.			
_	and programs	487,249.	561,157.	394,898.		356,269.	+	408,345.
f	Administrative expenses	886,496.	795,428.	730,432.		599,560.		690,910.
g	End of year balance	83,998,120.	64,091,090.	54,102,752.	54,.	139,138.	49,	190,700.
2	Provide the estimated percentage of the curr			i)) held as:				
a	Board designated or quasi-endowment	95.00	_%					
Ь	Permanent endowment ► 1.00	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
С								
_	The percentages in lines 2a, 2b, and 2c should be a sh							
за	Are there endowment funds not in the posse	ession of the organiza	ation that are neid a	na administered for	tne organi	zation	r,	
	by:							Yes No
	(i) unrelated organizations	-					3a(i)	$\frac{\mathbf{x}}{\mathbf{x}}$
_	(ii) related organizations	- t-4d	- 0 -b - d d - D0				3a(ii)	-
ь	If "Yes" to 3a(ii), are the related organizations			•			3b	
Pai	t VI Land, Buildings, and Equipm		wment lunas.					
I ai			Dart IV line 11a S	oo Form 000 Part V	line 10			
	Complete if the organization answere	(a) Cost or o			Accumulat	od T	(d) Book	value
	Description of property	basis (investr	1	1	epreciation	1	(u) BOOK	value
40	Lond	5435 (11146361	50313	(5(5.)		·		
	Land Buildings			- -				
	Leasehold improvements	·	52	2,716.	517,8	60.	4	,856.
	Equipment			7,025.	100,2			,809.
	Other	<u> </u>		- /				<u>,</u>
	Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. column (B), line 1				21	,665.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY TO LIFE INCOME	
(3) BENEFICIARIES UNDER TRUST	
(4) AGREEMENTS	3,619,790.
(5) FUNDS HELD AS AGENCY ENDOWMENTS	13,879,769.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	17,499,559.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements			1	23,617,995.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a	5,603,922.				
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d	592,181.				
е	Add lines 2a through 2d			2e	6,196,103.		
3	Subtract line 2e from line 1			3	17,421,892.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	255,016.] .			
b	Other (Describe in Part XIII)	4b	1,666,474.				
С	Add lines 4a and 4b			4c	1,921,490.		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	19,343,382.		
Pa	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.						

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements			1	3,710,965.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	 		
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	27,690.		
е	Add lines 2a through 2d			2e	27,690.
3	Subtract line 2e from line 1			3	3,683,275.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	255,016.		
b	Other (Describe in Part XIII.)	4b	 402,799.		
С	Add lines 4a and 4b			4c	657,815.
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	4,341,090.

Part XIII Supplemental Information.

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 XI, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

PART V, LINE 4:

EXPLANATION: GIFTS TO THE YORK COUNTY COMMUNITY FOUNDATION ARE PRIMARILY HELD AS ENDOWMENTS UNDER TERMS OF GIFT INSTRUMENTS WITH THE DONOR. THE FOUNDATION HOLDS ENDOWMENTS TO PROVIDE A PERMANENT SOURCE OF INCOME TO PROVIDE GRANTS TO CHARITABLE ORGANIZATIONS AND SUPPORT CHARITABLE PROGRAMS THE FOUNDATION CLASSIFIES AS UNRESTRICTED NET ASSETS AND OPERATIONS. (UNDER LINE 2A BOARD DESIGNATED OR QUASI-ENDOWMENT) FUNDS HELD AS PERMANENT ENDOWMENT, INCLUDING THOSE WITH DONOR-IMPOSED RESTRICTIONS, SUBJECT TO THE VARIANCE POWER OF THE FOUNDATION AS ESTABLISHED IN ITS GOVERNING DOCUMENTS. THE FOUNDATION CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (UNDER LINE 2B PERMANENT ENDOWMENT LINE) PERMANENT ENDOWMENTS WHICH ARE SUBJECT TO DONOR IMPOSED STIPULATIONS WHICH RESTRICT

982,739.

Schedule D (Form 990) 2013

AGENCY ENDOWMENT GIFTS

332055 09-25-13

Schedule D (Form 990) 2013 YORK COUNTY COMMUNITY FOUNDATION	23-6299868 Page 5
Part XIII Supplemental Information (continued)	
AGENCY ENDOWMENT INVESTMENT INCOME (LOSSES) EXCLUDED FROM	
F/S BY SFAS 136	630,244.
FEES FROM CHARITABLE REMAINDER UNITRUSTS	81,181.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,666,474.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	27,690.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
GRANT DISTRIB'S FOR AGENCY ENDOWMENTS EXCLUDED FROM F/S DUE	
TO SFAS NO 136	402,799.
	_
	

SCHEDULE (Form 990)

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

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

► Attach to Form 990.

2013 Open to Public Inspection	
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Information about Schedule I (Form 990) and its instructions is at www.us.gov/form990.

Employer identification number 23-6299868 YORK COUNTY COMMUNITY FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service

Part	Part I General Information on Grants and Assistance
1 Do	
crit	criteria used to award the grants or assistance? $oxed{X}$ Yes $oxed{D}$ No
2 Des	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
Part II	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. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ROAD & TRANSPORTATION BUILDERS ASSOCIATION - 1219 28TH STREET, N.W WASHINGTON, DC 20007	52-6283894	501(C)(3)	11,000.	0.	FMV		TMAW CAMPAIGN AND TDF SCHOLARSHIP FUND
ASBURY FOUNDATION, INC. 325 WESLEY DRIVE MECHANICSBURG, PA 17055	52-1862674	501(C)(3)	6,000.	0.	0.FWV		GENERAL SUPPORT AND BUILDING OUR COMMUNITY CAMPAIGN
AUDUBON PENNSYLVANIA 100 WILDWOOD WAY HARRISBURG, PA 17110	13-1624102	501(C)(3)	5,000.	0.	FWV		LEARN, EXPLORE AND RESTORE PROGRAM
BYRNES HEALTH EDUCATION CENTER 515 S. GEORGE STREET YORK, PA 17401	23-2588187	501(C)(3)	28,887.	0	FMV		GENERAL SUPPORT AND HEARTBEAT CAMPAIGN
CAMPS NEWFOUND OWATONNA 4 CAMP NEWFOUND ROAD HARRISON, ME 04040	04-2384391	501(C)(3)	15,000.	.0	FMV		GENERAL SUPPORT
CHILDREN'S AID SOCIETY 343 LINCOLNWAY WEST NEW OXFORD, PA 17350	23-1429838	501(C)(3)	11,839.	.0	0.FMV		GENERAL SUPPORT AND SUPPORT OF THE LEHMAN CENTER
2 Enter total number of section 501(c)(3) and government organizations	and government o		isted in the line 1 table				101.

