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DLN: 93493046024087

OMB No 1545-0047

Department of the Treasury

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

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Return of Organization Exempt From Income Tax

ntem	al Reve	enue Servi	ce					Inspection
4 F	or the	2015 ca	lendar year, or tax year beginnir	ng 07-01-2015 , and ending 06-30-20	016			
3 Ch	eck if a	applicable	C Name of organization YORK COUNTY CONVENTION AND		·	D Emple	oyer ic	lentification number
M Ac	ddress	change	VISITORS BUREAU INC			23-1	6041	76
_	ame ch	-	Doing business as					
	itial re	tum						
Fi etum	nal /termır	nated		all is not delivered to street address) Room/s	suite	E Teleph	ione nu	ımber
		l return	60 EAST NORTH STREET			(717	852 (-9675
Ар	plicatio	n pending		ntry, and ZIP or foreign postal code				
			YORK, PA 17401			G Gross	receipt	:s \$ 2,256,233
			F Name and address of princip	oal officer	H(a) ī	s this a group	o retu	rn for
			ANNE R DRUCK			ubordinates?		⊤ Yes 🗸
			60 EAST NORTH STREET YORK,PA 17401			No		
r Ta	x-exer	mpt status		, , , <u>, , , , , , , , , , , , , , , , </u>		re all subord ncluded?	ınate:	S
			501(c)(3) √ 501(c)(6) ◄	(insert no) 4947(a)(1) or 527			n a lis	t (see instructions)
ı w	ebsit	e:▶ WW	/W YORKPA ORG			Group exemp		• •
/ Ear	n of or	manization	✓ Corporation Trust Associa	tion ☐ Other ▶		of formation 1		M State of legal domicile PA
· FOII	11 01 01	rganization	▼ Corporation Trust Associa	duon Other P				,
Pa	rt I	Sum	mary					
	1 B	riefly des	scribe the organization's missior	or most significant activities				
	<u>T</u>	O POSIT	TIVELY IMPACT ECONOMIC D	EVELOPMENT IN YORK COUNTY T	HROUGH 1	THE PROMO	TION	OFTOURISM
eu C	_							
Ĕ	_							
Governance	3	Chask th	us boy > Fifthe organization d		d of more th			20040
Š		Check th	is box \triangleright If the organization of	scontinued its operations or disposed	a or more tr	ian 25% of it	s net	assets
5	3	Number	of voting members of the govern	ng body (Part VI, line 1a)			з	14
Activities &				of the governing body (Part VI, line 1b			4	14
Щe			· -		•		5	
⋛			• •	calendar year 2015 (Part V, line 2a)				22
ĕ			·	ecessary)			6	200
				art VIII, column (C), line 12			7a	56,338
	b N	let unrela	ated business taxable income fro	m Form 990-T, line 34			7b	3,263
						Prior Year		Current Year
ο.	8	Contri	ibutions and grants (Part VIII, li	•	1,789	,476	1,913,492	
Ü	9	Progra	am service revenue (Part VIII, l	·	234	,416	212,461	
Ravenue	10	Invest	tment income (Part VIII, columi	n (A), lines 3, 4, and 7d)		1	,012	1,060
α	11	O ther	revenue (Part VIII, column (A),	lines 5,6d,8c,9c,10c,and 11e)		88	,033	129,220
	12		revenue—add lines 8 through 11	(must equal Part VIII, column (A), Π	ne	2,112	,937	2,256,233
		12)						
	13		, ,	IX, column (A), lines 1-3)		284	_	274,000
	14		,	X, column (A), line 4)			0	(
S.	15	Saları 5-10)		ee benefits (Part IX, column (A), lines		850	,648	830,378
Expenses	160	,	•	column (A), line 11e)			0	
D G	16a			, ,,	•			
Δ	Ь		ındraısıng expenses (Part IX, column (D	·· · 				
	17			lines 11a-11d, 11f-24e)		1,344		1,188,715
	18		·	st equal Part IX, column (A), line 25)		2,479	_	2,293,093
	19	Reven	ue less expenses Subtract line	18 from line 12	-	-366	,414	-36,860
ું ઇ					Beginni	ing of Current	Year	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			668	810	522,341
A B	21		liabilities (Part X, line 26)		' 	382	_	272,971
ڲؚڿ			·		•		_	
	22		ssets or fund balances Subtract	line 21 from line 20	•	286	,500	249,370
	r t III r pen		ature Block perjury. I declare that I have ex-	amined this return, including accompa	nvina sche	dules and st	ateme	ents, and to the best of
				pplete Declaration of preparer (other				
orepa	rer h	as an y kr	nowledge					
		\				2047.02.05		
~: -			ature of officer			2017-02-03 Date		
Sign Here								
1614	_		E R DRUCK PRESIDENT or print name and title					
		17	Print/Type preparer's name	Preparer's signature	Date		PTIN	
D~:-	4		NIKKI L BARDIN CPA	NIKKI L BARDIN CPA	2017-02-03	Check If self-employed	P012	256649
Paid		_ _F	Firm's name STAMBAUGH NESS PC			Firm's EIN ► 2	-	67 1 5
۲re	pare	er ⊢	Firm's address ► 2600 EASTERN BLVD S	TE 101		Phone no (71		
							,	

