Form **930**.

Department of the Treasury

Internal Revenué Service

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

A F	or th	e 2017 calendar year, or tax year beginning ${\sf SEP}1$, 2017 and	ending	AUG 31, 2018				
В	Check if	C Name of organization		D Employer identific	cation number			
Г	Addre	S YORK COUNTY HONORS CHOIRS, INC.						
	Name chang				155732			
	return _Final _return	אַס די אַס דעדיין פייי	Room/sur	•	E Telephone number 717-417-4621			
	termir ated			G Gross receipts \$	202,142.			
	Amen	ded vork by 17403	H(a) Is this a group re	eturn				
	Application	F Name and address of principal officer MICHAEL HADY		for subordinates				
	pendi	SAME AS C ABOVE	^	H(b) Are all subordinates in	ocluded? Yes No			
1.7	ax-ex	empt status X 501(c)(3) D 501(c)() D (insert no.) D 4947(a)(1) D	or 🗐 5	27) If "No," attach a	list (see instructions)			
J\	Nebsı	te: ► WWW.THEYCHC.ORG		H(c) Group exemptio	n number 🕨			
		organization: X Corporation	L Ye	ar of formation: 2015 N	M State of legal domicile: PA			
Pa	art I	Summary						
•	1	Briefly describe the organization's mission or most significant activities YORK	COUN	TY HONORS CHO	DIRS			
Governance		CONSISTS OF TWO CHOIRS OF STUDENTS INVITE	D TO	AUDITION FRO	M ALL YORK			
rna	2	Check this box if the organization discontinued its operations or dispos	ed of mo	re than 25% of its net ass				
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	15			
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15			
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	2			
Ξ	6	Total number of volunteers (estimate if necessary)		6	30			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.			
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
Revenue		0	-	Prior Year	Current Year 100,482.			
		Contributions and grants (Part VIII, line 1h)	-	89,004. 132,936.	85,373.			
		Program service revenue (Part VIII, line 2g)	-	11,018.	16,287.			
Яe		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	0.	10,287.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	232,958.	202,142.				
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,501.	2,345.			
	14	Benefits paid to or for members (Part IX, column (A), lines 1-3)	F	0.	0.			
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	—	95,206.	98,638.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
pen	b		oo. 🗀					
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		118,461	91,927.			
	l	Total expenses Add lines 13-17 (must equal Part IX, column (A): line 25)	-	215,1684	192,910.			
	19	Revenue less expenses Subtract line 18 from line 12	- 31	17,790.	9,232.			
Net Assets or		180	80-83	Beginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		295,310.	314,797.			
t As	21	Total liabilities (Part X, line 26)	ᆜᆴᆘ	6,565.	6,479.			
٢	22	Net assets or fund balances Subtract line 21 from line 20		288,745.	308,318.			
	ırt II	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich prepar	er nas any knowledge				
C	_	Specific Control of the Control of t		Date	-14			
Sigi		MICHAEL HADY, CHAIR		04.0	•			
Her	е	Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		AMY GOHN ANSTINE, CPA AMY GOHN ANSTINE	E. CP	01/07/19 self-employe	_			
Prep		Firm's name RKL LLP		Firm's EIN ▶	23-2108173			
Use		Firm's address 3501 CONCORD ROAD, PO BOX 21439						
	-	YORK, PA 17402		Phone no. 71	7-843-3804			
May	the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

	1990 (2017) YORK COUNTY HONORS CHOIRS, INC.	47-4155/32	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission	· · · · · · · · · · · · · · · · · · ·	
•	YORK COUNTY HONORS CHOIRS CONSISTS OF TWO CHOIRS OF STUD	FNTC TNTTTED	
	TO AUDITION FROM ALL YORK COUNTY SCHOOL DISTRICTS, HOMES	·	==
	PRIVATE INSTRUCTORS. YORK COUNTY SENIOR HONORS CHOIR INC		
	IN GRADES 10-12. YORK COUNTY JUNIOR HONORS CHOIR INCLUDE	S STUDENTS II	<u>N</u>
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	X 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?	L Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, ar	nd
	revenue, if any, for each program service reported	.,	
4-	144 100	. 95	373.)
4a			
	YORK COUNTY SENIOR HONORS CHOIR INCLUDES STUDENTS IN GRA		
	COUNTY JUNIOR HONORS CHOIR INCLUDES STUDENTS IN GRADES 7	<u>-9. ELEMENT</u>	ARY
	CHORAL FESTIVAL FOR STUDENTS IN GRADES 5-6. ALL ABOVE I	NCLUDE STUDE	NTS
	FROM EVERY SCHOOL DISTRICT IN YORK COUNTY.		
			-
4b	(Code) (Expenses \$ Including grants of \$) (Reven	nue \$)
			
		·	
4c	(Code) (Expenses \$	iue \$)
			<u></u> -
			
4d	Other program services (Describe in Schedule O)		
_	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ► 144,129.		
	A MARINE CONTRACTOR OF THE CON	Eorm Q	90 (2017)
		i onni o	(

Form 990 (2017) YORK COUNTY HONORS CHOIRS, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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_	_	X
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		X
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 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			٠,,
	Schedule D, Part III	8		Х
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?	l _		7,7
	If "Yes," complete Schedule D, Part IV	9	<u> </u>	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		X	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
	assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	· · · ·		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		<u> </u>
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
	complete Schedule G. Part III	19 Form	990	X (2017)
		rorm	330 ((2017)