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

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FOUNDATION	
COMMUNITY	
COUNTY	
YORK	
(Form 990)	

Schedule I (Form 990) YORK COUNT	COUNTY COMMUNITY	IITY FOUNDATION	NOI		1		23-6299868 Page 1
(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of non-cash (e) Amount of non-cash (f) Method of (f	(b) EIN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOME OF YORK 77 SHOE HOUSE ROAD YORK, PA 17406	23-1352081	501(C)(3)	15,548,	0	FMV		GENERAL SUPPORT AND KIDS ROCK SPONSORSHIP
CITY OF YORK 101 SOUTH GEORGE STREET YORK, PA 17401	23-6001908	GOVERNMENT	6,094.	0	FMV		GENERAL SUPPORT OF PENN PARK AND PURCHASE OF SMOKE AND CARBON MONOXIDE DETECTORS
COLUMBIA PUBLIC LIBRARY 24 SOUTH SIXTH STREET COLUMBIA, PA 17512	23-6050185	501(C)(3)	6,683.	0	PMV		GENERAL SUPPORT
COVENANT HOUSE P. O. BOX 731 NEW YORK, NY 10108-0731	13-2725416	501(C)(3)	5,000	0	FMV		GENERAL SUPPORT
CRISPUS ATTUCKS ASSOCIATION 605 SOUTH DUKE STREET YORK, PA 17403	23-1365320	501(C)(3)	17,553.	0	ъм∨		GENERAL SUPPORT
CULTURAL ALLIANCE OF YORK COUNTY 14 WEST MARKET STREET YORK, PA 17401	23-2992925	501(C)(3)	23,001.	0	FMV		GENERAL SUPPORT AND SUPPORT OF YORK COUNTY HONORS CHOIR
DALLASTOWN AREA DOLLARS FOR SCHOLARS - 100 INDIAN SPRINGS ROAD - RED LION, PA 17356	41-1774747	501(C)(3)	7,024.	0	O.FMV		GENERAL SUPPORT
DOWNTOWN INC 16 NORTH GEORGE STREET YORK, PA 17401	23-2411781	501(C)(3)	99,472.	0	PMV		GENERAL SUPPORT, MOVING PLANS INTO ACTION, DOWNTOWN PLANTERS
EASTER SEALS WESTERN AND CENTRAL PENNSYLVANIA - 383 ROLLING RIDGE DR - STATE COLLEGE, PA 16801	25-0965215	501(C)(3)	13,524.	0 FWV	М		GENERAL SUPPORT
	13-2725416 23-1365320 23-2992925 23-2411781 23-2411781	501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3)	5,000. 17,553. 23,001. 7,024.	0 0 0 0	WA VAIN		

Schedule I (Form 990)

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chedule I (Form 990)	YORK	COUNTY	YORK COUNTY COMMUNITY FC	YORK COUNTY COMMUNITY FOUNDATION
art II Continuation	ı of Grants ar	nd Other Assi	stance to Governme	ition of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EASTERN YORK DOLLARS FOR SCHOLARS 25 NORTH WILSON LANE YORK, PA 17406	46-5052406	501(C)(3)	8,494.	70	ΛИЗ		GENERAL SUPPORT
PAMILY PIRST HEALTH PO BOX 2207 YORK, PA 17405	23-7118262	501(C)(3)	5,416.	0	FMV		GENERAL SUPPORT
FARM & NATURAL LANDS TRUST OF YORK COUNTY - 156 N GEORGE STREET, SUITE 300 - YORK, PA 17401	23-2612674	501(C)(3)	26,018.	0	O. FMV		GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 225 EAST MARKET STREET YORK, PA 17403	23-1355118	501(C)(3)	18,902.	0	O. FMV		GENERAL SUPPORT
PORSIGHT VISION 1380 SPAHN AVENUE YORK, PA 17403	23-1365986	501(C)(3)	15,934.	0	FMV		GENERAL SUPPORT
FULTON OPERA HOUSE FOUNDATION 12 NORTH PRINCE ST. LANCASTER, PA 17601	23-1631733	501(C)(3)	5,000.	0	O. FMV		GENERAL SUPPORT
GARDEN CLUB OF YORK 6594 WALDMAN LANE SEVEN VALLEYS, PA 17360-8840	23-2994596	501(C)(3)	15,350.	0	ЕМV		GENERAL SUPPORT
GETTYSBURG COLLEGE 300 N. WASHINGTON ST, BOX 423 GETTYSBURG, PA 17325	23-1352641	501(C)(3)	10,476.	0	VM?		GENERAL SUPPORT
GIRL SCOUTS IN THE HEART OF PENNSYLVANIA - 350 HALE AVENUE - HARRISBURG, PA 17104	24-0795960	501(C)(3)	5,000.	0	PMV		GENERAL SUPPORT