YORK, PA 174022916

Use Only

. ✓Yes No

	990 (2015)			Page 3
Par	t 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III "	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts $VIII$, $VIII$, III ,			
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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11 b		No
	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	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
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	12 b		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	(2010)	
ΙV	Checklist of Required S	Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Part Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Yes 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part 22 Νo IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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?

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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

Νo

Nο

Νo

Νo

Νo

Νo

Νo

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Νo

Nο

Νo

Νo

Nο

Νo

Νo

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24a

24b

24c

24d

25a

25b

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28a

28b

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33

34

35a

35b

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37

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Yes

Form 990 (2015)

Part V	Statements	Regarding	Other	IRS Filinas	and Tax	Complianc

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance			_
		Check if Schedule O contains a response or note to any line in this Part V	• •	 Yes	. No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0		1 62	140
		the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did th	ne organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gamın	ng (gambling) winnings to prize winners?	1 c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered			
		s return			
b		east one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
32		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) lie organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
		y time during the calendar year, did the organization have an interest in, or a signature or other authority			
		a financial account in a foreign country (such as a bank account, securities account, or other financial int)?	4a		No
ь					
	See in	s," enter the name of the foreign country •			
	(FBAF	R)			
		he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No_
С	If"Ye	s," 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	6a	Yes	
	_	ization solicit any contributions that were not tax deductible as charitable contributions?			
Ь		s," did the organization include with every solicitation an express statement that such contributions or gifts	6 b	Yes	
7	Organ	nizations that may receive deductible contributions under section 170(c).			
а		ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
ь		s," did the organization notify the donor of the value of the goods or services provided?	7b		
c		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
a		orm 8282?	7c		
u	11 16	s, indicate the number of Forms 6262 med during the year			
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g		organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	requir	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	/g		
•	Form	1098-C?	7h		
8	•	coring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during	g the year?	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10		on 501(c)(7) organizations. Enter			
		tion fees and capital contributions included on Part VIII, line 12 10a receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
J	facilit				
11		on 501(c)(12) organizations. Enter			
		sincome from members or shareholders			
D		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b		s," enter the amount of tax-exempt interest received or accrued during the			
13	year Sect ic	on 501(c)(29) qualified nonprofit health insurance issuers.			
2	Ic tho	organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
4		onal information the organization must report on Schedule O	13a		
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans			
С		the amount of reserves on hand			
		ne organization receive any payments for indoor tanning services during the tax year?	14a		No
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm 990 i	2015)				Рa
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O.			10b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI		 		
Section	n A. Governing Body and Management				
				Yes	N
1a Ente	the number of voting members of the governing body at the end of the tax	1a	14		

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	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 ${f 1}$ a, above, who are independent	1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?	siness	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performs supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents sincifiled?	e the p	rior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the c	rganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?		members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	red by the Internal R	eveni	ıe Cod	e.)
					Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		No
b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organizations.			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of ithe form?	ts gov	erning body before filing 	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this	orm 9	90			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," describe</i>	12c	Yes	
3	Did the organization have a written whistleblower policy?			13	Yes	
4	Did the organization have a written document retention and destruction policy? .			14	Yes	
5	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year?			16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and tak organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16 b		
Se	ction C. Disclosure					
7	List the States with which a copy of this Form 990 is required to be filed▶					
8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicabl (3)s only) available for public inspection. Indicate how you made these available.					
	Own website					

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►ANNER DRUCK 60 EAST NORTH STREET YORK, PA 17401 (717) 852-9675

