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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)

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.irs.gov/form990](#)

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

YORK COUNTY COMMUNITY FOUNDATION

Doing business as

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

Room/suite

14 WEST MARKET STREET

City or town, state or province, country, and ZIP or foreign postal code

YORK, PA 174011617

F Name and address of principal officer

HENRY J CHRIST III

14 WEST MARKET STREET

YORK, PA 174011617

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status

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

J Website: ▶

WWW YCCF ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1961

M State of legal domicile

PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

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

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

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

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

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

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

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

Expenses

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

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

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

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶391,530

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

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

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

MICHAEL GLEZER TREASURER

2018-11-01

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

AMY GOHN ANSTINE CPA

AMY GOHN ANSTINE CPA

2018-11-01

P00072689

Firm's name ▶ RKL LLP

Firm's EIN ▶ 23-2108173

Firm's address ▶ 3501 CONCORD ROAD PO BOX 21439

Phone no (717) 843-3804

YORK, PA 17402

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code) (Expenses \$	4,208,124	including grants of \$	3,530,429) (Revenue \$	211,959)
See Additional Data					

4b	(Code) (Expenses \$	470,404	including grants of \$	454,869) (Revenue \$	0)
See Additional Data					

4c	(Code) (Expenses \$	291,958	including grants of \$	291,958) (Revenue \$	0)
See Additional Data					

(Code) (Expenses \$	421,051	including grants of \$	310,386) (Revenue \$	0)
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HAHN HOME FUND FOR EMBRACING AGING SUPPORTS AN INITIATIVE TO MAKE YORK COUNTY A GREAT PLACE TO AGE BY IMPROVING ATTITUDES ON AGING AND REDUCING BARRIERS TO AGING WELL. GRANTS \$310,386 & TOTAL EXPENSES \$421,051

4d	Other program services (Describe in Schedule O)				
(Expenses \$	421,051	including grants of \$	310,386) (Revenue \$	0)	

4e	Total program service expenses ▶	5,391,537
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? 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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? 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 Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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	12a	No
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 Yes	
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? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	27	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
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	14
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
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	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	No
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	31	
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	31	
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: PA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ 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, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ►GEORGE DVORYAK CFO 14 WEST MARKET STREET YORK, PA 174011203 (717) 848-3733

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

Form **990** (2017)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								240,688	0	25,585

2 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**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FUND EVALUATION GROUP 201 EAST STREET SUITE 1600 CINCINNATI, OH 45202	INVESTMENT CONSULTING	187,826
COMMONFUND 15 OLD DANBURY ROAD WILTON, CT 06897	INVESTMENT CONSULTING	140,836

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 ▶ **2**

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

Contributions, Gifts, Grants
and Other Similar Amounts

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns	1a			
b Membership dues	1b			
c Fundraising events	1c			
d Related organizations	1d			
e Government grants (contributions)	1e			
f All other contributions, gifts, grants, and similar amounts not included above	1f	7,857,512		
g Noncash contributions included in lines 1a-1f \$	3,845,906			
h Total. Add lines 1a-1f ▶	7,857,512			

Program Service Revenue

	Business Code				
2a MANAGEMENT FEES	561000	135,076	135,076		
b CHARITABLE TRUST FEES	525920	76,883	76,883		
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f ▶		211,959			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts) ▶		2,624,205		3,013	2,621,192
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
6a Gross rents	(i) Real	(ii) Personal			
	30,621				
b Less rental expenses	6,180				
c Rental income or (loss)	24,441				
d Net rental income or (loss) ▶		24,441			24,441
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	117,184,978				
b Less cost or other basis and sales expenses	112,775,021				
c Gain or (loss)	4,409,957				
d Net gain or (loss) ▶		4,409,957			4,409,957
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a					
b Less direct expenses b					
c Net income or (loss) from fundraising events ▶					
9a Gross income from gaming activities See Part IV, line 19 a					
b Less direct expenses b					
c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances a					
b Less cost of goods sold b					
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d ▶					
12 Total revenue. See Instructions ▶		15,128,074	211,959	3,013	7,055,590

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	4,295,684	4,295,684		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	291,958	291,958		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	266,273	99,893	128,093	38,287
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.	746,882	324,234	221,854	200,794
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	40,591	18,253	14,247	8,091
9 Other employee benefits.	99,069	42,725	30,310	26,034
10 Payroll taxes.	85,800	36,014	29,334	20,452
11 Fees for services (non-employees):				
a Management.				
b Legal.	25,035		25,035	
c Accounting.	30,109	1,704	27,437	968
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	460,543		460,543	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	95,360	92,860		2,500
12 Advertising and promotion.	16,407	8,673		7,734
13 Office expenses.	52,049	14,588	28,030	9,431
14 Information technology.	68,945	30,264	21,627	17,054
15 Royalties.				
16 Occupancy.	98,333	36,086	41,754	20,493
17 Travel.	11,778	6,718	2,982	2,078
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	4,555	2,170	995	1,390
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	5,291		5,291	
23 Insurance.	11,883	3,961	3,961	3,961
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):				
a PROGRAMS	126,861	78,023	24,249	24,589
b STAFF DEVELOPMENT	35,251	55	35,196	
c DUES AND ASSESSMENTS	23,022	7,674	7,674	7,674
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	6,891,679	5,391,537	1,108,612	391,530
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).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		124,194	1	87,160	
	2	Savings and temporary cash investments		7,535,585	2	10,043,745	
	3	Pledges and grants receivable, net		95,855	3	42,306	
	4	Accounts receivable, net			4		
	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		
	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		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	647,548			
	b	Less: accumulated depreciation	10b	619,402	5,510	10c	28,146
	11	Investments—publicly traded securities		102,952,387	11	122,769,954	
	12	Investments—other securities. See Part IV, line 11		19,839,316	12	17,132,070	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		2,162,288	15	2,288,814	
16	Total assets. Add lines 1 through 15 (must equal line 34)		132,715,135	16	152,392,195		
Liabilities	17	Accounts payable and accrued expenses		51,493	17	201,848	
	18	Grants payable		25,562	18	115,000	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		38,224,492	25	43,842,902	
	26	Total liabilities. Add lines 17 through 25		38,301,547	26	44,159,750	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		89,684,494	27	102,977,770	
	28	Temporarily restricted net assets		3,815,959	28	4,253,157	
	29	Permanently restricted net assets		913,135	29	1,001,518	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		94,413,588	33	108,232,445		
34	Total liabilities and net assets/fund balances		132,715,135	34	152,392,195		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,128,074
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,891,679
3	Revenue less expenses Subtract line 2 from line 1	3	8,236,395
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	94,413,588
5	Net unrealized gains (losses) on investments	5	7,086,442
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	-1,503,980
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	108,232,445

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Additional Data

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

Form 990 (2017)

Form 990, Part III, Line 4a:

YORK COUNTY COMMUNITY FOUNDATION'S GRANTMAKING PROGRAM REACHES BROADLY ACROSS ALL CHARITABLE SECTORS SERVING YORK COUNTY PENNSYLVANIA, AS EVIDENCED BY 1,003 GRANTS TO 354 CHARITABLE ORGANIZATIONS. GRANT SUPPORT IS PROVIDED BY BOTH COMPETITIVE APPLICATION AND NON-COMPETITIVE DESIGNATIONS. MAJOR GRANT PROGRAMS INCLUDE POST-SECONDARY SCHOLARSHIP SUPPORT AND GRANT SUPPORT THROUGH AGENCY ENDOWMENTS. YORK COUNTY COMMUNITY FOUNDATION PROVIDES THE HIGHEST QUALITY CUSTOMER SERVICE TO ASSIST ITS DONORS IN ACHIEVING THEIR PHILANTHROPIC GOALS BY HELPING FACILITATE THEIR GIVING THROUGH THEIR ENDOWED CHARITABLE FUNDS AND BY PROVIDING SERVICES TO ENHANCE THE IMPACT OF THEIR GRANTMAKING. YORK COUNTY COMMUNITY FOUNDATION HAS 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 FOUNDATIONS 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 4b:

YORK COUNTY COMMUNITY FOUNDATION'S FUND FOR YORK COUNTY FOCUSES RESOURCES ON YORK'S MOST PRESSING ISSUES. PRIORITY AREAS ARE EDUCATION, WORKFORCE DEVELOPMENT, AND DOWNTOWN AND NEIGHBORHOOD REVITALIZATION. IN THE CURRENT YEAR, 438,000 LIVES WERE CHANGED BY 26 NON-PROFIT PROGRAMS, THANKS TO GRANTS FROM THE FUND FOR YORK COUNTY.