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(a) Name and address of (b) EIN (c) IRC organization or government if applications or government (b) EIN (c) IRC (c) I	(b) EIN		(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
GREATER DOVER AREA DOLLARS FOR SCHOLARS - 2130 WINDING ROAD - YORK, PA 17408	46-5143583	501(C)(3)	5,209.	0.0	FMV		GENERAL SUPPORT
GRETCHEN WOLF SWARTZ SCHOLARSHIP FUND, INC 2700 DANIELLE DR DOVER, PA 17315	23-3027519	501(C)(3)	14,616.	0	VMS		GENERAL SUPPORT
HANOVER AREA HISTORICAL SOCIETY 105 HIGH ST., P.O. BOX 3-5 HANOVER, PA 17331	23-6407016	501(C)(3)	86,068.	0.0	FMV		GENERAL SUPPORT AND SUPPORT OF WAREHIME/MYERS MANSION
HEALTHY YORK COUNTY COALITION 605 S GEORGE ST., STE 160 YORK, PA 17401	23-3050192	501(C)(3)	5,000.	0.0	FMV		GENERAL SUPPORT
HOMEWOOD FOUNDATION, INC. 16107 ELLIOTT PKWY, P.O. BOX 250 WILLIAMSPORT, MD 21795-0250	52-1892689	501(C)(3)	5,000.	0	PMV		GENERAL SUPPORT
JEWISH COMMUNITY CENTER OF YORK 2000 HOLLYWOOD DRIVE YORK, PA 17403-4210	23-1355127	501(C)(3)	11,568.	0.0	PMV		GENERAL SUPPORT AND CAPITAL CAMPAIGN
JUNIOR LEAGUE OF YORK 166 WEST MARKET STREET YORK, PA 17401-1313	23-1421913	501(C)(3)	8,056.	0	P.W.V		GENERAL SUPPORT
LANCASTER THEOLOGICAL SEMINARY 555 WEST JAMES STREET LANCASTER, PA 17603	23-1353386	501(C)(3)	10,821.	0	PMV		GENERAL SUPPORT
LEADERSHIP YORK 39 EAST KING STREET, 1ST FLOOR YORK, PA 17401	23-2139541	501(C)(3)	14,436.	0	FMV		GENERAL SUPPORT AND FUTURE LEADERS OF YORK PROGRAM

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	tion of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	
YORK COUNTY COMMUNITY FOUNDATION	ernments and Organization	
YORK COUNTY COMMUNITY	ssistance to Governr	
YORK COUNT	on of Grants and Other A	
e I (Form 990)	Continuation of C	
Schedul	Part II	

Part III Continuation of Grants and Other Assistance to Governments	Assistance to do		and Organizations in the Or	nied States (Stille	Office States (Scriedule I (FOITH 990), Fa	- מור וו)	
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LEAVE A LEGACY YORK COUNTY 137 EAST MARKET STREET YORK, PA 17401	25-1719216	501(C)(3)	6,840.	0.0	O.FMV		GENERAL SUPPORT
LEG UP FARM, INC. 4880 NORTH SHERMAN STREET MOUNT WOLF, PA 17347	23-2931834	501(C)(3)	17,109.	0	FMV		GENERAL SUPPORT
LOGOS ACADEMY 250 WEST KING STREET YORK, PA 17401	31-1520442	501(C)(3)	41,250.	0	FMV		GENERAL SUPPORT
LUTHERAN SOCIAL SERVICES OF SOUTH CENTRAL PA - 1050 PENNSYLVANIA AVENUE - YORK, PA 17404	23-1476329	501(C)(3)	22,132.	0	ΔИЗ		GENERAL SUPPORT
MAKE-A-WISH FOUNDATION OF GREATER PENNA & SOUTHERN WEST VIRGINIA - 2951 WHITEFORD ROAD, SUITE 304 - YORK, PA 17402	25-1464177	501(C)(3)	7,638.	.0	РМV		GENERAL SUPPORT
MARGARET E. MOUL HOME 2050 BARLEY ROAD YORK, PA 17404-1557	23-2037566	501(C)(3)	9,234.	0	FWV		GENERAL SUPPORT
MARTIN LIBRARY 159 EAST MARKET STREET YORK, PA 17401	23-1352224	501(C)(3)	34,166.	0	FMV		GENERAL SUPPORT
MEMORIAL HEALTH SYSTEMS CORPORATION - P.O. BOX 2225 - YORK, PA 17405	22-2546051	501(C)(3)	5,300.	0	VMA		GENERAL SUPPORT AND DIABETES PROGRAMMING
MOUNT WOLP BOROUGH 345 CHESTNUT ST, P.O. BOX 458 MOUNT WOLP, PA 17347	23-1952738	GOVERNŒENT	10,518.	0	FMV		GENERAL SUPPORT OF MOUNT WOLF ATHLETIC ASSOCIATION
							Schedule I (Form 990)

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a I (Form 990)	Continuatio
Scheduk	Part II