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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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 19 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		_
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? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes, " complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	l i		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		:	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7.
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_ <u>X</u> _
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	_		v
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701 2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33_		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
)E_	Part V, line 1	34		$\frac{x}{x}$
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
Ø	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25.		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(2) organizations. Did the organization make any transfers to an exemption should be reconstanted.	35b	-	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	96		Х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
,,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Note. All 1 of the 350 mais are required to complete scriedule of	<u> </u>		

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Form 990 (2017) YORK COUNTY HONORS CHOIRS, INC. Rait V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					X
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1:	3 [[[]	3	7.5G
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	()		120
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	ole gamıng	480	19 C.	1, 450
	(gambling) winnings to prize winners?			1c	X	
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	:	2		15 1 6 7 5 1 14 A/ 1 2 1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	4a	100,000,000	X
b	If "Yes," enter the name of the foreign country				3444.33 66-138	1979
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	ts (FBAR)	, M.		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a	-	X
ь	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	giπs			
-	were not tax deductible?			6b	in Ma	
7	Organizations that may receive deductible contributions under section 170(c).	7.400C D	rouded to the payor?	7a	P-ASSE	X
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se If "Yes," did the organization notify the donor of the value of the goods or services provided?	vices p	TOVIDED TO THE PAYOR	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as reni	ured	"		
·	to file Form 8282?	20 1040		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		18.70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		_7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 889	99 as required?	7g	N/	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	e a Form 1098-C?	7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	N/A	\$100 PM	多線	
	sponsoring organization have excess business holdings at any time during the year?			8	24.256.866.	42.5
9	Sponsoring organizations maintaining donor advised funds.		37/3	1888	\$350 M	
	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
_	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		' N/A	9b	255 G/265°	Judge is
0	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 N/A	ا مم ا				
	•	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	LIUD				
1 a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders N/A	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	''-				
_	amounts due or received from them)	11b		Si Marien,		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a		14001 11
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			12 W. S.	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			\$ \$ \$ \$ \$		
b	Enter the amount of reserves the organization is required to maintain by the states in which the		•	10.00 K		
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c		17 20 0	多级	Figh.
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	···	14b	000	(00.17)
				Forn	1 22U	(2017)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
		,	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15						
	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 0						
b	Enter the number of voting members included in line 1a, above, who are independent 15						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		Х			
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?	<u>7a</u>		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37			
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77				
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		3,7			
<u> </u>	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
	D. I. I	40-	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?	10a		Λ			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b					
11-	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
		l la	~				
	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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		X			
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120					
С		12c					
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13		X			
14	Did the organization have a written document retention and destruction policy?	14		X			
15	Did the process for determining compensation of the following persons include a review and approval by independent	- ' -					
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
9	The organization's CEO, Executive Director, or top management official	15a	Х				
	Other officers or key employees of the organization	15b	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
. 50	taxable entity during the year?	16a		Х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶PA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	allable					
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al				
	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						
	BILL LYTLE, EXECUTIVE DIRECTOR - 717-417-4621						
	340 E MARKET ST. YORK PA 17403						

Form 990 (2017)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization ne	or any related o	organization compensate									
(A)	(B)				C)			(D)	(F)		
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated	
	hours per	box,	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of	
	week	\vdash	 					from	from related	other	
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	e or d	tee			saled		(W-2/1099 MISC)	(44-27 1099-141130)	organization	
	organizations	ruste	l trus		ag	mpeu		(** 27 1000 111100)		and related	
	below	dual	ntronz	_	e	stco	, is			organizations	
	line)	Indiv	Institutional trustee	Officer	Key employee	Highest compensaled employee	Former			· ·	
(1) MICHAEL HADY	0.50										
CHAIR		Х		Х				0.	0.	0.	
(2) GAYLE CLUCK	0.50										
VICE CHAIR		X		Х				0.	0.	0.	
(3) MARY ANNE WINKELMAN	0.50										
TREASURER		Х		Х				0.	0.	0.	
(4) VICKIE FAZIO	0.50							_			
SECRETARY		Х		X	ļ	<u> </u>	_	0.	0.	0.	
(5) KATE BARCLAY	0.50										
DIRECTOR	0.50	Х			_	_		0.	0.	0.	
(6) PEGGY DAVIDSON	0.50								•	•	
DIRECTOR	0.50	Х			_	_	_	0.	0.	0.	
(7) GRETCHEN DEKKER	0.50	٠,						0.	0.	0.	
DIRECTOR (8) RON DYER	0.50	X			-	-	⊢	0.		<u> </u>	
DIRECTOR	0.30	X						0.	0.	0.	
(9) NATHAN EIFERT	0.50	Λ				-		0.			
DIRECTOR	0.30	x						0.	0.	0.	
(10) ELAINE FOGDALL	0.50					<u> </u>	_				
DIRECTOR		x						0.	0.	0.	
(11) DONNA JONES	0.50										
DIRECTOR		Х						0.	0.	0.	
(12) HOLLY KOMINSKY	0.50										
DIRECTOR		X						0.	0.	0.	
(13) BARBARA NEIMAN	0.50										
DIRECTOR		X				<u> </u>		0.	0.	0.	
(14) MARK WOODBURY	0.50								_	_	
DIRECTOR		Х				_		0.	0.	0.	
(15) JUDY SIMPSON	0.50								_	_	
PAST CHAIR	00.00	X			-			0.	0.	0.	
(16) BILL LYTLE	20.00			٦,				22 044	_	•	
EXECUTIVE DIRECTOR				Х		\vdash	\vdash	22,044.	0.	0.	
·	<u> </u>	<u> </u>				<u> </u>				5 000 (224.7)	