Form 990, Part III, Line 4c:

SCHOLARSHIPS SUPPORT GRANTS TO EDUCATIONAL INSTITUTIONS AND SCHOLARSHIP ORGANIZATIONS INCLUDING POST SECONDARY SCHOLARSHIPS OF \$291,958 TO
165 INDIVIDUALS IN THE U S

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM R HARTMAN CHAIR, DIRECTOR	2 00 0 10	X		X				0	0	0
JEFFREY D LOBACH 1ST VICE CHAIR, DIRECTOR	1 00 0 10	X		X				0	0	0
ELIZABETH F CARSON 2ND VICE CHAIR, DIRECTOR(9/2017)	1 00 0 10	X		X				0	0	0
KRISTA SNYDER DARR SECRETARY, 2ND VICE CHAIR(9/2017)	1 00 0 00	X		X				0	0	0
HOLLY A MAYER ASST SECRETARY, DIRECTOR	1 00 0 00	X		X				0	0	0
HENRY J CHRIST III TREASURER, DIRECTOR	2 00 0 10	X		X				0	0	0
RONALD HERSHNER DIRECTOR, SECRETARY(9/2017)	1 00 0 00	X		X				0	0	0
JOHN W BAILEY DIRECTOR	1 00 0 00	X						0	0	0
BRUCE M BARTELS DIRECTOR	1 00 0 00	X						0	0	0
TIMOTHY J BUPP DIRECTOR	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH P CLARK II DIRECTOR	1 00 0 00	X						0	0	0
DAVID M DAVIDSON DIRECTOR	1 00 0 00	X						0	0	0
DOMINIC DELLICARPINI DIRECTOR	1 00 0 00	X						0	0	0
JENNIFER GEESEY DIRECTOR	1 00 0 00	X						0	0	0
MICHAEL H HADY III DIRECTOR	1 00 0 50	X						0	0	0
MICHAEL C HAUN DIRECTOR	1 00 0 00	X						0	0	0
DARRYL E JONES DIRECTOR (START 5/2017)	1 00 0 00	X						0	0	0
JACK KAY DIRECTOR	1 00 0 50	X						0	0	0
TIMOTHY KINSLEY DIRECTOR	1 00 0 10	X						0	0	0
SUSAN D KREBS DIRECTOR	1 00 0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LORI O MITRICK DIRECTOR	1 00 0 50	X						0	0	0
MATTHEW POFF DIRECTOR (START 10/2017)	1 00 0 00	X						0	0	0
JOHN M POLLI DIRECTOR	1 00 0 00	X						0	0	0
SCOTT C ROGERS DIRECTOR	1 00 0 00	X						0	0	0
MARIA L ROYCE DIRECTOR (START 5/2017)	1 00 0 00	X						0	0	0
PAUL L RUDY III DIRECTOR	1 00 0 10	X						0	0	0
JOHN J SHORB DIRECTOR	1 00 0 50	X						0	0	0
PATTI STIRK DIRECTOR	1 00 0 00	X						0	0	0
TIMOTHY WARFIELD DIRECTOR	1 00 0 00	X						0	0	0
JOSEPH G WAGMAN DIRECTOR	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLAIRE S WEAVER DIRECTOR (UNTIL 3/2017)	1 00 0 00	X						0	0	0
GEORGE DVORYAK VICE-PRESIDENT, CFO	38 00 2 00			X				98,400	0	13,882
JANE M CONOVER EX-OFFICIO PRESIDENT, DIRECTOR	45 00 0 10			X				142,288	0	11,703

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

YORK COUNTY COMMUNITY FOUNDATION

Employer identification number

23-6299868

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

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

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	14,363,592	11,367,070	11,491,006	4,651,203	7,857,512	49,730,383
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	14,363,592	11,367,070	11,491,006	4,651,203	7,857,512	49,730,383
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						20,132,993
6	Public support. Subtract line 5 from line 4						29,597,390

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	14,363,592	11,367,070	11,491,006	4,651,203	7,857,512	49,730,383
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,489,894	2,226,799	2,202,736	2,454,221	2,654,826	12,028,476
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1,941	794	4,430			7,165
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						61,766,024
12	Gross receipts from related activities, etc. (see instructions)					12	718,131
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14 47.920 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 51.510 %
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☒	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐	
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ ☐	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ ☐	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ ☐	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

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

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

Name of the organization YORK COUNTY COMMUNITY FOUNDATION	Employer identification number 23-6299868
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

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 Lobbying nontaxable amount Enter the amount from the following table in both columns

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 line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **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 Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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					

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
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			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		95
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			95
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	LOBBYING CENTERED AROUND EDUCATION REFORM

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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 www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
YORK COUNTY COMMUNITY FOUNDATION

Employer identification number
23-6299868

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	88	12
2 Aggregate value of contributions to (during year)	4,587,540	12,415
3 Aggregate value of grants from (during year)	966,000	424,167
4 Aggregate value at end of year	26,018,505	11,490,468

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☒ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

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

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

☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	94,413,588	89,880,676	91,498,910	83,998,120	64,091,090
b Contributions	6,255,562	3,851,723	7,053,499	10,154,005	13,393,223
c Net investment earnings, gains, and losses	13,282,198	6,240,684	-3,505,924	1,683,996	10,224,772
d Grants or scholarships	3,869,229	4,014,242	3,759,991	2,995,220	2,337,220
e Other expenditures for facilities and programs	803,889	690,745	549,730	516,810	487,249
f Administrative expenses	1,045,785	854,508	856,088	825,181	886,496
g End of year balance	108,232,445	94,413,588	89,880,676	91,498,910	83,998,120

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶ 95 150 %

b

Permanent endowment ▶ 0 930 %

c

Temporarily restricted endowment ▶ 3 920 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		562,095	536,316	25,779
d Equipment		85,453	83,086	2,367
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				28,146

Schedule D (Form 990) 2017

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) FEG ABSOLUTE ACCESS FUND	929,596	F
(B) FEG DIRECTIONAL ACCESS FUND	2,713,820	F
(C) CODO, LLP	50,000	C
(D) COMMONFUND GLOBAL PRIVATE EQUITY	2,232,956	F
(E) DOWNTOWN RENAISSANCE FUND	275,000	C
(F) CCJ-SSG GLOBAL PRIVATE EQUITY	374,447	F
(G) VENTURE PARTNERS XII	31,951	F
(H) GLOBAL ABSOLUTE ALPHA	10,524,300	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	17,132,070	

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
LIABILITY TO LIFE INCOME BENEFICIARIES UNDER TRUST AGREEMENTS	3,636,930
FUNDS HELD AS AGENCY ENDOWMENTS	22,010,424
FUNDS HELD FOR RELATED SUPPORTING ORGANIZATION	18,195,548
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	43,842,902

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' on Form 990, Part IV, line 12a.

Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
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Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Return Reference	Explanation
See Additional Data Table	
	Schedule D (Form 990) 2017

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

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

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(A) FEG ABSOLUTE ACCESS FUND	929,596	F
(A) FEG DIRECTIONAL ACCESS FUND	2,713,820	F
(B) CODO, LLP	50,000	C
(C) COMMONFUND GLOBAL PRIVATE EQUITY	2,232,956	F
(D) DOWNTOWN RENAISSANCE FUND	275,000	C
(E) CCJ-SSG GLOBAL PRIVATE EQUITY	374,447	F
(F) VENTURE PARTNERS XII	31,951	F
(G) GLOBAL ABSOLUTE ALPHA	10,524,300	F

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	GIFTS TO THE YORK COUNTY COMMUNITY FOUNDATION ARE PRIMARILY HELD AS ENDOWMENTS UNDER TERMS OF FUND AGREEMENTS WITH THE DONOR. THE FOUNDATION HOLDS ENDOWMENTS TO PROVIDE A PERMANENT SOURCE OF INCOME TO PROVIDE GRANTS TO CHARITABLE ORGANIZATIONS AND SUPPORT CHARITABLE PROGRAMS AND OPERATIONS. THE FOUNDATION CLASSIFIES AS UNRESTRICTED NET ASSETS (UNDER LINE 2A BOARD DESIGNATED OR QUASI-ENDOWMENT) FUNDS HELD AS PERMANENT ENDOWMENT, INCLUDING THOSE WITH DONOR-IMPOSED RESTRICTIONS, BUT SUBJECT TO THE VARIANCE POWER OF THE FOUNDATION AS ESTABLISHED IN ITS GOVERNING DOCUMENTS. THE FOUNDATION CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (UNDER LINE 2B PERMANENT ENDOWMENT LINE) PERMANENT ENDOWMENTS WHICH ARE SUBJECT TO DONOR IMPOSED STIPULATIONS WHICH RESTRICT SPENDABILITY (SUCH AS INTERESTS IN PERPETUAL TRUSTS HELD BY A THIRD PARTY). THE FOUNDATION CLASSIFIES NET ASSETS AS TEMPORARILY RESTRICTED (UNDER LINE 2C TERM ENDOWMENT) ENDOWMENTS WITH RESTRICTIONS WHICH WILL EXPIRE WHEN STIPULATED TIME RESTRICTIONS OR PURPOSE RESTRICTIONS ARE FULFILLED (SUCH AS IRREVOCABLE CHARITABLE TRUSTS), AT WHICH TIME THEY WILL BE RECLASSIFIED TO UNRESTRICTED.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE COMPANY, INCLUDING WHETHER THE ENTITY IS EXEMPT FROM INCOME TAXES. MANAGEMENT OF THE FOUNDATION EVALUATED THE TAX POSITIONS TAKEN AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2014.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	REVENUE FROM BENEFICIAL INTEREST IN TRUSTS 88,383 CHANGE IN SPLIT INTEREST AGREEMENTS 349 ,880 REVENUE FROM CHARITABLE REMAINDER TRUSTS 125,195 RELEASE OF AGENCY ENDOWMENT LIABIL ITY 18,029

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES -6,180 AGENCY ENDOWMENT GIFTS 1,727,145 AGENCY ENDOWMENT INVESTMENT INCOME (LOSSES) EXCLUDED FROM F/S BY SFAS 136 999,852 FEES FROM CHARITABLE REMAINDER UNITRUST \$ 76,883

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 6,180

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	GRANT DISTRIB'S FOR AGENCY ENDOWMENTS EXCLUDED FROM F/S DUE TO SFAS NO 136 718,413

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493317060798

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

OMB No 1545-0047

2017

Open to Public
Inspection

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 www.irs.gov/form990.

Name of the organization
YORK COUNTY COMMUNITY FOUNDATION

Employer identification number
23-6299868

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 153

3 Enter total number of other organizations listed in the line 1 table 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	FOR COMPETITIVE GRANTS FROM UNRESTRICTED AND FIELD OF INTEREST FUNDS, GRANTEEES MUST SIGN A GRANT AGREEMENT CONTRACT WHICH INCLUDES LANGUAGE THAT "GRANT FUNDS PROVIDED BY THE COMMUNITY FOUNDATION TO THE GRANTEE WILL BE EXPENDED ONLY FOR CHARITABLE PURPOSES THAT BENEFIT THE COMMUNITY IT SERVES FUNDS PROVIDED TO THE GRANTEE MAY NOT BE USED FOR ANY POLITICAL CAMPAIGN OR FOR EFFORTS TO INFLUENCE LEGISLATION BY ANY GOVERNMENTAL BODY, OTHER THAN THROUGH MAKING AVAILABLE THE RESULTS OF NONPARTISAN ANALYSIS, STUDY AND RESEARCH " ALL COMPETITIVE GRANTS REQUIRE A WRITTEN FINAL REPORT INCLUDING A FINANCIAL STATEMENT OF HOW THE GRANT WAS SPENT IT IS THE 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

Additional Data

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

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

(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
ALBRIGHT CARE SERVICES 90 MAPLEWOOD DRIVE LEWISBURG, PA 17837	21-1887138	501(C)(3)	6,432	0			SENIOR LIFE TRAIL AND NATURE PARK, NORMANDIE RIDGE BENEVOLENT CARE ENDOWMENT
AMERICAN CANCER SOCIETY 314 GOOD DRIVE LANCASTER, PA 176032393	13-1788491	501(C)(3)	15,199	0			GENERAL SUPPORT, RELAY FOR LIFE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN HEART ASSOCIATION 610 COMMUNITY WAY LANCASTER, PA 17603	13-5613797	501(C)(3)	10,715	0			GENERAL SUPPORT
AMERICAN NATIONAL RED CROSS PO BOX 37839 BOONE, IA 500370839	53-0196605	501(C)(3)	16,000	0			HURRICANE DISASTER RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN PARKINSON DISEASE ASSOCIATION 135 PARKINSON AVENUE STATEN ISLAND, NY 10305	13-1962771	501(C)(3)	8,201	0			FOR THE BENEFIT OF RESIDENTS OF SOUTH CENTRAL PA
AMERICAN RED CROSS SOUTH CENTRAL PA CHAPTER 724 SOUTH GEORGE STREET YORK, PA 17401	53-0196605	501(C)(3)	15,383	0			GENERAL SUPPORT, HURRICANE DISASTER RELIEF,

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LINCOLN INTERMEDIATE UNIT 12 PO BOX 70 NEW OXFORD, PA 17350	23-1743636	501(C)(3)	5,000	0			ACT 129
COUNTY OF YORK 28 EAST MARKET STREET YORK, PA 17401	23-6000305	GOVERNMENT	7,040	0			ACT 129