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	Izations in the U	nted States (Sch	edule I (Form 990), Par	1 II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MT, ZION UNITED CHURCH OF CHRIST 1054 RIDGEWOOD ROAD YORK, PA 17402-1758	23-1884302	501(C)(3)	29,102.	0	FMV		GENERAL SUPPORT
NEW BIRTH OF FREEDOM COUNCIL, BOY SCOUTS OF AMERICA - 1 BADEN POWELL LANE - MECHANICSBURG, PA	23-1365194	501(C)(3)	5,327.	.0	AMA		GENERAL SUPPORT
NEW FREEDOM HERITAGE, INC. PO BOX 266 NEW FREEDOM, PA 17349-0266	04-379-2903	501(C)(3)	5,000.	.0	0. FMV		FREEDOM GREEN COMMUNITY PARK, PHASE II
NORTHEASTERN SCHOOL DISTRICT SCHOLARSHIP FOUNDATION - 647 DELLINGER ROAD - MOUNT WOLF, PA 17347	41-1822799	501(C)(3)	6,106.	0.	0.FMV		GENERAL SUPPORT
OTTERBEIN UNITED METHODIST CHURCH (MT. WOLF) - 131 CENTER ST, P.O. BOX 386 - MOUNT WOLF, PA 17347	23-6277722	501(C)(3)	13,395.	0	O. FMV		GENERAL SUPPORT
OTTERBEIN UNITED METHODIST CHURCH (YORK) - 301 WEST PHILADELPHIA STREET - YORK, PA 17404	23-1484147	501(C)(3)	5,206.	0.	0.FMV		GENERAL SUPPORT
PARTHERSHIP FOR ECONOMIC DEVELOPMENT IN YORK COUNTY, INC 144 ROOSEVELT AVE., STE 10 - YORK, PA 17401	23-2768349	501(C)(3)	10,000.	0.	0.FMV		MAIN STREET HANOVER PROJECTS
PENN STATE YORK 1031 EDGECOMB AVENUE YORK, PA 17403-3326	24-6000376	GOVERNMENT	12,477.	.0	0. FMV		GENERAL SUPPORT AND OLLIE FOUNDERS LUNCHEON
PENN-MAR HUMAN SERVICES, INC. 10709 SUSQUEHANNA TRAIL GLEN ROCK, PA 17327	52-1590195	501(C)(3)	7,420.	0	O. FMV		GENERAL SUPPORT
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Par III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule Form 990), Part III	Assistance to Go	vernments and Organ	nizations in the Ur	nted States (Sche	adule I (Form 990), Par	(11)	
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PENNSYLVANIA ARTS EXPERIENCE 37 WEST PHILADELPHIA STREET YORK, PA 17401	27-1158927	501(C)(3)	31,750.	0	PMV		SUPPORT OF YORK ARTS ORIENATION CENTER
PENNSYLVANIA ENVIRONMENTAL COUNCIL 800 NORTH THIRD STREET, STE. 304 HARRISBURG, PA 17102	23-7286159	501(C)(3)	39,975.	0	FMV		CONSULTANTS CONTRACT FOR
PENNSYLVANIA WOUNDED WARRIORS, INC 1117 COUNTRY CLUB ROAD - CAMP HILL, PA 17011	74-3225326	S01(C)(3)	5,000.	o	FMV		GENERAL SUPPORT
PHILANTHROPIC ENDEAVORS FOUNDATION 3291 N. GEORGE ST EMIGSVILLE, PA 17318	20-0751671	501(C)(3)	5,000.	0	тиу.		GENERAL SUPPORT OF THE PARLIAMENT PROGRAMMING
PLANNED PARENTHOOD KEYSTONE P.O. BOX 813 TREXLERTOWN, PA 18087	23-2450112	501(C)(3)	12,435.	0	ЕМУ		GENERAL SUPPORT
PROJECT GRAD USA P. O. BOX 27269 HOUSTON, TX 27269	76-0666426	501(C)(3)	9,884.	0	P.W.V		SUMMER BRIDGE TUTORING PROGRAM
RED LION AREA SCHOOL DISTRICT 696 DELTA ROAD RED LION, PA 17356	23-1674306	SOVERNMENT	20,000.	0	FMV		IPADS FOR FULL-DAY KINDERGARTEN AND DENTAL PROGRAM
ROTARY CLUB OF YORK CHARITABLE ENDOWMENT FUND - 48 EAST MARKET STREET - YORK, PA 17401-4630	23-2642321	501(C)(3)	24,532.	0	FMV		GENERAL SUPPORT
SAINT JOHN EVANGELICAL LUTHERAN CHURCH - 175 EAST MAIN STREET - NEW FREEDOM, PA 17349	23-1979891	501(C)(3)	6,111.	0	FMV		GENERAL SUPPORT
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(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section organization or government (f) Method of (f	(b) EIN	(c) IRC 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
SERVANTS INC 268 WEST BEAVER ST. SUITE 103 HELLAM, PA 17406	23-3042387	501(C)(3)	5,000.	0	0.FMV		PROFESSIONAL DEVELOPMENT
SGT. MAC FOUNDATION P. O. BOX 936 GRANDY, NC 27939	74-3201421	501(C)(3)	5,000.	0	FMV	.	8TH ANNUAL NATIONAL WREATH PROJECT
SOUTH EASTERN DOLLARS FOR SCHOLARS 84 MORRIS AVENUE FAWN GROVE, PA 17321	91-1917822	501(C)(3)	2,385.	0	PMV		GENERAL SUPPORT
SOUTH WESTERN DOLLARS FOR SCHOLARS 241 THORNHILL DR HANOVER, PA 17331	91-1889354	501(C)(3)	1,014.	0	FMV	•	GENERAL SUPPORT
SOUTHERN YORK COUNTY SCHOOL DISTRICT FOUNDATION - PO BOX 128 - GLEN ROCK, PA 17327	23-2862892	501(C)(3)	13,698.	0	O. FMV		GENERAL SUPPORT
SPRING GROVE AREA SCHOOL DISTRICT 100 EAST COLLEGE AVENUE SPRING GROVE, PA 17362-1205	23-6004845	GOVERNMENT	17,668.	0	FMV		LITERACY EDUCATION AND PEER MENTORING PROGRAM
ST. ONGE POUNDATION 1400 WILLIAMS ROAD YORK, PA 17402	27-4824171	501(C)(3)	5,000.	0	PMV		TECH FIRE PROGRAM
ST. PAUL EVANGELICAL LUTHERAN CHURCH - 201 S. MAIN STREET - SPRING GROVE, PA 17362	23-1370472	501(C)(3)	73,098.	0.0	FMV		GENERAL SUPPORT AND ORGAN PROJECT
STRAND-CAPITOL PERFORMING ARTS CENTER - 50 NORTH GEORGE STREET - YORK, PA 17401	23-2053382	501(C)(3)	30,490.	0	O. FMV		GENERAL SUPPORT
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(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SUSQUEHANNA HERITAGE CORPORATION 1706 LONG LEVEL ROAD WRIGHTSVILLE, PA 17368-9009	75-3087098	501(C)(3)	7,810.	.0	гму		GENERAL SUPPORT OF JOHN AND KATHRYN ZIMMERMAN CTR FOR HERITAGE AT PLEASEANT GARDEN
SUSQUEHANNA RENOVATIONS 110 EAST KING STREET YORK, PA 17401	26-4773636		25,000.	.0	FMV		BOND BUILDING RENOVATIONS