Part VII

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

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
- ullet List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization no	r any related or	ganıza	ition	com	pen	sated	any	current officer, o	lirector, or truste	е
(A) Name and Title	(B) A verage hours per week (list any hours for related	unle	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) LIZ WINAND	2 00	×		X				0	0	0
CHAIRMAN		_ ^		<u> </u>				0	0	
(2) STEPHANIE SHELTON VICE CHAIRMAN	2 00	x		×				0	0	0
(3) MARK SINDICICH SECRETARY	2 00	х		×				0	0	0
(4) CHRISTINA MCCULLOUGH	2 00									
DIRECTOR		X						0	0	0
(5) JOANNE WILKES DIRECTOR	2 00	x						0	0	0
(6) BRANDY MEYER DIRECTOR	2 00	х						0	0	0
(7) ERIC MENZER DIRECTOR	2 00	x						0	0	0
(8) MICHAEL FROEHLICH DIRECTOR	2 00	×						0	0	0
(9) DAVID POTTER DIRECTOR	2 00	x						0	0	0
(10) LIZ JOHNIDES DIRECTOR	2 00	x						0	0	0
(11) MARCI PANIAQUA DIRECTOR	2 00	x						0	0	0
(12) LESLIE EINHORN-RAVITZ DIRECTOR	2 00	x						0	0	0
(13) TIM WORKINGER DIRECTOR	2 00	x						0	0	0
(14) DOUGLAS HOKE DIRECTOR	2 00	x						0	0	0
										Form 990 (2015)

art VII	Section A. Officers,	Directors, Tr	ustees, Ke	ey Employees,	and Highest	Compensated E	mployees (continued)
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(A) Name and Title	(B) Average hours per week (list any hours for related	unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	0	organization and related organizations
(15) KEVIN SCHREIBER DIRECTOR	2 00	×						0	(c
(16) ROBERT BERKEBILE TREASURER	2 00			х				0	(o
(17) ANNE R DRUCK PRESIDENT	40 00			x				116,113	(11,613
1b Sub-Total	[, Section A .	· ·	· ·	>			1	16,113	0	11,613

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1
- \$100,000 of reportable compensation from the organization ▶ 1
- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person . .

- Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- on line 1a? If "Yes," complete Schedule J for such individual

 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
- Section B. Independent Contractors
- Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

 (A)

 (B)

 (C)

Name and business address	Description of services	Compensation

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

Yes

3

4

5

No

Νo

Νo

Νo

- OIIII 95								Page 9
Part V	* + + +	Statement o						
		Check if Schedi	ule O contains a respor	nse or note to any lir				<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated cam	paigns 1a					512-514
nts nts			_					
irat 10u	Ь	·	ies 1b					
s. C Am	c		ents 1 c					
Gift Iar	d	Related organiz	zations 1d					
ii. is	e	Government grants	s (contributions) 1e	1,913,492				
tior sr S	f	All other contributed	ons, gifts, grants, and 1f					
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contribution	ons included in lines					
		1a-1f \$	- 1 - 16		1,913,492			
<u>ة ت</u>	h	Total. Add lines	s 1a-1f		1,913,492			
Ŧ				Business Code				
Ven	2a	MEMBERSHIPS		711300	91,942	91,942		
Program Service Revenue	b	VISITOR GUIDE RE TOURISM PROMOT		541800	52,075	54.042	52,075	
Š	c d	PRINT ADVERTISIN	-	711300 541800	51,813 16,631	51,813 16,631		
₹	e	- INTINI ADVENTISIN		341600	10,031	10,031		
ran	f	All other progra	am service revenue					
∱ og								
	3 3		s 2a-2f :ome (including dividen		212,461			
	-		ar amounts)		1,060			1,060
	4		stment of tax-exempt bond	proceeds ►				
	5	Royalties	· · · · · · · · · · · · · · · · · · ·	P				
	6a	Gross rents	(ı) Real	(II) Personal				
	"							
	b	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	l _	Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory						
	ь	Less cost or other basis and sales expenses						
	C	Gain or (loss)						
une	d 8a	Gross income f events (not inc						
Other Revenue		of contributions See Part IV, lin	s reported on line 1c) ne 18					
£	b	Less direct ex	penses b					
•	C		(loss) from fundraising	events ▶				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	ь	Less directex	penses b					
	C	Net income or ((loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	b c		oods sold b (loss) from sales of inve	entory ►				
		Miscellaneous	s Revenue	Business Code				
	11a	HOUSING BUR	REAU REBATES	900099	108,457	108,457		
	b	SPECIAL ASSE		900099	16,500	16,500		
	c	WEBSITE ADV		541800	4,263		4,263	
	d	All other reven						
	е	Total. Add lines		•	129,220			
	12	Total revenue.	See Instructions .	•	2,256,233	285,343	56,338	1,060

Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must complete all colum	ns All other organizations must com	plete column (A)
·		·	·

	ot include amounts reported on lines 6b, b, 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 domestic organizations and domestic governments See Part IV, line 21	274,000			
2	Grants and other assistance to domestic individuals See Part IV, line 22	,			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	140,789			
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	531,281			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,619			
9	O ther employee benefits	65,988			
10	Payroll taxes				
		55,701			
11	Fees for services (non-employees)				
a	Management				
Ь	Legal	4,852			
с	Accounting	7,750			
d	Lobbying	30,463			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	188,640			
12	Advertising and promotion	254,825			
13	Office expenses	73,198			
14	Information technology				
15	Royalties				
16	Occupancy	63,020			
17 18	Payments of travel or entertainment expenses for any federal,	51,014			
10	state, or local public officials	1 474			
19	Conferences, conventions, and meetings	1,474 2,688			
20 21	Interest	2,000			
21 22	Depreciation, depletion, and amortization	70,318			
23	Insurance	10,801			
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) amount, list line 24e expenses on Schedule O)	10,002			
а	PROMO EXP - OTHER	165,841			
b	PROMO EXP - FACILITIES	157,772			
c	EVENT SUBSIDY	69,630			
d	DUES AND SUBSCRIPTIONS	26,586			
e	A II other expenses	9,843			
25	Total functional expenses. Add lines 1 through 24e	2,293,093			
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 (2	2015)			Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			· · · · <u>· · </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	250	1	2,665
	2	Savings and temporary cash investments	59,721	2	38,485
	3	Pledges and grants receivable, net	186,311	3	166,647
	4	Accounts receivable, net	26,304	4	15,815
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
\$8	7	Notes and loans receivable, net	78.726		51,957
⋖	8	·	70,720	8	01,307
		Inventories for sale or use	CE 404		64.402
	9	Prepaid expenses and deferred charges	65,494	9	64, 193
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 533,724	_		400 570
	b	Less accumulated depreciation 10b 351,145	249,889		182,579
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,115	15	0
	16	Total assets.Add lines 1 through 15 (must equal line 34)	668,810	16	522,341
	17	Accounts payable and accrued expenses	225,705	17	150,794
	18	Grants payable		18	
	19	Deferred revenue	84,990	19	64, 165
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
ilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>=</u>		persons Complete Part II of Schedule L		22	
Liab	23	Secured mortgages and notes payable to unrelated third parties	71,615	23	58,012
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
				25	
	26	Total liabilities. Add lines 17 through 25	382,310	26	272,971
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶			
<u>an</u>	27	Unrestricted net assets	286,500	27	249,370
Ba	28	Temporarily restricted net assets		28	<u> </u>
pu	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
٥		complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds		32	
Vet	33	Total net assets or fund balances	286,500	33	249,370
_			1		· ·

34

Total liabilities and net assets/fund balances

522,341

668,810

34

Reconcilliation of Net Assets

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments Donated services and use of facilities .

Investment expenses . Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . column (B))

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Check if Schedule O contains a response or note to any line in this Part XII

Part XIII Financial Statements and Reporting 1 Accounting method used to prepare the Form 990

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

a separate basis, consolidated basis, or both Separate basis Consolidated basis

b Were the organization's financial statements audited by an independent accountant? basis, consolidated basis, or both

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate Separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Schedule O

Single Audit Act and OMB Circular A-133?

Consolidated basis

Both consolidated and separate basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

Cash ✓ Accrual Other

2a

2b

2c

3a

3b

1

2

3

4

5

6

7

8

9

10

Page **12**

2,256,233

2,293,093

-36,860

286,500

-270

✓

249,370

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

DLN: 93493046024087

Employer identification number

23-1604176

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

YORK COUNTY CONVENTION AND VISITORS BUREAU INC

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.

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

2015
Open to Public Inspection

Service

If the organization answered "Yes" on 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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on 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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

1		ganization's direct and indirect politi	icai campaign aci	civities in Part IV	
2	Political expenditures			>	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization un	der section 495	5	\$
2	Enter the amount of any excise	e tax incurred by organization manag	gers under sectio	n 4955 >	\$
3	If the organization incurred a s	☐ Yes ☐ No			
4a	Was a correction made?				☐ Yes ☐ No
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to o	ther organization	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line 17b ►	¢
4	Did the filing organization file F	form 1120-POL for this year?			Yes No
5	Enter the names, addresses at organization made payments lamount of political contribution separate segregated fund or a	unds Also enter the nization, such as a			
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	0-EZ.	Cat No 50084S Schedule C (F	orm 990 or 990-EZ) 2015