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OSHER LIFELONG LEARNING INSTITUTE AT PENN STATE OLLIE 1031 EDGECOMB DRIVE YORK, PA 17403	23-2880225	501(C)(3)	6,250	0			ANNUAL APPEAL, FOUNDERS FUNDRAISER PARTNERSHIP
WHITE ROSE SENIOR CENTER INC 27 SOUTH BROAD STREET YORK, PA 17403	23-2373478	501(C)(3)	5,000	0			ANNUAL GIFT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GOLDEN VISIONS ADULT DAY SERVICES AND COMMUNITY SENIOR CTR 250 FAME AVENUE HANOVER, PA 17331	23-2604938	501(C)(3)	5,000	0			ANNUAL GIFT
WINDY HILL ON THE CAMPUS 1472 ROTHS CHURCH ROAD SPRING GROVE, PA 17362	23-2342745	501(C)(3)	11,425	0			ANNUAL GIFT, INTER GENERATIONAL IPAD TRAINING FOR OLDER ADULTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AVON BREAST CANCER CRUSADE PO BOX 645443 CINCINNATI, OH 452645443	20-5806345	501(C)(3)	10,000	0			AVON 39 THE WALK TO END BREAST CANCER
CASA 8151 15TH AVENUE LANGLEY PARK, MD 20783	52-1372972	501(C)(3)	9,965	0			BILINGUAL WORKFORCE AND ECONOMIC EMPOWERMENT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NEW BIRTH OF FREEDOM COUNCIL BOY SCOUTS OF AMERICA 1 BADEN POWELL LANE MECHANICSBURG, PA 17050	23-1365194	501(C)(3)	11,376	0			BSA CLAY SHOOT, GENERAL SUPPORT, DCC, URBAN AND ETC
ASBURY FOUNDATION INC 325 WESLEY DRIVE MECHANICSBURG, PA 17055	52-1862674	501(C)(3)	16,500	0			BUILDING CAMPAIGN, GOLF TOURNAMENT SPONSOR, CONCERT SERIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LANCASTER THEOLOGICAL SEMINARY 555 WEST JAMES STREET LANCASTER, PA 17603	23-1353386	501(C)(3)	16,429	0			CAPITAL CAMPAIGN, GENERAL SUPPORT
ST PATRICK'S CATHOLIC CHURCH 231 SOUTH BEAVER STREET YORK, PA 17401	53-0196617	501(C)(3)	9,000	0			CAPITAL CAMPAIGN, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STEAM INTO HISTORY 2 W MAIN STREET NEW FREEDOM, PA 17349	20-4755150	501(C)(3)	17,125	0			CAPITAL CAMPAIGN, GENERAL SUPPORT, BOOKS, BOX CARS AND BAYONETS, STEAM INTO SUMM
YORK COUNTRY DAY SCHOOL 1071 REGENTS GLEN BLVD YORK, PA 17403	23-1352698	501(C)(3)	31,300	0			CAPITAL CAMPAIGN, GENERAL SUPPORT, CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 COUNTY HISTORY CENTER 250 EAST MARKET STREET YORK, PA 17403	23-1352323	501(C)(3)	192,814	0			CAPITAL CAMPAIGN, MAINTENANCE, GENERAL SUPPORT, REPAIRS AND MAINTENANCE
APPELL CENTER FOR THE PERFORMING ARTS 50 N GEORGE STREET YORK, PA 17401	23-2053382	501(C)(3)	74,065	0			CAPITAL RENOVATIONS, GENERAL SUPPORT, PROFESSIONAL DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NEW LIFE FOR GIRLS PO BOX 170 DOVER, PA 17315	23-1912101	501(C)(3)	5,607	0			CARMELA'S DREAM, GENERAL SUPPORT
YORK CITY PARKS CONSERVANCY 15 EAST PHILADELPHIA STREET YORK, PA 17401	23-3066098	501(C)(3)	5,118	0			CONSTRUCTION AND MAINTENANCE FOR REID MENZER MEMORIAL SKATEPARK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DALLASTOWN AREA EDUCATIONAL FOUNDATION 700 NEW SCHOOL LANE DALLASTOWN, PA 17313	55-0792133	501(C)(3)	8,298	0			COURTYARD OF HONOR, GENERAL SUPPORT
CHILDREN'S AID SOCIETY 343 LINCOLNWAY WEST NEW OXFORD, PA 17350	23-1429838	501(C)(3)	14,861	0			CRISIS NURSERY, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
RED LION AREA SCHOOL DISTRICT 696 DELTA ROAD RED LION, PA 17356	23-1674306	501(C)(3)	52,895	0			DENTAL HYGIENE PROGRAM
PHILANTHROPIC ENDEAVORS 3291 N GEORGE STREET EMIGSVILLE, PA 17318	20-0751671	501(C)(3)	10,500	0			DIALOGUE THROUGH ART, WHAT THE FOOD TRUCK EVENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 COUNTY TRANSPORTATION AUTHORITY 1230 ROOSEVELT AVENUE YORK, PA 17404	23-6629916	501(C)(3)	10,000	0			DRIVER TO RIDER PROGRAM
SALEM SQUARE COMMUNITY ASSOCIATION INC 531 WEST KING STREET YORK, PA 17401	23-3068727	501(C)(3)	30,000	0			ELM STREET PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 HEALTH FOUNDATION 50 N DUKE STREET YORK, PA 17401	23-3050192	501(C)(3)	10,453	0			FARM FRESH 5K, GENERAL SUPPORT, CANCER PATIENT HELP FUND, BENTZEL DENTAL CENTER
APPALACHIAN TRAIL 41 E 1ST STREET BOILING SPRINGS, PA 17013	52-6046689	501(C)(3)	5,000	0			FEASIBILITY STUDY FOR THE SOUTH MOUNTAIN TROLLEY GREENWAY RAIL TRAIL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEADERSHIP YORK 238 NORTH GEORGE STREET YORK, PA 17401	23-2139541	501(C)(3)	9,755	0			FLY PROGRAM, SESSION SPONSORSHIP, GENERAL SUPPORT
LIFEPATH CHRISTIAN MINISTRIES 371 WEST MARKET STREET YORK, PA 17405	23-6444734	501(C)(3)	6,771	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CENTRAL PA LEADERSHIP SEMINAR HUGH O'BRIAN YOUTH LEADERSHIP PO BOX 8743 LANCASTER, PA 17604	23-2344648	501(C)(3)	9,481	0			GENERAL SUPPORT
LOGOS ACADEMY 250 WEST KING STREET YORK, PA 17401	31-1520442	501(C)(3)	46,019	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MAKE-A-WISH FOUNDATION OF GREATER PA & SOUTHERN WV 2951 WHITEFORD RD YORK, PA 17402	25-1464177	501(C)(3)	16,507	0			GENERAL SUPPORT
ST JUDE CHILDREN'S RESEARCH HOSPITAL INC 262 DANNY THOMAS PL MEMPHIS, TN 38105	62-0646012	501(C)(3)	8,201	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST JOHN EVANGELICAL LUTHERAN CHURCH 175 EAST MAIN STREET NEW FREEDOM, PA 17349	23-1979891	501(C)(3)	6,941	0			GENERAL SUPPORT
MASON-DIXON PUBLIC LIBRARY 250 BAILEY DRIVE STEWARTSTOWN, PA 17363	23-2321504	501(C)(3)	5,422	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MEMORIAL HEALTH FUND 2183 SALISBURY STREET YORK, PA 17401	23-1576691	501(C)(3)	5,322	0			GENERAL SUPPORT
MENTAL HEALTH AMERICA OF YORK AND ADAM COUNTIES 36 SOUTH QUEEN STREET YORK, PA 17403	23-1576691	501(C)(3)	5,011	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MOUNT ZION LUTHERAN CHURCH 2164 MOUNT ZION ROAD YORK, PA 17406	23-1744704	501(C)(3)	6,592	0			GENERAL SUPPORT
ST JAMES LUTHERAN CHURCH 25 NORTH ADAMS STREET YORK, PA 17404	41-1568278	501(C)(3)	8,201	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 SYMPHONY ORCHESTRA 50 NORTH GEORGE STREET YORK, PA 17401	23-6298810	501(C)(3)	124,077	0			GENERAL SUPPORT
COVENANT HOUSE PO BOX 731 NEW YORK, NY 10108	13-2725416	501(C)(3)	5,000	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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YORK YOUTH SYMPHONY PO BOX 3224 YORK, PA 17402	23-2236458	501(C)(3)	42,268	0			GENERAL SUPPORT
SPRING GROVE AREA SCHOLARSHIP FUND INC 2040 YINGLING DRIVE SPRING GROVE, PA 17362	46-3480762	501(C)(3)	22,356	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OTTERBEIN UNITED METHODIST CHURCH-MT WOLF 131 CENTER STREET MOUNT WOLF, PA 17347	23-6277722	501(C)(3)	14,581	0			GENERAL SUPPORT
PAPPUS HOUSE 253 CHERRY STREET YORK, PA 17402	45-2869258	501(C)(3)	11,350	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SPRING GROVE AREA EDUCATION FUND INC 100 EAST COLLEGE AVENUE SPRING GROVE, PA 17362	47-1901147	501(C)(3)	13,548	0			GENERAL SUPPORT
SPRING GARDEN BAND 993 MARBROOK LANE YORK, PA 17404	22-2459929	501(C)(3)	44,292	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PENNSYLVANIA COUNCIL OF FEEDING AMERICAN FOOD BANKS 939 EAST PARK DRIVE HARRISBURG, PA 17111	45-4793238	501(C)(3)	40,000	0			GENERAL SUPPORT
SOUTHERN YORK COUNTY SCHOOL DISTRICT FOUNDATION PO BOX 128 GLEN ROCK, PA 17327	23-2862892	501(C)(3)	22,409	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 TOWN CRAFT GUILD 639 NORTH FRANKLIN STREET YORK, PA 17403	23-3096728	501(C)(3)	5,834	0			GENERAL SUPPORT
PLANNED PARENTHOOD KEYSTONE PO BOX 813 TREXLERTOWN, PA 18087	23-2450112	501(C)(3)	16,387	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CAMPS NEWFOUND OWATONNA 4 CAMP NEWFOUND ROAD HARRISON, ME 04040	52-1372972	501(C)(3)	17,500	0			GENERAL SUPPORT
YORK COUNTY HONORS CHOIR 340 EAST MARKET STREET YORK, PA 17405	47-4155732	501(C)(3)	18,555	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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YORK SUBURBAN DOLLARS FOR SCHOLARS 1800 HOLLYWOOD DRIVE YORK, PA 17403	46-5146589	501(C)(3)	17,861	0			GENERAL SUPPORT
CHILD CARE CONSULTANTS INC 29 NORTH DUKE ST YORK, PA 17401	22-2842846	501(C)(3)	5,000	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COLUMBIA PUBLIC LIBRARY 24 SOUTH SIXTH STREET COLUMBIA, PA 175121517	23-6050185	501(C)(3)	5,103	0			GENERAL SUPPORT
CULTURE OF LIFE FOUNDATION INC PO BOX 320637 ALEXANDRIA, PA 22320	52-2055185	501(C)(3)	5,000	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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YORK BENEVOLENT ASSOCIATION PO BOX 5041 YORK, PA 17405	23-1353396	501(C)(3)	35,014	0			GENERAL SUPPORT
YORK ART ASSOCIATION 220 SOUTH MARSHALL STREET YORK, PA 17402	23-1984781	501(C)(3)	10,183	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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EASTERN YORK DOLLARS FOR SCHOLARS PO BOX 95 WRIGHTSVILLE, PA 17368	46-5052406	501(C)(3)	9,932	0			GENERAL SUPPORT
EMMANUEL UNITED CHURCH OF CHRIST 124 BROADWAY HANOVER, PA 17331	23-1472502	501(C)(3)	93,878	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EQUALITY PENNSYLVANIA 1211 CHESTNUT STREET PHILADELPHIA, PA 19107	23-2848883	501(C)(3)	50,000	0			GENERAL SUPPORT
WITF INC 4801 LINDLE RD HARRISBURG, PA 17111	23-1629016	501(C)(3)	9,453	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CHRISTA MCAULIFFE SCHOLARSHIP FOUNDATION 2927 SPARROW DRIVE YORK, PA 17408	25-1622451	501(C)(3)	10,828	0			GENERAL SUPPORT
ST PAUL EVANGELICAL LUTHERAN CHURCH 201 S MAIN STREET SPRING GROVE, PA 17362	23-1370472	501(C)(3)	71,940	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VISIONCORPS 1380 SPAHN AVENUE YORK, PA 17403	23-1365986	501(C)(3)	15,656	0			GENERAL SUPPORT
GIRL SCOUTS IN THE HEART OF PENNSYLVANIA 350 HALE AVENUE HARRISBURG, PA 17104	24-0795960	501(C)(3)	7,493	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SHADOWFAX CORPORATION 386 PATTISON STREET YORK, PA 17403	23-2368549	501(C)(3)	5,440	0			GENERAL SUPPORT
THE BILL GOODLING TEACHER SCHOLARSHIP FUND 2600 EASTERN BLVD YORK, PA 17402	26-4476419	501(C)(3)	5,048	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JUNIOR LEAGUE OF YORK 166 WEST MARKET STREET YORK, PA 17401	23-1421913	501(C)(3)	9,404	0			GENERAL SUPPORT
SUSQUEHANNA HERITAGE CORPORATION 1706 LONG LEVEL ROAD WRIGHTSVILLE, PA 17368	75-3087098	501(C)(3)	9,855	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HISTORIC PROSPECT HILL CEMETERY HERITAGE FOUNDATION 700 NORTH GEORGE STREET YORK, PA 17404	02-0798587	501(C)(3)	9,935	0			GENERAL SUPPORT
GRETCHEN WOLF SWARTZ SCHOLARSHIP FOUNDATION INC 2700 DANIELLE DRIVE DOVER, PA 17315	23-7160400	501(C)(3)	119,204	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VNA HOME HEALTH WELLSPAN 540 S GEORGE STREET YORK, PA 17401	23-1352573	501(C)(3)	28,959	0			GENERAL SUPPORT
THE HAHN HOME 403 CHESTNUT HILL ROAD YORK, PA 17402	23-1425032	501(C)(3)	172,000	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CHILDREN'S MIRACLE NETWORK PO BOX 852 HERSHEY, PA 17033	87-0387205	501(C)(3)	8,201	0			GENERAL SUPPORT
GLATFELTER MEMORIAL LIBRARY 101 GLENVIEW ROAD SPRING GROVE, PA 17362	23-1580528	501(C)(3)	11,707	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MOUNT WOLF BOROUGH 345 CHESTNUT STREET MOUNT WOLF, PA 17347	23-1952738	GOVERNMENT	11,340	0			GENERAL SUPPORT OF MOUNT WOLF ATHLETIC ASSOCIATION
MISERICORDIA NURSING & REHABILITATION CENTER 998 SOUTH RUSSELL STREET YORK, PA 17402	23-1352170	501(C)(3)	5,000	0			GENERAL SUPPORT, 5 STAR FINISH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WELLSPAN HEALTH 45 MONUMENT RD YORK, PA 17403	22-2517863	501(C)(3)	27,339	0			GENERAL SUPPORT, ACT 129, PROFESSIONAL DEVELOPMENT, SPONSORSHIP, FALLS FREE YORK
YORK DAY NURSERY INC 450 EAST PHILADELPHIA STREET YORK, PA 17403	23-1649205	501(C)(3)	15,318	0			GENERAL SUPPORT, ANNUAL APPEAL CAMPAIGN, SCHOLARSHIP