THE FOUNDATION FOR ENHANCING COMMUNITIES - P.O. BOX 678 - HARRISBURG, PA 17108-0678	01-0564355	501(C)(3)	5,000.	0	O. PMV		HISTORIC MONAGHAN CHURCH PROJECT
THE HAHN HOME 403 CHESTNUT HILL ROAD YORK, PA 17402	23-1425032	501(C)(3)	280,000.	0	FMV		GENERAL SUPPORT
UNITED WAY OF YORK COUNTY 800 EAST KING STREET YORK, PA 17403	23-1352588	501(C)(3)	114,490.	0.	FMV		GENERAL SUPPORT, READY FREEDY PROGRAM, COWORK155 PROJECT, FOCUS ON OUR FUTURE PROJECT
VNA HOME HEALTH - WELLSPAN 540 S. GEORGE ST. YORK, PA 17401-2732	23-1352573	501(C)(3)	25,316.	0	W.V.		GENERAL SUPPORT
WELLINGTON YOUTH SPORTS AND RECREATION - P. O. BOX 491 - YORK, PA 17405	84-1719489		5,300.	0	P.W.V		GENERAL SUPPORT
WEST YORK AREA SCHOOL DISTRICT 2605 WEST MARKET STREET YORK, PA 17404	23-1642980	GOVERNMENT	10,992.	0	FMV		GENERAL SUPPORT OF MUSIC PROGRAMS
WINDY HILL SENIOR CENTER, INC. 1472 ROTH'S CHURCH ROAD, SUITE 103 SPRING GROVE, PA 17362	23-2342745	501(C)(3)	5,000.	0	FMV		GENERAL SUPPORT
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(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WITF INC. 4801 LINDLE ROAD HARRISBURG, PA 17111-2444	23-1629016	501(C)(3)	7,297.	0.	FMV		GENERAL SUPPORT
YMCA OF YORK AND YORK COUNTY 90 NORTH NEWBERRY STREET YORK, PA 17401	23-1352600	501(C)(3)	22,426.	0.	PMV		SENERAL SUPPORT, STRONG KIDS CAMPAIDN, EARLY CHILDHOOD CARE AND EDUCATION
YORK ACADEMY REGIONAL CHARTER SCHOOL - 32 WEST NORTH STREET - YORK, PA 17401	27-2294198	501(C)(3)	59,570.	0	PMV		SENERAL SUPPORT AND PLAYGROUND PROJECT
YORK BENEVOLENT ASSOCIATION P.O. BOX 5041 YORK, PA 17405-5041	23-1353396	501(C)(3)	31,775.	0	ЕМV		SENERAL SUPPORT
YORK CATHOLIC HIGH SCHOOL 601 EAST SPRINGETTSBURY AVENUE YORK, PA 17403	23-1381037	501(C)(3)	75,000.	0	FMV		TUITION, ATHLETIC EQUIPMENT AND ART DEPARTMENT
YORK CITY BUREAU OF HEALTH 435 W. PHILADELPHIA ST YORK, PA 17401-1035	23-6001908	GOVERNMENT	128,888.	0.	ЕМV		GENERAL SUPPORT
YORK CITY DOLLARS FOR SCHOLARS 1475 HUNTLEY CT YORK, PA 17408	04-2296967	501(C)(3)	48,661.	0	O. FMV		GENERAL SUPPORT
YORK CITY SCHOOL DISTRICT P.O. BOX 1927 YORK, PA 17405-1927	23-6004284	GOVERNMENT	5,000.	0.	FMV		JUNIOR ACHIEVEMENT PROJECT
YORK COLLEGE OF PENNSYLVANIA 441 COUNTRY CLUB ROAD YORK, PA 17403-3651	23-1352698	501(C)(3)	25,727.	0.	FMV		GENERAL SUPPORT, DIATETES PROGRAMMING,
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the Un	nited States (Sche	edule I (Form 990), Par	t II)	
(a) Name and address of organization or govemment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YORK COUNTRY DAY SCHOOL 1071 REGENTS' GLEN BOULEVARD YORK, PA 17403	23-1440120	501(C)(3)	8,557.	,0	FMV		GENERAL SUPPORT
YORK COUNTY 4-H ENDOWMENT 4813 SHAFFER ROAD SEVEN VALLEYS, PA 17360	23-6957724	501(C)(3)	8,698.	0	FMV		GENERAL SUPPORT
YORK COUNTY BAR FOUNDATION 137 BAST MARKET STREET YORK, PA 17401	23-2647164	501(C)(3)	10,000.	.0	FMV		GENERAL SUPPORT
YORK COUNTY CHAMBER FOUNDATION 96 S. GEORGE STREET, SUITE 300 YORK, PA 17401	23-2481811	501(C)(3)	12,898.	0	FMV		GENERAL SUPPORT
YORK COUNTY CONSERVATION DISTRICT 118 PLEASANT ACRES ROAD, STE F YORK, PA 17402	23-2215184	501(C)(3)	15,000.	0.	FMV		AG COOPERATOR COST-SHARE PROGRAM AND ENVIROTHON PROGRAM
YORK COUNTY HERITAGE TRUST 250 EAST MARKET STREET YORK, PA 17403-2013	23-1352323	501(C)(3)	59,404.	0.	FMV		GENERAL SUPPORT
YORK COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY - 144 ROOSEVELT AVENUE, SUITE 100 - YORK, PA 17401	23-7045116	501(C)(6)	28,610.	0.	PMV		SUPPORT OF YORK ARTS ORIENATION CENTER
YORK COUNTY LITERACY COUNCIL 800 EAST KING STREET, STE 400 YORK, PA 17403-1772	23-2088132	501(C)(3)	5,369.	0.0	FMV		GENERAL SUPPORT
YORK COUNTY SPCA 3159 SUSQUEHANNA TRAIL NORTH YORK, PA 17406	23-1399588	501(C)(3)	39,863.	0	БМО		GENERAL SUPPORT
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(a) Name and address of organization or government			•				
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YORK DAY NURSERY, INC. 450 EAST PHILADELPHIA STREET YORK, PA 17403-1622	23-1649205	501(C)(3)	11,707.	0	FMV		GENERAL SUPPORT
YORK HABITAT FOR HUMANITY 33 SOUTH SEWARD ST. YORK, PA 17404	22-2670895	501(C)(3)	10,500.	. O	FMV		GENERAL SUPPORT
YORK HEALTH FOUNDATION 50 N. DUKE STREET, 2ND FLOOR YORK, PA 17401	23-3050192	501(C)(3)	11,453.	0	FMV		GENERAL SUPPORT
ITTLE THEATRE BELMONT STREET PA 17403	23-1251224	501(C)(3)	11,671.	0	FMV		ENCORB! HIGH SCHOOL THEATRE AWARDS
YORK SUBURBAN DOLLARS FOR SCHOLARS 331 PINE HILL LANE YORK, PA 17403	91-1912966	501(C)(3)	13,862.	#.0	FMV	19	GENERAL SUPPORT
YORK SYMPHONY ASSOCIATION 50 NORTH GEORGE STREET YORK, PA 17401	23-6298810	501(C)(3)	27,493.	4. 0	PMV	J	GENERAL SUPPORT
YWCA YORK 320 BAST MARKET STREET YORK, PA 17403	23-1360889	501(C)(3)	57,261.	0	FMV	V V 6	GENERAL SUPPORT, CAMP CANN-EDI-ON, QOP ACADEMY, ACCESS YORK
SPRING GROVE AREA SCHOLARSHIP FOUNDATION - PO BOX 66 - SPRING GROVE, PA 17362	04-2296967	501(C)(3)	40,274.	<u>а</u> .	FMV	. 10	GENERAL SUPPORT