P	art II-	A	Complete if the organization is exempt under section $501(c)(3)$ and file under section $501(h)$.	ed Form 5768	(election
	Check	•	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated groexpenses, and share of excess lobbying expenditures)	oup member's name	e, address, EIN,
	Check	•	If the filing organization checked box A and "limited control" provisions apply		
				/-\ E:::	/L \ A661:-44

	Limits on Lobb	pox A and "limited control" provisions apply ying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public	opinion (grass roots		•
b	lobbying) Total lobbying expenditures to influence a legis			
c	Total lobbying expenditures (add lines 1a and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of I	ine 1f)		
h	Subtract line 1g from line 1a If zero or less, er	ter -0 -		
i	Subtract line 1f from line 1c If zero or less, en	ter - 0 -		
j	If there is an amount other than zero on either reporting section 4911 tax for this year?	line 1h or line 1i, did the organization file Form 4720		
j		line 1h or line 1i, did the organization file Form 4720	No	

	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)									
	Lobbying Expe	nditures During	4-Year Avera	ging Period						
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c)2014	(d)2015	(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))									
f	Grassroots lobbying expenditures									
			·	Sche	dule C (Form 990	or 990-EZ) 2015				

Return Reference

Pa	ort II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT				
	· · · · · · · · · · · · · · · · · · ·	(a)		(b)	
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity		No		4 moun	ıt
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	Yes				
а	Volunteers?]		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?]		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	l				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	l				
Pa	rt III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	501 (c)(5), (or s	ectio	n
	301(0)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Γ	1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		F	2		Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		F	3	Yes	
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section	501(c)(5), (or s		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1			20	3,594
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				_	
а		2a				0,463
b	,	2b				3,456
C	Total	2c				3,919
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			2	0,359
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			3:	3,560
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	Part IV Supplemental Information		•			
	rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro (see instructions), and Part II-B, line 1. Also, complete this part for any additional information	up list)	, Part II	-A,I	ınes 1	and

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D (Form 990)

Department of the

Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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 $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

2015

DLN: 93493046024087

Open to Public Inspection

Inten	nal Revenue Service	· ,		Ziio peetion
YOF	me of the organization RK COUNTY CONVENTION AND ITORS BUREAU INC			oloyer identification number
	rt I Organizations Maintaining Donor	Advised Funds or Other Simila		or Accounts.
	Complete if the organization answere			or Accounts.
		(a) Donor advised funds	(b)Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to	5		ısed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or f	for any othe	e er purpose Yes No
Pa	rt II Conservation Easements. Comple		es" on For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	, , , , , , , , , , , , , , , , , , , ,		
	Preservation of land for public use (e g , recreducation)		of an histo	orically important land area
	Protection of natural habitat	-		ed historic structure
	Preservation of open space	·		
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	neld a qualified conservation contribution	n in the fori	m of a conservation
	•			Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme	ents	2b	
c	Number of conservation easements on a certified	historic structure included in (a)	2c	
d	Number of conservation easements included in (o historic structure listed in the National Register	e) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, trait tax year ▶	nsferred, released, extinguished, or term	inated by t	he organization during the
4	Number of states where property subject to cons	arvation ascament is located •		
5	Does the organization have a written policy regar			f
,	violations, and enforcement of the conservation e		nananng o	│ Yes │ No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and en	nforcing cor	nservation easements during the
	-			
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforci	ıng conserv	ation easements during the year
	▶ \$			
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements o	fsection 1	70(h)(4)
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's fina		· · · · · · · · · · · · · · · · · · ·
Pai	Complete if the organization answers			her Similar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	AS 116 (ASC 958), not to report in its i assets held for public exhibition, educat	revenue sta tion, or resa	earch in furtherance of public
b	If the organization elected, as permitted under Sf works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, educat		