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MARTIN LIBRARY 159 EAST MARKET STREET YORK, PA 17401	23-1352224	501(C)(3)	47,367	0			GENERAL SUPPORT, ANNUAL GIVING
YORK CITY DOLLARS FOR SCHOLARS 315 RUTH DRIVE YORK, PA 17403	46-5072652	501(C)(3)	14,456	0			GENERAL SUPPORT, ANNUAL GIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ASBURY UNITED METHODIST CHURCH 340 EAST MARKET STREET YORK, PA 17403	23-1370464	501(C)(3)	5,613	0			GENERAL SUPPORT, BEATTIE AND CHET KIMES YOUTH PROGRAM
CHILDREN'S HOME OF YORK 77 SHOE HOUSE ROAD YORK, PA 17406	23-1352081	501(C)(3)	14,472	0			GENERAL SUPPORT, BRIDGES PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
YWCA YORK 320 EAST MARKET STREET YORK, PA 17403	23-1360889	501(C)(3)	62,385	0			GENERAL SUPPORT, CAMP CANN-EDI-ON, ACCESS YORK, TEMPLE GUARD, DIVERSITY, SPONSOR
FIRST PRESBYTERIAN CHURCH 225 EAST MARKET STREET YORK, PA 17403	23-1355118	501(C)(3)	16,520	0			GENERAL SUPPORT, CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ST PAUL'S LUTHERAN CHURCH 25 WEST SPRINGETTSBURY AVENUE YORK, PA 17403	23-1352477	501(C)(3)	12,611	0			GENERAL SUPPORT, CAPITAL CAMPAIGN
DREAMRIGHTS CENTER FOR COMMUNITY ARTS 100 CARLISLE AVENUE YORK, PA 17401	23-2882835	501(C)(3)	12,500	0			GENERAL SUPPORT, CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CULTURAL ALLIANCE OF YORK COUNTY 14 W MARKET STREET YORK, PA 17401	23-2992925	501(C)(3)	36,205	0			GENERAL SUPPORT, CAPITAL CAMPAIGN, PILLARS OF ALLIANCE, ANIMATING DEMOCRACY WORK
JEWISH COMMUNITY CENTER OF YORK 2000 HOLLYWOOD DRIVE YORK, PA 17403	23-1355127	501(C)(3)	25,506	0			GENERAL SUPPORT, CAPITAL CAMPAIGN, STABLE STEPS CASE STUDY, ANNUAL CAMPAIGN, CPR