YORK COUNTY COMMUNITY FOUNDATION

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Schedule i (Form 990) (2013) YORK COUNTY COMMUNITY FOUNDATION

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.

Part III can be duplicated if additional space is needed.

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(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
SCHOLARSHIP FOR ALBRIGHT COLLEGE STUDENT	ı	. 050.	• 0		
SCHOLARSHIPS FOR BUCKNELL UNIVERSITY STUDENT	1	.000,8	.0		
SCHOLARSHIPS FOR CENTRAL YORK HIGH SCHOOL STUDENTS		2,500.	0		
SCHOLARSHIPS FOR DALLASTOWN HIGH SCHOOL STUDENTS	L	11,000.	.0		
SCHOLARSHIPS FOR DELAWARE VALLEY COLLEGE STUDENTS	2	. 005, 8	o		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	uired in Part I, Iir	ie 2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:					
EXPLANATION: FOR COMPETITIVE GRANTS	FROM	UNRESTRICTED	D AND FIELD	D OF INTEREST	:
FUNDS, GRANTEES MUST SIGN A GRANT	AGREEMEN	T CONTRACT	AGREEMENT CONTRACT WHICH INCLUDES	LUDES	
LANGUAGE THAT "GRANT FUNDS PROVIDED	р ву тне	COMMUNITY	FOUNDATION	N TO THE	
GRANTEE WILL BE EXPENDED ONLY FOR	CHARITABLE	LE PURPOSES	THAT	BENEFIT THE	
COMMUNITY IT SERVES. FUNDS PROVIDED	ЕО ТО ТНЕ	GRANTEE	MAY NOT BE	USED FOR ANY	
POLITICAL CAMPAIGN OR FOR EFFORTS TO	TO INFLUENCE	1	LEGISLATION BY	ANY	
GOVERNMENTAL BODY, OTHER THAN THROUGH	UGH MAKING	NG AVAILABLE	THE	RESULTS OF	
NONPARTISAN ANALYSIS, STUDY AND RE	RESEARCH."	ALL COMP	COMPETITIVE GR	GRANTS REQUIRE	
332102 10-29-13					Schedule I (Form 990) (2013)

Schedule I (Form 990) YORK COUNTY COM	COMMUNITY FO	FOUNDATION			23-6299868 Page 2
Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III)	uals in the Unite	d States (Schedule	e I (Form 990), Part III		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR DOVER HIGH SCHOOL STUDENTS	3.	3,000.	0.		
SCHOLARSHIP FOR EASTERN MENNONITE UNIVERSITY STUDENT	T.	250.	0.		
SCHOLARSHIPS FOR EASTERN YORK HIGH SCHOOL STUDENTS	. 2	3,500.	0		
SCHOLARSHIP FOR KINGS COLLEGE STUDENT	1.	250.	.0		
SCHOLARSHIPS FOR NORTHEASTERN HIGH SCHOOL STUDENTS	18.	18,127.	0		
SCHOLARSHIPS FOR PENN STATE ALTOONA CAMPUS	ri T	.000,2	.0		
SCHOLARSHIPS FOR PENN STATE UNIVERSITY STUDENTS	. 4	15,500.	.0		
SCHOLARSHIP FOR PENNSYLVANIA COLLEGE OF TECHNOLOGY STUDENT	Ţ.	3,500.	.0		
SCHOLARSHIPS FOR RED LION AREA HIGH SCHOOL	9	.000,9	.0		
					Schedule I (Form 990)

Schedule I (Form 990) YORK COUNTY COMMUNI	MUNITY F	FOUNDATION	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		23-6299868 Page 2
Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule (Form 990), Part III	uais in the Unite	d States (Schedule	I (Form 990), Part II		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR ROBERT MORRIS UNIVERSITY STUDENTS	2.	1,250.	.0		
SCHOLARSHIPS FOR SOUTH BASTERN HIGH SCHOOL STUDENTS	7.	6,500.	0		
SCHOLARSHIPS FOR SOUTH WESTERN HIGH SCHOOL STUDENTS	8	8,000.	0.		
SCHOLARSHIPS POR SOUTHERN YORK COUNTY HIGH SCHOOL STUDENTS	5.	10,000.	0.		
SCHOLARSHIPS FOR SPRING GROVE AREA HIGH SCHOOL STUDENTS	4.	4,269.	.0		
SCHOLARSHIP FOR UNIVERSITY OF PITTSBURGH STUDENT	1.	1,000.	0		
SCHOLARSHIP FOR WEST CHESTER UNIVERSITY STUDENT	1.	1,000.	0		
SCHOLARSHIPS FOR YORK CITY HIGH SCHOOL STUDENTS	17.	12,719.	•0		
SCHOLARSHIP FOR YORK COLLEGE OF PENNSYLVANIA STUDENT	2.	.000,3	• 0		
					Schedule I (Form 990)

Schedule I (Form 990) YORK COUNTY COMMUNITY FOUNDATION Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III)	MUNITY FC	FOUNDATION nited States (Schedule	1 (Form 990), Part III	1_1	23-6299868 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR YORK SUBURBAN HIGH SCHOOL STUDENTS	.5	4,343.	0.		
					Schedule I (Form 990)

Part IV | Supplemental Information

A WRITTEN FINAL REPORT INCLUDING A FINANCIAL STATEMENT OF HOW THE GRANT WAS SPENT. IT IS THE GRANTS ADMINISTRATOR AND COMMUNITY INVESTMENT STAFF'S RESPONSIBILITY TO REVIEW THE GRANT REPORT AND TO MAKE SURE THAT THE GRANT MONEY WAS USED FOR ITS INTENDED PURPOSE, THAT IS THE PURPOSE APPROVED BY THE COMMUNITY FOUNDATION'S BOARD OF DIRECTORS. IF THE FUNDS WERE NOT USED FOR THE INTENDED PURPOSE, THE COMMUNITY FOUNDATION ASKS FOR THE FUNDS TO BE RETURNED.