(B) (C) Average hours per week (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						n an	(D) Reportable compensation	(E) Reportable compensation from related	tion an		(F) Estimated amount of other	
(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Olficer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	organizations			e ion ed	
-												
								-			_	
	l			<u> </u>		>	22,044.					0.
I, Section A						▶						0.
ot limited to th	ose	liste	d ab	ove) wh	o re	*	000 of reportable				0
							·				Yes	No
	istee	e, ke	y en	nplo	yee,	or I	highest compensated er	nployee on				X
	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		
										4		Х
•				-		elate	ed organization or individ	dual for services		, _		Х
plete Schedul	e J fo	or st	ıch ı	oers	on					5		
mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of compe	nsat	tion fro	om	
the calendar ye	ear e	ndır	ng w	ith c	or wi	thın		ear				
address	NC	NE	<u> </u>					ervices	С			า
									_			
	-		-									
-	ot lin	nited	d to			ted	above) who received mo	ore than	·			
	Average hours per week (list any hours for related organizations below line) III, Section A not limited to the calendar year address	Average hours per week (list any hours for related organizations below line) III, Section A Interest of the second of the seco	Average hours per week (list any hours for related organizations below line) II, Section A Indicator, or trustee, ke such individual among reportable compensation from the calendar year endirest address Including but not limited to those including but not li	Average hours per week (list any hours for related organizations below line) III, Section A Indicator, or trustee, key end of the calendar year ending with address NONE Including but not limited to the calendar year ending with address NONE	Average hours per week (list any hours for related organizations below line) III, Section A Indicated to those listed above the calendar year ending with organization and the compensation of the calendar year ending with organization and the calendar year en	Average hours per week (list any hours for related organizations below line) In Section A In director, or trustee, key employee, such individual am of reportable compensation and 0,000? If "Yes," complete Schedule accrue compensation from any unrespective compensated independent contractors the calendar year ending with or with address NONE Including but not limited to those listed above) Including but not limited to those listed and the calendar year ending with or with address NONE	Average hours per week (list any hours for related organizations below line) II, Section A II, Section A III, Section A III will be a section and other in the calendar year ending with or within address III will be a section and other in the calendar year ending with or within address NONE Position (do not check more than one box, unless) person is both an officer and a director/frustee) III week (list any hours for related organizations below line) III week (list any hours for related organizations below line) III week (list any hours for related organizations below line) III week (list any hours for related organizations below line) III week (list any hours for related organizations below line) III week (list any hours for related organizations below line) III week (list any hours listed above) who related to those listed above) III week (list any hours listed above) who related to those listed above) III week (list any hours listed above) who related to those listed above) III we will be a section or and organization and other listed above) III we will be a section or any unrelated above listed above) III we will be a section or any unrelated above listed above	Average hours per week (list any hours for related organizations below line) Below line) All, Section A Position and a director/frustee) Position of the kind one hour within the organization (W 2/1099-MISC) Position and a director/frustee) Position of the kind of the compensation of from the organization (W 2/1099-MISC) Position of the kind of the compensation of from the organization (W 2/1099-MISC) Position of the compensation of from the organization of the compensation	Posturo de nour le le la compensation or l'en nei check more than one box, unless person is both an officer and a develor/fusiles (ist any hours for related organizations below line) Posturo from the compensation from from from the organizations (W2/1099-MISC)	Postton Mours per week (list any hours for related organizations below line) Note	Postion in the compensation of the compensatio	Average hours per week (list any hours become the box, winters person to box have been box, winters person to box have week (list any hours for related organizations). The person of the compensation from the organization or related organizations. The person of the per

