efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493055002261

Form **990**

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**A** For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF YORK PA

Doing business as
YWCA YORK

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
320 EAST MARKET STREET

City or town, state or province, country, and ZIP or foreign postal code
YORK, PA 17403

**D Employer identification number**
23-1360889

**E** Telephone number
(717) 845-2631

**G** Gross receipts $ 8,215,356

**F** Name and address of principal officer:
JEAN M TREUTHART
320 EAST MARKET STREET
YORK, PA 17403

**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.YWCAYORK.ORG

**K** Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 1891 | **M** State of legal domicile: PA

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities:
ELIMINATE RACISM, EMPOWER WOMEN, AND PROMOTE PEACE, JUSTICE, FREEDOM AND DIGNITY FOR ALL

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) | 3 | 21 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 20 |
| 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 207 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 125 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0 |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 4,959,615 | 2,169,481 |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,799,134 | 5,354,141 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 152,573 | 136,494 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,794 | 24,081 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 6,914,116 | 7,684,197 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 124,003 | 152,383 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 4,654,017 | 4,925,346 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 41,000 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶211,296 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 2,377,053 | 2,489,505 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 7,155,073 | 7,608,234 |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -240,957 | 75,963 |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 10,526,313 | 10,536,250 |
| | 21 | Total liabilities (Part X, line 26) | 2,290,753 | 2,359,852 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 8,235,560 | 8,176,398 |

## 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**

****** 2021-02-09
Signature of officer Date

KRISTY BIXLER BOARD PRESIDENT
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | 2021-02-09 | | P01269555 |

Firm's name ▶ RKL LLP | Firm's EIN ▶ 23-2108173

Firm's address ▶ 3501 CONCORD ROAD PO BOX 21439 YORK, PA 17402 | Phone no. (717) 843-3804

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

**Part III** **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . . . . . . . . . . . . ☑

**1** Briefly describe the organization's mission:

YWCA YORK IS DEDICATED TO ELIMINATING RACISM, EMPOWERING WOMEN, AND PROMOTING PEACE, JUSTICE, FREEDOM AND DIGNITY FOR ALL.

**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 $ 3,608,790 including grants of $ 87,693 ) (Revenue $ 2,852,307 )

See Additional Data

**4b** (Code: ) (Expenses $ 2,457,230 including grants of $ 64,390 ) (Revenue $ 2,353,523 )

See Additional Data

**4c** (Code: ) (Expenses $ 506,055 including grants of $ 300 ) (Revenue $ 143,911 )

See Additional Data

(Code: ) (Expenses $ 114,265 including grants of $ ) (Revenue $ 4,400 )

COMMUNITY INITIATIVES & RACIAL JUSTICE SERVICES:*THE ANNUAL RACE AGAINST RACISM 5K IS HELD EACH YEAR IN APRIL. DUE TO COVID-19 THIS WAS MADE INTO A VIRTUAL EVENT WITH 386 PARTICIPANTS. *YWCA YORK HOSTED THE LEADERSHIP SUMMIT AT YORK COLLEGE OF PENNSYLVANIA WITH 95 STUDENTS FROM GRADES 8 - 12, COUNSELORS AND TEACHERS IN ATTENDANCE FOR A DAY LONG EDUCATIONAL OPPORTUNITY TO DISCUSS HOW THEY HAVE EXPERIENCED OR OBSERVED RACISM IN THEIR LIVES. *1,115 PEOPLE RECEIVED RACIAL JUSTICE/ANTI BIAS TRAINING *4,700 PEOPLE ATTENDED VIRTUAL RACIAL JUSTICE/ANTI BIAS TRAINING*A SERIES OF COURAGEOUS CONVERSATIONS WERE HELD DURING THE YEAR. THIS IS A WAY TO HELP INDIVIDUALS BECOME MORE COMFORTABLE WITH THE DISCOMFORT OF TALKING ABOUT RACISM. TOPICS DISCUSSED RANGED FROM THE IMPACT OF COVID-19 ON OUR COMMUNITY OF COLOR, RACIAL TRAUMA AND PTSD, ALLYSHIP AND ANTI-RACISM.*YWCA YORK CONDUCTED A 14 DAY VIRTUAL RACIAL EQUITY IMMERSION TITLED "AWAKENING". THIS WAS AN ONLINE EVENT WHERE PEOPLE JOINED TOGETHER TO HAVE IN DEPTH CONVERSATIONS ABOUT RACIAL EQUITY. *WE HAVE PARTNERED WITH ROYAL SQUARE DEVELOPMENT AND CONSTRUCTION, YORK CITY, AND FIVE LOCAL CORPORATE SPONSORS TO SECURE A GRANT FROM THE STATE OF PENNSYLVANIA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT TO IMPROVE THE ROYAL SQUARE AREA IN YORK CITY. THIS YEAR WITH THE HELP OF THE CORPORATE SPONSORS WE WERE ABLE TO MAKE IMPROVEMENTS TO THE OUTSIDE PLAY AND FAMILY SPACE AT VONI B. GRIMES GYM WHICH INCLUDED REFINISHING THE BASKETBALL COURT, REMOVING THE OLD PICNIC SHELTER AND ADDING A NEW SHELTER WITH PICNIC TABLES, ENCLOSING A SAFE PLAY SPACE FOR TODDLERS AND INSTALLED A WHEEL CHAIR ACCESSIBLE SWING. THIS WAS THE FIFTH AND FINAL YEAR OF THE GRANT WITH GREAT IMPROVEMENTS MADE TO VONI B. GRIMES GYM ALONG WITH THE IMPROVEMENTS TO SIDEWALKS AND LIGHTING IN THE ROYAL SQUARE NEIGHBORHOOD.*YWCA YORK LAUNCHED THEIR CAPITAL CAMPAIGN IN FEBRUARY OF 2020. A TOTAL OF $794,655 IN CASH AND PLEDGES WERE RAISED BEFORE THE CAMPAIGN WAS STOPPED DUE TO COVID-19. THE CAMPAIGN WILL RESTART WITH THE QUIET PHASE THE FIRST PART OF CALENDAR YEAR 2021.