FOR DESIGNATED FUND GRANTS, DONOR ADVISED FUND GRANTS, AND FOR SCHOLARSHIP GRANTS, THE COMMUNITY FOUNDATION PROVIDES A WRITTEN COVER LETTER TO THE GRANTEE ALONG WITH THE GRANT CHECK. THE COVER LETTER STATES THAT "YOUR ACCEPTANCE OF GRANT FUNDS REPRESENTS THAT THEY WILL BE EXPENDED ONLY FOR CHARITABLE PURPOSES THAT BENEFIT THE COMMUNITY YOUR ORGANIZATION SERVES.

FUNDS PROVIDED TO YOUR ORGANIZATION MAY NOT BE USED FOR ANY POLITICAL PURPOSES. PLEASE ACKNOWLEDGE THE RECEIPT OF THIS GRANT TO THE COMMUNITY FOUNDATION." THE RETURNED ACKNOWLEDGEMENT FROM THE GRANTEE SERVES AS THEIR AGREEMENT TO CARRY OUT THE CHARITABLE PURPOSE OF THE GRANT. MANY OF THE GRANTS IN THESE CATEGORIES ARE FOR GENERAL SUPPORT OF THE ORGANIZATION.

WRITTEN REPORTS MAY BE REQUIRED FOR GRANTS WHICH HAVE UNIQUE RESTRICTIONS.

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

YORK COUNTY COMMUNITY FOUNDATION

Information about Schedule J (Form 990) and its instructions is at www.us.gov/form990.

OMB No 1545-0047

2013

m990 Inspection
Employer identification number

23-6299868

Questions Regarding Compensation Yes No ta 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 Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1h Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Compensation survey or study Independent compensation consultant Approval by the board or compensation committee X Form 990 of other organizations 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? X 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations 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: X 5a a The organization? 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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: X 6a a The organization? X 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments Х not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Regulations section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2013

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YORK COUNTY COMMUNITY FOUNDATION Schedule J (Form 990) 2013

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	1	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(a)·(i)(a)	reported as deferred in prior Form 990
					-			
(1) WILLIAM R. HARTMAN	Ξ	146,844.			0	6,612.	153,456.	0
PRESIDENT, CEO	(ii)	0	0	• 0	0	• 0	0	0
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Schedule J (Form 990) 2013

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

YORK COUNTY COMMUNITY FOUNDATION

23-6299868

Pa	rt I Types of Property								
		(a)	(b)	(c)			d)		
		Check If	Number of	Noncash contri		Method of			
		applicable	contributions or	amounts report Form 990, Part VII		noncash contr	ibution ar	nount	S
1	Art - Works of art		nems commoded	Form 990, Fait Vil	it, line ig				
-									
2	Art - Historical treasures								
3	Art - Fractional interests		<u> </u>						
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	10	262,	454.	AVG SALE F	PRICE	GI	FT
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests		:						
12	Securities - Miscellaneous								
13	Qualified conservation contribution ·								
	Historic structures		İ						
14	Qualified conservation contribution - Other						<u> </u>		
14									
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other (
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	zation durin	a the tay year for a	contributions					
23	for which the organization completed Form 828				29				
	for which the organization completed form oze	00, Fait 1V,	Donee Acknowled	Aemenr [29]	_		Vaa	NIa
20-	Dumps the year did the annualist account			named in Dark Life	. 1 00 4	المراجعة المستورية		Yes	No
oua	During the year, did the organization receive by	-							
	at least three years from the date of the initial of	contribution	, and which is not	required to be used	d for exen	npt purposes for	1		v
	the entire holding period?					ė	30a		X
b	If "Yes," describe the arrangement in Part II								
31	Does the organization have a gift acceptance p						31	X	
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell	noncash				
	contributions?						32a	Х	
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) 1	or a type of prope	rty for which colum	ın (a) is ch	ecked,		ļ	
	describe in Part II.	, ,	-, , ,		• •	·		l	
LHA		the Instruc	tions for Form 99	0.	•	Schedule	M (Form	990) (2013)

Schedule M (Form 990) (2013) YORK COUNTY COMMUNITY FOUNDATION 23-6299868 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
EXPLANATION: THE NUMBER OF CONTRIBUTIONS IS THE NUMBER OF CONTRIBUTING
PARTIES THAT DONATIONS OF STOCK WERE RECEIVED FROM.
······································
SCHEDULE M, LINE 32B:
EXPLANATION: THE FOUNDATION UTILIZES ITS CUSTODIAN BANKS AND BROKERAGE
FIRMS TO PROCESS AND SELL NON-CASH CONTRIBUTIONS OF PUBLICLY TRADED
SECURITIES.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Inspection