1,01 ac 43	<u>_H>X>7721</u>	·+_:a./	Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII	•		. \square
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts st	1	а	Federated campaigns	<u>1a</u>					
Grants		b	Membership dues	.1b					
		С	Fundraising events	1c					
Gifts ilar A		d	Related organizations	1d					
S, C		е	Government grants (contribut	ions) <u>1e</u>					
rion .		f	All other contributions, gifts, gran	its, and					
ibul			similar amounts not included abo	ve 1f	100,482.		residence de la companya de la comp		44.37
Contributions, Gift and Other Similar		g	Noncash contributions included in lines	1a-1f \$					
<u> </u>	_	h	Total. Add lines 1a-1f		<u> </u>	100,482.			
					Business Code		05 202		
Se	2	а	CONCERTS	· ·	900099	85,373.	85,373.	· ·	
- Z		b			·		-		
Š		С					<u> </u>		
Far		d			,				
Program Service Revenue		e	All - 11-		-				
ш.		,f -	All other program service reve	enue	· •	85,373.			
	3		Total. Add lines 2a-2f Investment income (including	dividends intere		03,373.	2043003. 514001	**************************************	
	3		other similar amounts)	dividends, intere	sst, and	16,287.			16,287.
	4		Income from investment of ta						
	5		Royalties	, exempt bond p)	`			i i
	ľ		·	(ı) Real	(II) Personal		V. 1	26.27.00	
	6	а	Gross rents	(7 : 12 2					
	`		Less rental expenses				111		
			Rental income or (loss)						
			Net rental income or (loss)		>				•
	7		Gross amount from sales of	(i) Securities	(II) Other			3.0	
			assets other than inventory	_					
		b	Less cost or other basis						
			and sales expenses					4.4	grants and
		С	Gain or (loss)						1000
		d	Net gain or (loss)	•		S 800 170000 OPA S 300000000 45550 7500	To his states to separate the section		ልነድ ነው። ግ የተደረሰ ነጥ ነውም ዜ አለስነውን የ ነው ነው ም የው እ
<u>ن</u>	8	а	Gross income from fundraisin	g events (not	,	100			
nua			including \$	of					
Other Revenu			contributions reported on line	1c) See		1		14.3	
er			Part IV, line 18	. а			7 (44)		
돭			Less direct expenses	. b				2235544G State	
	_		Net income or (loss) from fund		<u> </u>		28652627283382724V		
	9	а	Gross income from gaming ac						
			Part IV, line 19	а	•				
			Less direct expenses Net income or (loss) from gam	b boo activities	•	**************************************	1 Care - 1 C	SERVICE CONTRACTOR TO A CONTRACTOR AND A	
	10		Gross sales of inventory, less					344 A 165 / S	
	"	а	and allowances	a					
		h	Less cost of goods sold	b	_		8		
			Net income or (loss) from sale		•	STATE OF THE PROPERTY OF THE PARTY OF THE PA	C. DERMIN H. C. S. S. S. D. S.	700 80 7700 7 00 80 700 700 700 700 700	CLEASURE IN COLUMN STATE OF THE STATE OF
		Ť	Miscellaneous Revenu		Business Code	* * * * 41			
	11	а	Middella reduct revenie			THE REAL PROPERTY OF THE PROPERTY WHITE	The state of the s	, and the second	THE PARTY OF THE P
		b							
	1	C							
		d	All other revenue						
,		е	Total. Add lines 11a-11d		>				
	12		Total revenue See instructions.		<u> </u>	202,142.	85,3 <u>73</u> .	0.	16,287.

Secti	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											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21											
2	Grants and other assistance to domestic											
	individuals See Part IV, line 22	2,345.	2,345.									
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees	22,500.	18,417.	4,083.								
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	72,220.	59,114.	13,106.	-							
8	Pension plan accruals and contributions (include'	,										
	section 401(k) and 403(b) employer contributions)	650										
9	Other employee benefits	653.	1 000	653.								
10	Payroll taxes	3,265.	1,969.	1,296.								
11	Fees for services (non-employees)											
а	Management											
b	Legal	2 150		2 150	<u> </u>							
C	Accounting	2,150.		2,150.								
d	Lobbying		7745-7738858 4945 FEBRUS 18748477									
e	Professional fundraising services See Part IV, line 17	2,344.		2,344.								
f	Investment management fees	2,344.		2,344.								
g	Other (If line 11g amount exceeds 10% of line 25,	6,656.	2,532.	4,124.								
40	column (A) amount, list line 11g expenses on Sch O.)	5,091.	2,332.	5,091.								
12	Advertising and promotion Office expenses	9,131.	474.	8,557.	100.							
13 14	Information technology	5,151.	2/3.	0,337.	100.							
15	Royalties											
16	Occupancy	3,000.	3,000.									
17	Travel	20,953.	20,953.									
18	Payments of travel or entertainment expenses			·								
	for any federal, state, or local public officials	•										
19	Conferences, conventions, and meetings											
20	Interest											
21	Payments to affiliates	,										
22	Depreciation, depletion, and amortization	,										
23	Insurance	2,554.	1,277.	1,277.								
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				Sale of							
	24e amount exceeds 10% of line 25, column (A)											
_	amount, list line 24e expenses on Schedule 0.) CONCERT EXPENSE	26,826.	26,826.	Secretarios de Cara actualização y	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$							
a b	MISCELLANEOUS EXPENSE	13,222.	7,222.	6,000.								
C			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 2,000								
d												
e	All other expenses											
25	Total functional expenses Add lines 1 through 24e	192,910.	144,129.	48,681.	100.							
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 Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 12,220. 39,821. 1 Cash · non-interest-bearing 40,211. 52,639. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 instr). Complete Part II of Sch L. 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 881 9 200. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 249,738. 214,397. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 295,310. 314,797. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 6,245. 2,551. Accounts payable and accrued expenses 17-17 18 18 Grants payable 320. 3,928. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 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 24 Unsecured notes and loans payable to unrelated third parties 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 6,565 6,479 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 279,644. 292,017. 27 27 Unrestricted net assets 9,101. 16,301. 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets 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 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 308,318. 288,745. 33 Total net assets or fund balances 314,797. 295,310. Total liabilities and net assets/fund balances