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HANOVER AREA HISTORICAL SOCIETY 21 BALTIMORE STREET HANOVER, PA 17331	23-6407016	501(C)(3)	102,399	0			GENERAL SUPPORT, CAPITAL IMPROVEMENT, OPERATIONS
YORK COLLEGE OF PENNSYLVANIA 441 COUNTRY CLUB ROAD YORK, PA 17403	23-1352698	501(C)(3)	73,987	0			GENERAL SUPPORT, CENTER FOR COMMUNITY ENGAGEMENT, SCHOLARSHIPS, AGING HACKATHON,

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PENN-MAR HUMAN SERVICES INC 10709 SUSQUEHANNA TRAIL GLEN ROCK, PA 17327	52-1590195	501(C)(3)	9,565	0			GENERAL SUPPORT, COMMUNITY INTEGRATED EMPLOYMENT
YORK COUNTY RAIL TRAIL AUTHORITY PO BOX 335 SEVEN VALLEYS, PA 17360	23-2625950	GOVERNMENT	23,000	0			GENERAL SUPPORT, COMPLETING NORTHERN EXTENSION OF HERITAGE RAIL TRAIL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CRISPUS ATTUCKS ASSOCIATION 605 SOUTH DUKE STREET YORK, PA 17403	23-1365320	501(C)(3)	26,221	0			GENERAL SUPPORT, CONSULTANT TO DETERMINE FUTURE OF GOODRIDGE HOUSE
HOMWOOD FOUNDATION INC 16107 ELLIOTT PARKWAY WILLIAMSPORT, PA 21795	52-1892689	501(C)(3)	11,794	0			GENERAL SUPPORT, CULTURAL CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF YORK COUNTY 800 EAST KING STREET YORK, PA 17403	23-1352588	501(C)(3)	104,969	0			GENERAL SUPPORT, EMERGING LEADERS FUND, CAMPAIGN EDUCATION, TOCQUEVILLE SOCIETY,
THE BELMONT THEATRE 27 S BELMONT STREET YORK, PA 17403	23-1251224	501(C)(3)	14,722	0			GENERAL SUPPORT, ENCORE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 FRESH FOODS FARM 313 WEST AVENUE RED LION, PA 17356	47-5548242	501(C)(3)	12,526	0			GENERAL SUPPORT, GET YOUR HANDS DIRTY
YORK COUNTY 4-H ENDOWMENT 4813 SHAFFER RD SEVEN VALLEYS, PA 17360	23-6957724	501(C)(3)	10,032	0			GENERAL SUPPORT, MAINTENANCE AND REPAIR TO BAIR STATION OR ANY REPLACEMENT FACIL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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	23-1884302	501(C)(3)	46,163	0			GENERAL SUPPORT, MISSION PROJECTS
YORK COUNTY LITERACY COUNCIL 800 EAST KING STREET YORK, PA 17403	23-2088132	501(C)(3)	23,672	0			GENERAL SUPPORT, NEXT STEP PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 COUNTY AGRICULTURAL SOCIETY 334 CARLISLE AVENUE YORK, PA 17404	23-1241290	501(C)(3)	112,567	0			GENERAL SUPPORT, PARK BENCHES
GETTYSBURG COLLEGE 300 NORTH WASHINGTON STREET GETTYSBURG, PA 231352641	23-1352641	501(C)(3)	11,277	0			GENERAL SUPPORT, SCHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 COUNTY BAR ASSOCIATION 137 EAST MARKET STREET YORK, PA 17401	23-2647164	501(C)(3)	12,224	0			GENERAL SUPPORT, SHELTER FROM THE STORM
YORK COUNTY SPCA 3159 SUSQUEHANNA TRAIL NORTH YORK, PA 17406	23-1399588	501(C)(3)	45,993	0			GENERAL SUPPORT, SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEG UP FARM INC 4880 NORTH SHERMAN STREET YORK, PA 17347	23-2931834	501(C)(3)	31,174	0			GENERAL SUPPORT, SPONSORSHIP, MUSIC INTERVENTIONS PROGRAM
DOWNTOWN INC 2 EAST MARKET STREET YORK, PA 17401	23-2411781	501(C)(3)	115,564	0			GENERAL SUPPORT, SPONSORSHIP, TRACKING AND ADVANCING REVITALIZATION OF DOWNTOWN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 CITY BUREAU OF HEALTH PO BOX 509 YORK, PA 17405	23-1353396	GOVERNMENT	139,315	0			GENERAL SUPPORT, STRATEGIC PLANNING FOR HEALTH OF CITY OF YORK
CENTRO HISPANO 225 EAST PRINCESS STREET YORK, PA 174039434	23-2094067	501(C)(3)	5,432	0			GENERAL SUPPORT, SUPPLIES TO PUERTO RICO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BYRNES HEALTH EDUCATION CENTER 515 S GEORGE STREET YORK, PA 17401	23-2588187	501(C)(3)	38,729	0			GENERAL SUPPORT, THE POWER OF PREVENTIVE HEALTH EDUCATION
MARGARET E MOUL HOME 2050 BARLEY RD YORK, PA 17404	23-2037566	501(C)(3)	15,382	0			GENERAL SUPPORT, VOCATIONAL ENDEAVORS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OLIVIA'S HOUSE-A GRIEF AND LOSS CENTER FOR CHILDREN 830 SOUTH GEORGE STREET YORK, PA 17403	23-3100851	501(C)(3)	6,399	0			GENERAL SUPPORT, YORK-NORTH ROTARY PROJECT
THE SALVATION ARMY 50 EAST KING STREET YORK, PA 17405	13-5562351	501(C)(3)	23,197	0			GENERAL SUPPORT, YOUTH PROGRAMS, ADVISORY BOARD DINNER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PENN STATE YORK 1031 EDGECOMB DRIVE YORK, PA 17403	24-6000376	GOVERNMENT	8,109	0			GENERAL SUPPORTS, GENERAL SUPPORT
NORTHEASTERN FOUNDATION 303 GRAVEL HILL ROAD MOUNT WOLF, PA 17347	26-1499191	501(C)(3)	12,526	0			GENERAL SUPPORTS, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CITY OF YORK 101 SOUTH GEORGE STREET YORK, PA 17401	23-6001908	GOVERNMENT	78,908	0			GUN VIOLENCE INTERVENTION INITIATIVE, MESSAGING CAMPAIGN, FUNDRAISING, SPONSORSH
GARDEN CLUB OF YORK 1385 DETWILER DRIVE YORK, PA 17404	23-2994596	501(C)(3)	26,380	0			HANGING BASKETS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CLOVERFIELD KINGSTON HOUSE 1243 WEST KING STREET YORK, PA 17404	26-1684283	501(C)(3)	10,000	0			HEALTH, WELLNESS AND FITNESS
SERVANTS INC 100 REDCO AVENUE RED LION, PA 17356	23-3042387	501(C)(3)	44,182	0			HOME HELPS PROGRAM, BORDERLESS HOPE PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GREATER HOUSTON COMMUNITY FOUNDATION 5120 WOODWAY DRIVE HOUSTON, TX 77056	23-7160400	501(C)(3)	6,250	0			HURRICANE RELIEF
COUNCIL OF SPANISH SPEAKING ORGS INC 141 E HUNTING PARK AVENUE PHILADELPHIA, PA 19124	23-7155203	501(C)(3)	10,000	0			HURRICANE RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE SALVATION ARMY USA 1424 NORTHEAST EXPRESSWAY ATLANTA, GA 30329	58-0660607	501(C)(3)	5,000	0			HURRICANE RELIEF
LEAVE A LEGACY YORK COUNTY 137 EAST MARKET STREET YORK, PA 17401	25-1719216	501(C)(3)	7,241	0			LEAD PARTNER, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SPRING GROVE AREA SCHOOL DISTRICT 100 EAST COLLEGE AVENUE SPRING GROVE, PA 17362	23-6004845	501(C)(3)	12,098	0			LITERACY EDUCATION
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE SUITE 700 ARLINGTON, VA 22202	13-6068327	501(C)(3)	17,850	0			MEMBERSHIP, SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WEST YORK AREA SCHOOL DISTRICT 2605 WEST MARKET STREET YORK, PA 17404	23-1642980	501(C)(3)	14,366	0			MUSIC PROGRAM, COUNSELOR FUND
SUSQUEHANNA SCORE 2101 PENNSYLVANIA AVENUE YORK, PA 17404	52-1067290	501(C)(3)	8,000	0			NEW BUSINESS HOT LIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WOMEN'S CARE CENTER 40 SOUTH RICHLAND AVENUE YORK, PA 17405	23-2608350	501(C)(3)	45,500	0			NEW FACILITY, GENERAL SUPPORT
YORK COUNTY LIBRARIES 159 EAST MARKET STREET YORK, PA 17401	23-7394108	501(C)(3)	12,133	0			OPERATIONS AND PROMOTIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 IMMIGRATION 112 PLEASANT ACRES RD YORK, PA 17402	23-2851213	501(C)(3)	10,000	0			PROFESSIONAL DEVELOPMENT, COMMUNITY DEFENSE PROGRAM
YORK COUNTY CHILDREN'S ADVOCACY CENTER 28 SOUTH QUEEN STREET YORK, PA 17403	74-3054788	501(C)(3)	6,831	0			PROFESSIONAL DEVELOPMENT, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 TOWNSHIP 190 OAK RD YORK, PA 17403	23-6000612	GOVERNMENT	10,000	0			QUEENSWOOD IMPROVEMENTS
YORK HABITAT FOR HUMANITY 33 SOUTH SEWARD STREET YORK, PA 17404	22-2670895	501(C)(3)	10,116	0			RACE SPONSORSHIP, GENERAL SUPPORT, CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
RED LION BOROUGH 11 E BROADWAY RED LION, PA 17356	23-6002929	GOVERNMENT	10,000	0			RED LION BOROUGH STORMWATER PLAN
ROTARY CLUB OF YORK CHARITABLE ENDOWMENT FUND 724 S GEORGE STREET YORK, PA 17401	23-2642321	501(C)(3)	34,506	0			RESTORING CANOPY AT CITY OF YORK, GENERAL SUPPORT, SPONSORSHIP, PRESERVE PLANET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMUNITIES IN SCHOOLS 234 STATE STREET HARRISBURG, PA 17101	25-1728518	501(C)(3)	188,500	0			SITE COORDINATORS, GENERAL SUPPORT, CIS PROGRAM, PASTRIES WITH SANTA EVENT
FARM & NATURAL LANDS TRUST OF YORK COUNTY 156 N GEORGE STREET YORK, PA 17401	23-2612674	501(C)(3)	42,818	0			SPONSORSHIP, GENERAL SUPPORT, PRIORITY LAND PRESERVATION PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SPIRITRUST LUTHERAN 1050 PENNSYLVANIA AVENUE YORK, PA 17404	23-1476329	501(C)(3)	24,203	0			SPONSORSHIP, IT'S NEVER 2 LATE, CORNERSTONE DINNER, GENERAL SUPPORT
YORK COUNTY PARKS FOUNDATION CHARITABLE TRUST 400 MUNDIS RACE ROAD YORK, PA 17406	46-2861562	501(C)(3)	5,424	0			SPONSORSHIP, MAINTENANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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YMCA OF YORK AND YORK COUNTY 90 NORTH NEWBERRY STREET YORK, PA 17401	23-1352600	501(C)(3)	57,291	0			STRONG RIDE, GENERAL SUPPORT, DIABETES AWARENESS AND EDUCATION CAMPAIGN, AQUAPON
MANTEC 600 NORTH HARTLEY STREET YORK, PA 17404	23-2518545	501(C)(3)	10,000	0			STUDENT VIDEO CONTEST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ARTBA FOUNDATION 1219 28TH STREET NW WASHINGTON, DC 20007	52-6283894	501(C)(3)	15,000	0			TDF SCHOLARSHIP PROGRAM, TMAW PROGRAM
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	7,200	0			TWO HOUSES WITH SANITATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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YORK ACADEMY REGIONAL CHARTER SCHOOL 32 WEST NORTH STREET YORK, PA 17401	27-2294198	501(C)(3)	10,000	0			UPPER SCHOOL SCOREBOARD, GENERAL SUPPORT, 5K SPONSORSHIP, INSTRUMENTS
CREATIVE YORK 10 NORTH BEAVER STREET YORK, PA 17401	23-2616151	501(C)(3)	6,023	0			WATER IN ART, ARTS AWARDS, GENERAL SUPPORT, CLAY ART ACTIVITIES FOR SENIORS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FIRST UNITED METHODIST CHURCH OF HANOVER 200 FREDERICK STREET HANOVER, PA 17331	23-1584976	501(C)(3)	5,000	0			YOUNG AT HEART