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

▶ \$ _

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	storical	Trea	sures, or (Other S	Similar As	sets
3		the organization's acquisition, accition items (check all that apply)	ession, and other rec	ords, ch	neck an y	ofthe	following that	are a sig	ınıfıcant use	ofits
а		Public exhibition		d	┌ Lo	oan or	exchange pro	grams		
b	_ :	Scholarly research		e	Го	ther				
c		Preservation for future generations								
4	Provide Part >	de a description of the organization'	s collections and exp	laın ho	w they fur	rther th	ne organizatio	n's exem	pt purpose i	ın
5		g the year, did the organization soli s to be sold to raise funds rather th							r Yes	No
Pai	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990, Pa	rt IV,	line 9, or re	ported	an amount	on Form 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	stodian or other interi	mediary	for contr	rıbutıoı	ns or other as:	sets not	☐ Yes	∏ No
b	If"	Yes," explain the arrangement in Pa	art XIII and complete	e the fol	llowing ta	ble			Amo	ount
c		Jinning balance					10	:		
d	-	ditions during the year					10			
e		tributions during the year					1e	1		
f		ding balance					1f	-		
2a		ne organization include an amount o	n Form 990, Part X, I	ıne 21,	for escro	worcı	ــــــا ustodial accou	ınt lıabılı	ity? Yes	☐ No
b	If"Ve	s," explain the arrangement in Part	YIII Check here if t	he evnl	anation h	as hee	en provided in	Dart YII	ī	П
	rt V	Endowment Funds. Comple								<u> </u>
			(a)Current year		nor year		Two years back		years back	(e)Four years back
1a	Begir	nning of year balance								
b	Cont •	ributions · · · · · · ·								
c	Net i losse	nvestment earnings, gains, and is								
d	Gran	ts or scholarships								
e		r expenditures for facilities irograms								
f	Δdmi	nistrative expenses				+				
g		of year balance								
2	Provi	· · · · · · · de the estimated percentage of the	current year end hala	ınce (lır	ne 1 a col	lumn (a	a)) held as			
			carrent year end bare	inice (iii	ic 19, coi	iaiiiii (c	ijjiicia as			
a		designated or quasi-endowment ►								
Ь		anent endowment ▶								
С		orarily restricted endowment > ercentages on lines 2a, 2b, and 2c	should equal 100%							
3a		nere endowment funds not in the pos	ssession of the organ	ızatıon	that are l	held ar	nd administere	d for the		
	-	ızatıon by related organızatıons							3a(Yes No
		lated organizations					•		3a(· · · · · · · · · · · · · · · · · · ·
b	If"Ye	s" on 3a(II), are the related organiz	atıons lısted as requi	red on s	Schedule	R۶.			31	
4		ribe in Part XIII the intended uses o	-	endowm	ent funds	5				
Pai	rt VI	Land, Buildings, and Equip Complete if the organization a		Form Q	ON Dart	- T\/ lı	no 112 Soo	Form 9	On Dart V	line 10
		Description of property	answered les to i		(a)		(b)		Accumulated	(d)Book value
		, , , , , , , , , , , , , , , , , , , ,		C	ost or othe investme)		Cost or other ba	asis (c)	depreciation	
1.2	Land				/ III V C SUI II	-111/	(outer)	+		
		gs		·				+		
		old improvements		`			81,6	548	17,49	6 64,152
		nent					361,2	_	279,13	-
				⊢			90,8	_	54,51	-

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

182,579

Part VII Investments—Othe See Form 990, Part X	er Securities. Co	implete if the orga		
(a) Description of	security or category me of security)	/	(b)Book value	(c)Method of valuation Cost or end-of-year market val
1)Financial derivatives	me or security)			Cost of elid-of-year market var
2)Closely-held equity interests				
3) O ther				
otal. (Column (b) must equal Form 990, Pa	art Y col (B) line 12)	•		
art VIII Investments—Prod	gram Related.			
		d 'Yes' on Form 99		See Form 990, Part X, line 13.
(a) Descriptio	on of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market val
				. ,
latal (Column (h) must agual Form 990 P.	art V. col (B) line 12)	•		
		on answered 'Yes' on	Form 990, Part IV, line	e 11d See Form 990, Part X, line 15
		on answered 'Yes' on	Form 990, Part IV, line	e 11d See Form 990, Part X, line 15 (b) Book value
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
Other Assets. Complete of the	(a) Desc	on answered 'Yes' on cription		(b) Book value
otal. (Column (b) must equal Form 99 Part X Other Liabilities. Complete Part X Other Liabilities.	(a) Description (b) Inne omplete if the organization (b) Description (c) Descr	on answered 'Yes' on cription		(b) Book value
otal. (Column (b) must equal Form 99 Part X Other Liabilities. Complete See Form 990, Part X	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	on answered 'Yes' on cription		(b) Book value
otal. (Column (b) must equal Form 99 Part X Other Liabilities. Conservation See Form 990, Part X	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription 15) anization answere		(b) Book value
otal. (Column (b) must equal Form 99 Part X Other Liabilities. Co See Form 990, Part X (a) Description of	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription 15) anization answere		(b) Book value
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Total. (Column (b) must equal Form 99 Part X Other Liabilities. Congression See Form 990, Part X (a) Description of the congression of the congr	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription 15) anization answere		(b) Book value
Total. (Column (b) must equal Form 99 Part X Other Liabilities. Conservation of See Form 990, Part X (a) Description of the conservation of the	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription 15) anization answere		(b) Book value
See Form 990, Part X	(a) Description (a) Descriptio	answered 'Yes' on tription 15) anization answere		(b) Book value