	990 (2017) YORK COUNTY HONORS CHOIRS, INC.	47-415	<u> 55732</u>	Pag	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		_		X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	202	2,1	<u>42.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			10.			
3	Revenue less expenses Subtract line 2 from line 1	3			32.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	288	3,7	<u>45.</u>			
5	Net unrealized gains (losses) on investments	5						
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	10), 3	41.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	308	3,3	<u> 18.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
	·			Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			٠,			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	<u> </u>			
	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		/					
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1 1					
	consolidated basis, or both		,		.			
	Separate basis Consolidated basis Both consolidated and separate basis		\$	٠,٠	,6			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			لــُــا			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	.	٠.				
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?							
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		3b					
			Form 5	990 ((2017)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Nam	ne of the organization Employer identification number											
		YORK	COUNTY HO	NORS CHOIRS,	INC.			4	7-4155732			
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part) Se	e instructions	3	•			
The	organ	zation is not a private found	ation because it is (I	For lines 1 through 12, c	heck only	one box)			-0			
1		A church, convention of chi	urches, or associatio	n of churches described	in section	n 170(b)(I)(A)(ı).		NA			
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ))			()			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ı	u).		\cup \cap			
4	同	A medical research organization					-)(iii). Enter	the hospital's name,			
	_	city, and state	•	,				. ,				
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental u	nıt describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that normal	lly receives a substai	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general p	oublic described in			
		section 170(b)(1)(A)(vi). (C	•									
8		A community trust describe		(1)(A)(vi). (Complete Par	t II)							
9		An agricultural research org				ed in conju	inction with a	land-grant	college			
		or university or a non-land-g				-		_	-			
		university	,	(,		, . ,	,					
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its suni	oort from o	contributio	ns. membersl	no fees, an	d gross receipts from			
	_	activities related to its exem						•	•			
		income and unrelated busin	-	•					•			
		See section 509(a)(2). (Cor		(1000 000 morror rany mo		ooo aoqa.		,				
11		An organization organized a	•	vely to test for public sa	fety See	section 50)9(a)(4).					
12	Ħ	An organization organized a		•	-			rry out the	nurnoses of one or			
'-		more publicly supported or	·	•	•			•				
		lines 12a through 12d that	•						SHOOK THO DOX III			
а		Type I. A supporting orga						-	aivina			
a	L	the supported organization	•	•		_			= =			
		organization You must o		· . · . ·	inajonty C	ine direc	iors or truste	es of the sc	pporting			
h		Type II. A supporting organization	•		uon with it	e eupporte	d organizatio	n(e) by bay	una.			
b		control or management o										
					arrie perso	iis tiiat co	illioi oi illalla	ge trie supp	Jorted			
_	_	organization(s) You mus				hoo wath is	and functional	lumtoarata	od wath			
С		Type III functionally inte	= ' ' '					iy iiilegiale	eu with,			
d		its supported organization Type III non-functionally						ted organis	ration(e)			
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		that is not functionally into	-		•		•	i all allellill	/eness			
_		requirement (see instructi	•	•				II Type III				
е	<u> </u>	Check this box if the orga functionally integrated, or					Type I, Type	ii, Type iii				
	F-4-	, ,	• ,	nally integrated supporti	ig organiz	alion						
1		r the number of supported o	_	d avanuation(a)								
9		ride the following information Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of	monetary	(vi) Amount of other			
	•	organization	(, -	(described on lines 1-10	Yes	No No	support (see in	-	support (see instructions)			
				above (see instructions))		110						
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Schedule A (Form 990 or 990-EZ) 2017 YORK COUNTY HONORS CHOIRS, INC. 47-4155 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support							
Cale	ndar 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 ")			70,348.	89,004.	100,482.	259,83	<u>4.</u>
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities	•				:		
	furnished by a governmental unit to					,		
	the organization without charge					100 100	252 22	
4	Total. Add lines 1 through 3	the control occupation to the tradeology and a	Z NOSKOW ZOWA DO WO WORKE W NO	70,348.	89,004.	100,482.	259,83	<u>4.</u>
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,						F0 00	^
	column (f)	\$1077 MPM L 100 MM				UKSANTANAN PARAMA	50,92 208,91	4
	Public support. Subtract line 5 from line 4						208,91	4.
	tion B. Total Support	1		() 0045	(" 0010	4 1 2047	(D. 77 .) . 1 '	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015 70,348.	(d) 2016 89,004.	(e) 2017 100, 482.	(f) Total 259,83	<u></u>
	Amounts from line 4			70,340.	09,004.	100,402.	233,03	4.
8	Gross income from interest,			•				
	dividends, payments received on					·		
	securities loans, rents, royalties,			1,863.	11,018.	16,287.	29,16	Ω
_	and income from similar sources		· .	1,003.	11,010.	10,207.	29,10	••
9	Net income from unrelated business							
	activities, whether or not the			•				
40	business is regularly carried on			4				—
10	Other income Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI)]					,	
44	Total support. Add lines 7 through 10			MAXX.50006.535.365.25	400a 44 2 8855 927048		289,00	$\overline{2}$
	Gross receipts from related activities,	etc (see instruction	uue)	10:34-04-07:00	SOURCEST SEE SEEDING TO	12	290,20	
	First five years. If the Form 990 is fo	•		fourth or fifth ta	y vear as a section		200,20	
10	organization, check this box and sto	-	inot, accord, trait	a, rourin, or marta	x year as a section		▶[$\overline{\mathbf{X}}$
Sec	tion C. Computation of Publi	c Support Per	centage					حنببب
	Public support percentage for 2017 (I			olumn (fl)		14		%
	Public support percentage from 2016					15		%
	33 1/3% support test - 2017. If the			line 13, and line 1	14 is 33 1/3% or m	ore, check this box	c and	
	stop here. The organization qualifies			•	-		▶[
b	33 1/3% support test - 2016. If the		•	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual	=					▶[
17a	10% -facts-and-circumstances test				13, 16a, or 16b, a	ind line 14 is 10% o	or more,	
-	and if the organization meets the "fac							
	meets the "facts-and-circumstances"		•			-	▶[
b	10% -facts-and-circumstances test				=	7a, and line 15 is	10% or	
	more, and if the organization meets the	ne "facts and-circui	mstances" test, ch	eck this box and	stop here. Explair	in Part VI how the	•	
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported organ	nization	▶[
18	Private foundation. If the organization						▶ [
						dule A (Form 990		017