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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 DALLASTOWN HIGH SCHOOL STUDENTS	8	16,000			
SCHOLARSHIP FOR EASTERN UNIVERSITY STUDENT	1	1,000			
SCHOLARSHIP FOR EASTERN YORK HIGH SCHOOL STUDENTS	10	14,250			
SCHOLARSHIP FOR ELIZABETHTOWN COLLEGE STUDENT	1	500			
SCHOLARSHIP FOR FRANKLIN AND MARSHALL COLLEGE STUDENT	1	1,250			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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 GETTYSBURG COLLEGE STUDENT	2	1,500			
SCHOLARSHIP FOR GROVE CITY COLLEGE STUDENT	1	4,000			
SCHOLARSHIP FOR HARRISBURG AREA COMMUNITY COLLEGE	3	4,000			
SCHOLARSHIP FOR HOWARD UNIVERSITY STUDENT	1	500			
SCHOLARSHIP FOR INDIANA UNIVERSITY OF PENNSYLVANIA STUDENT	2	1,500			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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 INDIANA UNIVERSITY STUDENT	1	4,500			
SCHOLARSHIP FOR JUNIATA COLLEGE STUDENT	1	250			
SCHOLARSHIP FOR KINGS COLLEGE STUDENT	1	500			
SCHOLARSHIP FOR KUTZTOWN UNIVERSITY STUDENT	3	1,700			
SCHOLARSHIP FOR LAFAYETTE COLLEGE STUDENT	1	1,250			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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 LASALLE UNIVERSITY STUDENT	1	1,500			
SCHOLARSHIP FOR LEBANON VALLEY COLLEGE STUDENT	1	4,000			
SCHOLARSHIP FOR MARYWOOD UNIVERSITY STUDENT	1	500			
SCHOLARSHIP FOR MCDANIEL COLLEGE STUDENT	1	250			
SCHOLARSHIP FOR NORTHEASTERN HIGH SCHOOL STUDENTS	13	32,533			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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 OKLAHOMA STATE UNIVERSITY STUDENT	1	2,000			
SCHOLARSHIP FOR PENN STATE UNIVERSITY STUDENTS	12	20,150			
SCHOLARSHIP FOR PHILADELPHIA UNIVERSITY STUDENT	1	1,000			
SCHOLARSHIP FOR RED LION HIGH SCHOOL STUDENTS	4	7,500			
SCHOLARSHIP FOR SALISBURY UNIVERSITY STUDENT	1	1,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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 SETON HALL UNIVERSITY STUDENT	1	1,000			
SCHOLARSHIP FOR SHENANDOAH UNIVERSITY STUDENT	1	5,000			
SCHOLARSHIP FOR SHIPPENSBURG UNIVERSITY STUDENT	1	500			
SCHOLARSHIP FOR SKIDMORE COLLEGE STUDENT	1	1,000			
SCHOLARSHIP FOR SOUTH EASTERN HIGH SCHOOL STUDENTS	7	10,500			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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 SOUTH WESTERN HIGH SCHOOL STUDENTS	9	18,750			
SCHOLARSHIP FOR SOUTHERN YORK COUNTY HIGH SCHOOL STUDENTS	7	16,500			
SCHOLARSHIP FOR SPRING GROVE AREA HIGH SCHOOL STUDENTS	8	37,481			
SCHOLARSHIP FOR STOCKTON UNIVERSITY STUDENT	1	1,000			
SCHOLARSHIP FOR SUSQUEHANNA UNIVERSITY STUDENT	1	1,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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 TEMPLE UNIVERSITY STUDENTS	3	2,000			
SCHOLARSHIP FOR TOWSON UNIVERSITY STUDENT	1	750			
SCHOLARSHIP FOR UNIVERSITY OF DELAWARE STUDENTS	2	3,250			
SCHOLARSHIP FOR UNIVERSITY OF MARYLAND, SCHOOL OF DENTISTRY STUDENT	1	2,500			
SCHOLARSHIP FOR UNIVERSITY OF PITTSBURGH SCHOOL OF DENTAL MEDICINE	2	5,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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 YORK COLLEGE OF PENNSYLVANIA STUDENT	4	3,000			
SCHOLARSHIP FOR YORK SUBURBAN HIGH SCHOOL STUDENTS	7	9,000			
SCHOLARSHIP FOR UNIVERSITY OF PITTSBURGH JOHNSTOWN STUDENT	1	1,500			
SCHOLARSHIP FOR UNIVERSITY OF ROCHESTER STUDENT	1	1,500			
SCHOLARSHIP FOR VILLANOVA UNIVERSITY STUDENT	1	1,500			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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 WEST VIRGINIA UNIVERSITY STUDENT	1	250			
SCHOLARSHIP FOR WESTERN ILLINOIS UNIVERSITY STUDENT	1	4,500			
SCHOLARSHIP FOR SCHOOL DISTRICT OF YORK HIGH SCHOOL STUDENTS	30	41,344			