Schedule D (Form 990) 2015

1

2,256,233

1

2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses)	on investments 2a		
b	Donated services and use of f	acılıtıes		
c	Recoveries of prior year grants	5		
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d		2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	2,256,233
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5		4c. (This must equal Form 990, Part I, line 12)	5	2,256,233
Par		kpenses per Audited Financial Statements With Expen lization answered 'Yes' on Form 990, Part IV, line 12a.	ses per Re	turn.
1	·	r audited financial statements	1	2,293,363
2	A mounts included on line 1 bu	t not on Form 990, Part IX, line 25		
а	Donated services and use of fa	acılıtıes		
b	Prioryear adjustments	2b		
c	Other losses			
d	Other (Describe in Part XIII)		70	
e	Add lines 2a through 2d	 	2e	270
3	Subtract line $\mathbf{2e}$ from line 1 .		3	2,293,093
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	 	4c	0
5	Total expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, line 18)	. 5	2,293,093
Do.	t XIII Supplemental Inf	oumation.		_
	• •			
Part		Part II, lines $3,5$, and 9 , Part III, lines $1a$ and 4 , Part IV, lines $1b$ an lines $2d$ and $4b$, and Part XII, lines $2d$ and $4b$. Also complete this pa		ny additional
	Return Reference	Explanation		
PART	X, LINE 2	THE BUREAU IS EXEMPT FROM FEDERAL AND STATE INCOME T BUREAU UNDER SECTION 501(C)(6) OF THE INTERNAL REVENL UNDER THE PENNSYLVANIA NONPROFIT CORPORATION LAW.	E CODE AND	ORGANIZED

PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN RECORDED IN THE

BE RECORDED AS A LIABILITY THE BUREAU IS NO LONGER SUBJECT TO TAX

POSITIONS IN ITS INTEREST EXPENSE

FINANCIAL STATEMENTS ADJUSTMENTS, IF ANY, FOR UNCERTAIN TAX POSITIONS WOULD

EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2012 THE BUREAU WOULD ALSO RECOGNIZE ACCRUALS FOR INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Schedule D (Form 990) 2015		Page 5		
Part XIII Supplemental Information (continued)				
Return Reference	Explanation			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and O
Governments of Complete if the organization

Treasury

Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

2015

DLN: 93493046024087

Open to Public Inspection

Name of the organization						Employer identification	on number
YORK COUNTY CONVENTION AND VISITORS BUREAU INC						23-1604176	
Part I General Information	on Grants and	Assistance				<u> </u>	
Does the organization maintain re the selection criteria used to awa Describe in Part IV the organization.	ard the grants or ass	sistance?				tance, and	√ Yes N
Part III Grants and Other Assistar that received more than \$				plete if the organization	answered "Yes" on Fo	orm 990, Part IV, line 21	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 50:		2				_	

SCHEDULE I, PART 1, THE BUREAU SELECTS ORGANIZATIONS THAT HELP FURTHER ITS EXEMPT PURPOSE OF PROMOTING TOURISM IN YORK COUNTY IT QUESTION 2 MONITORS THE RECIPIENTS STATED PROJECTS TO THEIR CONCLUSION TO BETTER EVALUATE THE IMPACT ON LOCAL TOURISM AND HELP DETERMINE FUTURE ALLOCATION OF BUREAU RESOURCES

Additional Data

TRUST

COMMERCE

250 E MARKET STREET YORK, PA 17403

HANOVER CHAMBER OF

146 CARLISLE STREET HANOVER, PA 17331

Software ID: Software Version:

501(C)(6)

23-2290798

EIN: 23-1604176

Name: YORK COUNTY CONVENTION AND

VISITORS BUREAU INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant ıfapplıcable organization grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) YORK EXPO CENTER 23-1241290 501(C)(3) 100,000 TOURISM ASSET 334 CARLISLE AVENUE FUNDING YORK, PA 17404 YORK COUNTY HERITAGE 23-1352323 501(C)(3) 24,000 TOURISM ASSET