Schedule A (Form 990 or 990-EZ) 2017 YORK COUNTY HONORS CHOIRS, 47-4155732 Page 3 INC. 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 (e) 2017 (c) 2015 Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (d) 2016 (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 (b) 2014 Calendar year (or fiscal year beginning in) (a) 2013 (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)

Section C. Computation of Public Support Percentage

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 sto	op here			

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 r	nore than 33 1/3% and line 17	' is not

fnore than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

6 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 V Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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
- 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)? 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
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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)
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule.L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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))? If "Yes," provide detail in Part VI.
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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10b		

Path Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying frust on Nov 20, 1970 (explain in Part VI) See instructions. A other Type III non-functionally integrated supporting organizations must complete Sections A through E Section A - Adjusted Net Income		dule A (Form 990 or 990 EZ) 2017 YORK COUNTY HONORS CHO			7-4155732 Page 6
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 (potional) 1. Net short term capital gain 2. Recoveries of prior year distributions 3. Other gross income (see instructions) 4. Add lines 1 through 3 4. Add lines 1 through 3 5. Deprecation and depletion 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) 7. Other expenses (see instructions) 8. Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8. Section B - Minimum Asset Amount 1. Aggregate fair market value of all non-exempt use assets (see instructions for short tax year or assets held for part of year) a. Average monthly value of securities b. Average monthly value of securities 1. Development of the production of the part of year) a. Average monthly value of securities b. Average monthly value of securities c. Fair market value of other non-exempt-use assets 1b. 0 c. Fair market value of other non-exempt-use assets 1c. d. Total (add lines 1a, 1b, and 1c) e. Discount claimed for blockage or other factors (explain in detail in Part VI) factors (explain in detail in Part VI) 2. Acquisition indebtedness applicable to non-exempt-use assets 2. 3. Subtract line 2 from line 1d 4. Cash deemed held for exempt-use assets (subtract line 4 from line 3) 5. Net value of non exempt-use assets (subtract line 4 from line 3) 6. Multiply line 5 by 035 7. Recoveries of pnor-year distributions 8. Minimum Asset Amount (add line 7 to line 6) 8. Minimum Asset Amount for pnor year (from Section B, line 8, Column A) 1. Agusted net income for pnor year (from Section B, line 8, Column A) 5. Income tax imposed in pnor year 6. Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	7 5000 4				
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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) 7 Other expenses (see instructions) 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) a Average monthly value of securities b Average monthly cash balances 1 to d Total (add lines 1a, 1b, and 1c) 1 de 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 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non exempt-use assets (subtract line 4 from line 3) 5 Net value of non exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.35 7 Recoveries of prior year distributions 7 Recoverse of prior year distributions 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) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Income tax imposed in prior year	4	Add lines 1 through 3	4 ·		
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emergency temporary reduction (see instructions) 6				5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
10 Mod 40 11 10 0 Mod 11 14 N	•	-	6		
	7			ited Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

	dule A (Form 990 or 990 EZ) 2017 YORK COUNTY HO			7-4155732 Page 7
Käi	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
ect	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	
	Amounts paid to acquire exempt use assets			
5	Qualified set-aside amounts (prior IRS approval required)		 	<u> </u>
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	ie 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			
Secti	ion E - Distribution Allocations (see instructions)	(ı) 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 (reason-			
_	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
a				
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			A CONTRACTOR OF THE CONTRACTOR
	Applied to underdistributions of prior years		•	
	Applied to 2017 distributable amount			
<u> </u>	Carryover from 2012 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D.			
	line 7 \$			
а	Applied to underdistributions of prior yéars			
	Applied to 2017 distributable amount			
	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 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3	North Control of San		
•	and 4c			
8	Breakdown of line 7			
_	Excess from 2013		A CONTRACTOR OF THE PROPERTY O	
	Excess from 2014			
	Excess from 2015			
	Excess from 2016		200000000000000000000000000000000000000	

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990)-EZ) 2017	YORK	COUNTY	HONORS	CHOIRS,	INC.	47-4155732 Page	8 :
Part VI	Supplement Part IV, Section line 1, Part IV, S	A, lines 1, ection D, I 5, 6, and 8	nation. 2, 3b, 3c, ines 2 and	Provide the e. 4b, 4c, 5a, 6, I 3, Part IV, Se	xplanations red 9a, 9b, 9c, 11 ection E, lines 1	quired by Part II, a, 11b, and 11c, Ic, 2a, 2b, 3a, ar	line 10, Part II, Part IV, Sectiond 3b, Part V, Iir	line 17a or 17b, Part III, line 12, n B, lines 1 and 2, Part IV, Section C, ne 1, Part V, Section B, line 1e, Part V, any additional information	
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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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