Schedule J (Form 990)	Compensation Information		OMB No 1545-0047
	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		2017
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.		
Department of the Treasury Internal Revenue Service	Name of the organization YORK COUNTY COMMUNITY FOUNDATION		Employer identification number 23-6299868

Part I Questions Regarding Compensation			Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account	☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.			1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?			2	
3 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 ☐ Independent compensation consultant ☒ Form 990 of other organizations	☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4 During the year, did any person listed on 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?			4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?			4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:				
a The organization?			5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.			5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:				
a The organization?			6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.			6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.			7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.			8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			9	

For each individual whose compensation must be reported on 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.

[illegible]

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
YORK COUNTY COMMUNITY FOUNDATION

Employer identification number
23-6299868

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	18	3,845,906	AVG SALE PRICE GIFT DATE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

0

30a

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

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

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

32a

Yes

b

If "Yes," describe in Part II

33

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

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.

Return Reference	Explanation
PART I, COLUMN (B)	YORK COUNTY COMMUNITY FOUNDATION HAD RECEIVED 18 DIFFERENT DONATIONS OF PUBLICLY TRADED SECURITIES
PART I, LINE 32B	THE FOUNDATION UTILIZES ITS CUSTODIAN BANKS AND BROKERAGE FIRMS TO PROCESS AND SELL NON-CASH CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
YORK COUNTY COMMUNITY FOUNDATION

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.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

23-6299868

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 1C	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THREE CURRENT BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A DRAFT OF THE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS, COMMITTEE MEMBERS AND STAFF ARE REQUIRED TO COMPLY WITH THE FOUNDATION'S CONFLICT OF INTEREST POLICY ANNUAL DISCLOSURES ARE REQUIRED STAFF CONFIRMS THAT DISCLOSURES ARE RECEIVED FROM ALL COMMITTEE AND BOARD MEMBERS THE POTENTIAL FOR ANY CONFLICT OF INTEREST IS CONSIDERED FOR ALL FINANCIAL OR BUSINESS RELATIONSHIPS THE PRESIDENT AND CHAIRMAN OF THE BOARD ARE AUTHORIZED TO EXECUTE CONTRACTS AND HAVE ACCESS TO ALL DISCLOSURES THE CHIEF FINANCIAL OFFICER REVIEWS ALL DISBURSEMENTS FROM THE FOUNDATION ANY POTENTIAL CONFLICTS ARE DISCLOSED AT BOARD AND COMMITTEE MEETINGS, AND ABSTAINING MEMBERS ARE DOCUMENTED IN THE MINUTES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	PERFORMANCE EVALUATIONS AND REVIEWS FOR THE PRESIDENT/CEO ARE CONDUCTED ANNUALLY BY THE CHAIRMAN AND VICE CHAIR OF THE BOARD WITH THE EXECUTIVE COMMITTEE INPUT, INCLUDING INPUT FROM OTHER BOARD MEMBERS 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 WAS CONSIDERED COST-OF-LIVING AND MERIT INCREASES ARE CONSIDERED ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY MAINTAINING A COPY OF THE ANNUAL AUDITED FINANCIAL STATEMENTS ON OUR OWN WEBSITE SUMMARY FINANCIAL STATEMENTS ARE INCLUDED IN THE FOUNDATION'S ANNUAL REPORT, WITH A REFERENCE THAT THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE AT THE FOUNDATION OFFICES AND OUR WEBSITE GOVERNING INSTRUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST TRUSTS 349,880 AGENCY ENDOWMENT GIFTS -1,727,145 AGENCY ENDOWMENT INVESTMENT INCOME -999,852 AGENCY ENDOWMENT GRANT DISTRIBUTIONS 718,413 REVE NUUE FROM BENEFICIAL INTERESTS IN TRUSTS 88,383 CHARITABLE REMAINDER UNITRUST (REVENUE)/EX PENSE -76,883 REVENUE FROM CHARITABLE REMAINDER TRUSTS 125,195 RELEASE OF AGENCY ENDOWME NT LIABILITY 18,029

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
YORK COUNTY COMMUNITY FOUNDATION

Employer identification number
23-6299868

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)YORK COUNTY COMMUNITY FOUNDATION ADVOCACY COUNCIL 14 W MARKET STREET YORK, PA 17401 47-2479632	ADVOCACY FOR YORK COUNTY COMMUNITY FOUNDATION	PA	501(C)(3)	LINE 12B, II			No
(2)MEMORIAL HEALTH FUND 14 W MARKET STREET YORK, PA 17401 22-2546057	CHARITABLE GRANT MAKING	PA	501(C)(3)	LINE 12B, II			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

Yes

1o

No

1p

No

1q

No

1r

No

1s

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)MEMORIAL HEALTH FUND	L	135,076	CASH

Schedule R (Form 990) 2017

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)