5,000

FUNDING

FUNDING

TOURISM ASSET

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 75-3087098 501(C)(3) 75,000 TOURISM ASSET SUSQUEHANNA GATEWAY HERITAGE AREA FUNDING 1706 LONG LEVEL ROAD WRIGHTSVILLE, PA 17368 M ASSET

FUNDING

MA & PA RAILROAD PRESERVATION SOCIETY PO BOX 5122 YORK,PA 174055122	23-2441623	501(C)(3)	20,000		TOURISM ASSET FUNDING
YORK COUNTY RAIL TRAIL		YORK CTY BOARD	50,000		TOURISM ASSET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OFCO

AUTHORITY
45 CHERRY STREET

SEVEN VALLEYS, PA 17360

efile GRAPHIC pr	As Filed Data -			
SCHEDULE O	Supplemental Information			
(Form 990 or 990-EZ)	•	ide information for re		

ation to Form 990 or 990-EZ

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

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

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

DLN: 93493046024087

Employer identification number

23-1604176

990 Schedule O, Supplemental Information

ACTION

BU

TAKE

REQUIREMEN TS HAVE BEEN MET

Department of the

Internal Revenue Service

Name of the organization YORK COUNTY CONVENTION AND VISITORS BUREAU INC.

Return Reference

Treasury

FORM 990, PART VI, SECTION THE BOARD WILL REVIEW AND COMMENT ON THE 990 AT A REGULAR SCHEDULED MEETING. COPIES WILL BE PROVIDED AND MINUTES RECORDED **B. LINE 11** FORM 990, PART VI, SECTION WHEN DIRECTORS ARE CONFRONTED WITH AN ACTUAL OR APPARENT CONFLICT OF INTEREST. B. LINE 12C MINIMALLY, THEY NEED TO INFORM THE BOARD OF THE IMPORTANT FACTS AND DETAILS AND MUST ABSTAIN FROM VOT ING ON THE TRANSACTION THESE ACTIONS SHOULD BE RECORDED IN THE MINUTES TO DOCUMENT THE SCLOSURE THE BOARD SHALL NOT ENTER INTO ANY CONTRACT OR TRANSACTION WITH (A) ONE OR MORE OF ITS DIRECTORS, (B) A DIRECTOR OF A RELATED ORGANZIAITON, OR (C) AN ORGANIZATION IN OR O F WHICH A DIRECTOR OF THE ORGANIZATION IS A DIRECTOR, OFFICER, OR LEGAL REPRESENTATIVE, OR

Explanation

IN SOME OTHER WAY HAS A MATERIAL FINANCIAL INTEREST UNLESS * THAT INTEREST IS DISCLOSED OR KNOWN TO THE BOARD OF DIRECTORS * THE BOARD APPROVES. AUTHORIZES OR RATIFIES THE

IN GOOD FAITH * THE APPROVAL IS BY A 2/3 MAJORITY OF DIRECTORS (NOT COUNTING THE INTEREST ED DIRECTOR) THE INTERESTED DIRECTOR MAY BE PRESENT FOR DISCUSSION TO A NSWER QUESTIONS.

T MAY NOT ADVOCATE FOR THE ACTION TO BE TAKEN AND MUST LEAVE THE ROOM WHILE A VOTE IS

N THE MINUTES OF ALL ACTIONS TAKEN ON SUCH MATTERS SHALL CLEARLY REFLECT THESE

990 Schedule O, Supplemental Information

Return Explanation

Reference FORM 990. PART

VI. SECTION C.

LINE 19

THE PUBLIC UPON REQUEST

VI, SECTION B,
LINE 15

COMPARABLE SET OF COMPENSATION DATA IS PROVIDED EACH YEAR FOR ALL CLASSIFICATIONS OF EMPLOY MENT,
ALONG WITH A SALARY AND BONUS HISTORY SPREADSHEET FOR THEIR REVIEW AND USE. THE COMPENSATION
RESEARCH IS COMPILED BY A HUMAN RESOURCES CONSULTANT

FORM 990, PART

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO

THE REVIEW PROCESS FOR THE PRESIDENT IS CONDUCTED BY THE SEATED CHAIR ON AN ANNUAL BASIS. A

Return Reference Explanation

FORM 990. PART XI, LINE 9 BAD DEBT EXPENSE -270

990 Schedule O, Supplemental Information

FORM 990, PART XII, LINE 2C	THE EXECUTIVE COMMITTEE ASSUMES RESPONSIBILTY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANC
	IAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED
	FR
	OM THE PRIOR YEAR