-	YURK COUNTY HONORS		4/-4155/32
Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advise	ed 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 ad	dvisors in writing that grant funds can be i	used only
	for charitable purposes and not for the benefit of the donor or	- ·	-
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Pa		anization answered "Yes" on Form 990. F	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		orically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
_	day of the tax year	led conservation contribution in the form	Held at the End of the Tax Year
а	Total number of conservation easements		2a
			2b
b	Total acreage restricted by conservation easements	inture included in (e)	2c
ن س	Number of conservation easements on a certified historic stru		
a	Number of conservation easements included in (c) acquired a	inter 7725/06, and not on a historic structu	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year >	amount on Instant Section 1	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
_	violations, and enforcement of the conservation easements it		YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing cons	ervation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(r	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes t	he organization's accounting for
D	conservation easements	Aut Historiaal Tusasuuss au Otl	nou Cimilar Appata
Pai	organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exh		ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS6	, ,	
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pub	lic 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 trea	asures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		> \$

		UNTY HONORS				47-41		Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	r Simila	ır Assets	(continue	d)
3	Using the organization's acquisition, accession	on, and other record:	s, check any of the f	ollowing that are a s	ignificant	use of its c	ollection ite	ems
	(check all that apply)							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	e		. . .				
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	ie organization's exe	mot ouro	ose in Part	XIII	
5	During the year, did the organization solicit o		•	-		Joo III Care		
•	to be sold to raise funds rather than to be ma				1 455015		Yes	☐ No
Par					Form 90	O Part IV		140
<u>. u.</u>	reported an amount on Form 990, Par		ste ii tile organizatio	il answered Tes Of	11 01111 93	O, Fait IV, I	ii le 3, 0i	
			on for contribution	a ar athar assats not	ınalııdad			
па	Is the organization an agent, trustee, custodi	an or other intermed	lary for contributions	s or other assets not	included		7 v	
	on Form 990, Part X?						」Yes │	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table					
							Amount	
	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial account liabi	ılıty?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII							
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	rm 990,[]Part IV, line	10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four ye	ars back
1a	Beginning of year balance	214,397.	176,548.	170,387.				
b	Contributions	25,000.	26,506.				L	
С	Net investment earnings, gains, and losses	10,341.	18,004.	6,161.				
d	Grants or scholarships							
e	Other expenditures for facilities							
•	and programs		-4,932.					
f	Administrative expenses		-1,729.					
g g	End of year balance	249,738.	214,397.	176,548.				
2	Provide the estimated percentage of the curr			· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	Board designated or quasi-endowment	100.00	%	n ricia as				
		<u>*************************************</u>						
С	Temporarily restricted endowment							
_	The percentages on lines 2a, 2b, and 2c short	•						
за	Are there endowment funds not in the posse	ssion of the organiza	ition that are neid ar	na administerea for ti	ne organiz	ration	[v	
	by						3a(i) X	
	(i) unrelated organizations							
	(ii) related organizations						3a(iı)	X_
b	If "Yes" on line 3a(ii), are the related organiza	•					_3b	
4	Describe in Part XIII the intended uses of the		wment funds					
Par	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a S	ee Form 990, Part X	, line 10			
	Description of property	(a) Cost or o	' '	' '	Accumula	ted	(d) Book v	alue
		basis (investri	nent) basis	(other) de	epreciatio	n		
1a	Land							
b	Buildings							
	Leasehold improvements							
	Equipment				-			
	Other							
-	. Add lines 1a through 1e (Column (d) must e	qual Form 990 Part	X column (R) line 1	0c.)		ightharpoonup		0.
		MANUEL MILLE MANUEL COLL						

Complete of the expension and unique of IVanil of	on Form OOO Bort IV line	11h Con Form COO Dort V June 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or e	and-of-year market value
	(b) Book value	(c) Welfied of Valuation Gost of C	sno or year market value
1) Financial derivatives			
2) Closely-held equity interests 3) Other			
(A) NET ASSETS OF COMMUNITY			
POTENT A MITON	249,738.	END-OF-YEAR MARKE	T VALUE
· · · · · · · · · · · · · · · · · · ·	245,7501	DIVE OF THE PRINCE	1 4111011
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total (Col (b) must equal Form 990, Part X, col (B) line 12)	249,738.		
Part VIII Investments - Program Related.		The same of the sa	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Complete if the organization answered "Yes" of	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 e	end-of-year market value
(1)		,	<u> </u>
(2)			
(3)			
(4)			,
(5)			
(6)			
(7)			
(8)			
(9)		· ·	
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part X Other Assets.	•		
Complete if the organization answered "Yes" of	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)		<u> </u>	
(7)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)	<u></u> ,	<u> </u>
Part X Other Liabilities.	E 000 D 1841	44 446 0 E 000 D. W. L.	05
Complete if the organization answered "Yes" ((a) Description of liability		(b) Book value	20 Bosk free - De Brok Webberg (1895) (1
······································		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	251		
otal. (Column (b) must equal Form 990, Part X, col. (B) line L. Liability for uncertain tax positions. In Part XIII, provide		the organization's financial statements	s that renorts the
organization's liability for uncertain tax positions under		-	
organization a hability for differ tan tax positions drider	, 10 p 100 p 40 p 01160K l	and toke or the location has bee	p. otiaca iii. aic /iii