Name of the organization

YORK COUNTY COMMUNITY FOUNDATION

Employer identification number 23-6299868

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HIGH IMPACT INITIATIVES WHILE BUILDING ENDOWMENT FOR FUTURE
GENERATIONS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY, WE ARE PLEASED TO INCLUDE THE FOLLOWING AS ONE OF OUR
ACHIEVEMENTS. YORK COUNTY COMMUNITY FOUNDATION MET THE NATION'S
HIGHEST PHILANTHROPIC STANDARDS FOR OPERATIONAL QUALITY, INTEGRITY AND
ACCOUNTABILITY AS CONFIRMED THROUGH THE COUNCIL ON FOUNDATION'S
NATIONAL STANDARDS FOR U.S. COMMUNITY FOUNDATION PROGRAM. THE PROGRAM
IS DESIGNED TO PROVIDE QUALITY ASSURANCE TO DONORS, AS WELL AS TO THEIR
LEGAL AND FINANCIAL ADVISORS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
AGRICULTURE & LAND PRESERVATION - GRANTS \$55,000 & TOTAL EXPENSES
\$56,212
HAHN HOME FUND FOR WOMEN - GRANTS \$281,250 & TOTAL EXPENSES \$324,630
WEYER COMMUNITY HEALTH - GRANTS \$128,888 & TOTAL EXPENSES \$128,888
CODORUS WATERSHED - GRANTS \$39,969 & TOTAL EXPENSES \$39,969
EXPENSES \$ 549,699. INCLUDING GRANTS OF \$ 505,107. REVENUE \$ 0.
FORM 990, PART V, LINE 1C:
EXPLANATION: THE ORGANIZATION DID NOT HAVE ANY INSTANCES WHERE BACKUP
WITHHOLDING WAS REQUIRED; HOWEVER, IF THE SITUATION WOULD ARISE, THE

ORGANIZATION IS AWARE OF THE REPORTING REQUIRMENTS AND WOULD HANDLE

THAT ACCORDINGLY.

13.

Name of the organization
YORK COUNTY COMMUNITY FOUNDATION

Employer identification number 23-6299868

Schedule O (Form 990 or 990-EZ) (2013)

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: TWO CURRENT BOARD MEMBERS HAVE A BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: A DRAFT OF THE 2013 FORM 990 WAS REVIEWED BY THE AUDIT

COMMITTEE AND THE TREASURER. A COPY OF THE PUBLIC DISCLOSURE COPY OF THE

990 WAS THEN PROVIDED TO THE BOARD BEFORE FILING OF THE RETURN.

AMENDED RETURN: FORM 990, PART V, LINES 8, 9A, AND 9B:

EXPLANATION: WE HAVE CHANGED THE ANSWER ON LINE 8 TO SHOW "NO"

WE HAVE CHANGED THE ANSWER ON LINE 9A TO SHOW "NO"

WE HAVE CHANGED THE ANSWER ON LINE 9B TO SHOW "NO"

NO OTHER CHANGES WERE MADE TO THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

332212 09-04-13

EXPLANATION: ALL BOARD MEMBERS, COMMITTEE MEMBERS AND STAFF ARE REQUIRED TO COMPLY WITH THE FOUNDATION'S CONFLICT OF INTEREST POLICY. ANNUAL DISCLOSURES ARE REQUIRED. STAFF CONFIRMS THAT DISCLOSURES ARE RECEIVED FROM ALL COMMITTEE AND BOARD MEMBERS. THE POTENTIAL FOR ANY CONFLICT OF INTEREST IS CONSIDERED FOR ALL FINANCIAL OR BUSINESS RELATIONSHIPS. THE PRESIDENT AND CHAIRMAN OF THE BOARD ARE AUTHORIZED TO EXECUTE CONTRACTS AND HAVE ACCESS TO ALL DISCLOSURES. THE CHIEF FINANCIAL OFFICER REVIEWS ALL DISBURSEMENTS FROM THE FOUNDATION. ANY POTENTIAL CONFLICTS ARE DISCLOSED AT BOARD AND COMMITTEE MEETINGS, AND ABSTAINING MEMBERS ARE DOCUMENTED IN

.

Name of the organization

YORK COUNTY COMMUNITY FOUNDATION

Employer identification number 23-6299868

THE MINUTES.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: PERFORMANCE EVALUATIONS AND REVIEWS FOR THE PRESIDENT/CEO ARE
CONDUCTED ANNUALLY BY THE CHAIRMAN OF THE BOARD AND THE EXECUTIVE

COMMITTEE, INCLUDING INPUT FROM OTHER BOARD MEMBERS. WHEN ESTABLISHING HIS
SALARY, WHEN HIRED IN 2009, SALARIES FOR PRESIDENTS AND CEOS OF OTHER
PENNSYLVANIA BASED COMMUNITY FOUNDATIONS WERE UTILIZED, AND INFORMATION ON
CURRENT SALARIES FOR LEADERS OF COMMUNITY FOUNDATIONS AS WELL AS
NON-PROFITS IN GENERAL THROUGHOUT THE U.S. SUCH AS THAT SUPPLIED BY
EXECUTIVE SEARCH CONSULTANTS WAS CONSIDERED. COST-OF-LIVING AND MERIT
INCREASES ARE CONSIDERED ANNUALLY. IN CONSIDERATION OF HIS COMMITMENT TO
THE COMMUNITY, MR HARTMAN HAS NOT ACCEPTED A RAISE DURING THE LAST FIVE
YEARS. DURING 2013, A 360 DEGREE REVIEW OF MR. HARTMAN WAS CONDUCTED BY AN
INDEPENDENT CONSULTANT AND REVIEWED WITH HIM BY THE CHAIR AND VICE-CHAIR OF
THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE FOUNDATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY MAINTAINING A COPY OF THE ANNUAL AUDITED FINANCIAL STATEMENTS ON OUR OWN WEBSITE. SUMMARY FINANCIAL STATEMENTS ARE INCLUDED IN THE FOUNDATION'S ANNUAL REPORT, WITH A REFERENCE THAT THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE AT THE FOUNDATION OFFICES. GOVERNING INSTRUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN SPLIT INTEREST AGREEMENT

441,678.

AGENCY ENDOWMENT GIFTS

-982,739.

Schedule O (Form 990 or 990-EZ) (2013) Page 2 Employer identification number Name of the organization 23-6299868 YORK COUNTY COMMUNITY FOUNDATION AGENCY ENDOWMENT INVESTMENT INCOME -630,244. AGENCY ENDOWMENT GRANT DISTRIBUTIONS 402,799. REVENUE FROM BENEFICIAL INTERESTS IN TRUSTS 100,783. CHARITABLE REMAINDER UNITRUST (REVENUE)/EXPENSE -81,181. REVENUE FROM CHARITABLE REMAINDER TRUSTS 49,720. TOTAL TO FORM 990, PART XI, LINE 9 -699,184. FORM 990, PART XII, LINE 2C: EXPLANATION: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.