Schedule Part X	·	ements With Revenue p		. 5 5 / 3 2 Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		010 402
	al revenue, gains, and other support per audited financial statements		1	212,483.
	ounts included on line 1 but not on Form 990, Part VIII, line 12			
	t unrealized gains (losses) on investments	2a	—}	
	nated services and use of facilities	2b		
	coveries of prior year grants	2c	, , , , , , , , , , , , , , , , , , , 	
	ner (Describe in Part XIII)	2d 10,3		10 241
	d lines 2a through 2d			10,341. 202,142.
	otract line 2e from line 1		3	202,142.
	ounts included on Form 990, Part VIII, line 12, but not on line 1	1 . 1		
	estment expenses not included on Form 990, Part VIII, line 7b	4a		
	ner (Describe in Part XIII)	4b		0
	d lines 4a and 4b		4c	0.
5 Tot	al revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	tomente With Evnence	5 Deturn	202,142.
Part X	Reconciliation of Expenses per Audited Financial Stat	·	per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	<u> </u>		100 010
	al expenses and losses per audited financial statements		1	192,910.
	ounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
	nated services and use of facilities	2a		
b Pro	or year adjustments	2b		
	ner losses	2c		
d Oth	ner (Describe in Part XIII)	_2d		•
e Ad	d lines 2a through 2d		2e	0.
3 Sul	otract line 2e from line 1		3	192,910.
4 Am	ounts included on Form 990, Part IX, line 25, but not on line 1	1 1	1 1	
a Inv	estment expenses not included on Form 990, Part VIII, line 7b	4a		
b Oth	ner (Describe in Part XIII)	4b		_
c Ad	d lines 4a and 4b		4c	0.
	al expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.	1	5	192,910.
	III Supplemental Information.			
lines 2d a	he descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any V, LINE 4:		, mie 4, 1 die X, ii	
FUNDS	S ARE HELD AT YORK COUNTY COMMUNITY FO	UNDATION WITH A	SPENDING	POLICY
RATE	OF 4.5%.			
PART	XI, LINE 2D - OTHER ADJUSTMENTS:			
CHANG	E IN NET ASSETS OF COMMUNITY FOUNDATI	ON		10,341.

732054 10-09-17

Schedule D (Form 990) 2017

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047 Open to Public Inspection

Name of the organization

YORK COUNTY HONORS CHOIRS, INC. Employer identification number 47-4155732

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COUNTY SCHOOL DISTRICTS, HOMESCHOOLS, AND PRIVATE INSTRUCTORS. YORK
COUNTY SENIOR HONORS CHOIR INCLUDES STUDENTS IN GRADES 10-12. YORK
COUNTY JUNIOR HONORS CHOIR INCLUDES STUDENTS IN GRADES 7-9. BOTH OF
THESE CHOIRS PLUS TWO SMALLER PERFORMANCE ENSEMBLES SERVE AS CHORAL
AMBASSADORS OF YORK COUNTY, PRESENTING UP TO 20 CONCERTS ANNUALLY. THE
CHOIRS GIVE THE STUDENTS THE OPPORTUNITY TO SHARE THEIR TALENTS WITH
OTHERS WHO HAVE THE SAME LOVE OF MUSIC AND LEVEL OF DEDICATION.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GRADES 7-9. BOTH OF THESE CHOIRS PLUS TWO SMALLER PERFORMANCE ENSEMBLES
SERVE AS CHORAL AMBASSADORS OF YORK COUNTY, PRESENTING UP TO 20
CONCERTS ANNUALLY. THE CHOIRS GIVE THE STUDENTS THE OPPORTUNITY TO
SHARE THEIR TALENTS WITH OTHERS WHO HAVE THE SAME LOVE OF MUSIC AND
LEVEL OF DEDICATION.
FORM 990, PART V, LINE 1C
THE ORGANIZATION DID NOT HAVE ANY INSTANCES WHERE BACKUP WITHHOLDINGS
WAS REQUIRED; HOWEVER, IF THE SITUATION WOULD ARISE, THE ORGANIZATION
IS AWARE OF THE REPORTING REQUIREMENTS AND WOULD HANDLE THAT
ACCORDINGLY.
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT OF THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND
ACCOUNTANT AND COMMENTS FORWARDED TO AUDITORS FOR REVIEW. A REVISED DRAFT

Name of the organization YORK COUNTY HONORS CHOIRS, INC. Employer identification in 47-4155732	ımber
IS PRESENTED FOR DISCUSSION TO THE BOARD OF DIRECTORS. ALL FEEDBACK IS	
CONSIDERED AND ADDRESSED PRIOR TO THE APPROVAL OF THE BOARD. AFTER BOARD	
APPROVAL, THE FINAL FORM 990 IS COMPLETED AND SUBITTED TO THE IRS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS OF THE YORK COUNTY HONORS CHOIR HAS THE	
RESPONSIBILITY TO DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR.	
ANNUALLY, THEY REVIEW THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND	
EVALUATE HIS/HER LEVEL OF COMPENSATION IN AN EXECUTIVE SESSION OF THE BOX	RD
MEETING. THE EXECUTIVE DIRECTOR NOR ANY OTHER EMPLOYEE IS PRESENT AT THES	E
SESSIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATON MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON	
REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN NET ASSETS OF COMMUNITY FOUNDATION 10,34	1.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A FINANCE COMMITTEE THAT ASSUMES RESPONSIBILITY	
FOR OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT	
ACCOUNTANT.	