**4d** Other program services (Describe in Schedule O.)

(Expenses $ 114,265 including grants of $ ) (Revenue $ 4,400 )

**4e** **Total program service expenses ▶** 6,686,340

**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 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | Yes | |
| 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 | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*(see instructions) | 17 | Yes | |
| 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 | Yes | |
| 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 |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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? *If "Yes," complete Schedule I, Parts I and II* | 21 | | No |

**Part IV** **Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 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? *If "Yes," complete Schedule I, Parts I and III* | 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? *If "Yes," complete Schedule J* | 23 | | No |
| 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 | | 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? *If "Yes," complete Schedule L,* Part 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? *If "Yes," complete Schedule L,* Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II* | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,*Part III | 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV* | 28a | | No |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | No |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | 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? *If "Yes," complete Schedule R, Part I* | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | | No |
| 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | 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? *If "Yes," complete Schedule R, Part VI* | 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 Compliance**

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

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 11 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 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 | |

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

| | | | | | | |
|---|---|---|---|---|---|---|
| **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** | 207 | | | |
| **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** | | No |
| **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** | | |
| **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** | | |
| **9** | **Sponsoring organizations maintaining donor advised funds.** | | | | | |
| **a** | Did the sponsoring organization make any taxable distributions under section 4966? | | | **9a** | | |
| **b** | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | **9b** | | |
| **10** | **Section 501(c)(7) organizations.** Enter: | | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 | **10a** | | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | **10b** | | | | |
| **11** | **Section 501(c)(12) organizations.** Enter: | | | | | |
| **a** | Gross income from members or shareholders | **11a** | | | | |
| **b** | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | **11b** | | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | **12a** | | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | **12b** | | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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** | | |
| **15** | Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | | **15** | | No |
| **16** | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | **16** | | No |

**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 **1a** 21<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| **b** | Enter the number of voting members included in line 1a, above, who are independent **1b** 20 | | | |
| **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** | | No |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | **3** | | No |
| **4** | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | **4** | | No |
| **5** | Did the organization become aware during the year of a significant diversion of the organization's assets? | **5** | | No |
| **6** | Did the organization have members or stockholders? | **6** | | No |
| **7a** | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | **7a** | | No |
| **b** | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | **7b** | | No |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| **a** | The governing body? | **8a** | Yes | |
| **b** | Each committee with authority to act on behalf of the governing body? | **8b** | Yes | |
| **9** | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | **9** | | 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? | **10a** | | No |
| **b** | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | **10b** | | |
| **11a** | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | **11a** | Yes | |
| **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* | **12a** | Yes | |
| **b** | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | **12b** | Yes | |
| **c** | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* | **12c** | Yes | |
| **13** | Did the organization have a written whistleblower policy? | **13** | Yes | |
| **14** | Did the organization have a written document retention and destruction policy? | **14** | 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? | | | |
| **a** | The organization's CEO, Executive Director, or top management official | **15a** | Yes | |
| **b** | Other officers or key employees of the organization | **15b** | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| **16a** | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | **16a** | | No |
| **b** | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | **16b** | | |

## 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-A 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:
▶REXANN RICHARDSON CFO 320 EAST MARKET STREET YORK, PA 17403 (717) 845-2631

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

See instructions for the order in which to list the persons above.

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

| (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): Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) ELIZABETH DELLINGER<br>IMMEDIATE PAST PRESIDENT | 5.00 | X | | X | | | | 0 | 0 | 0 |
| (2) SHERRY ROLAND-WASHINGTON<br>PRESIDENT | 5.00 | X | | X | | | | 0 | 0 | 0 |
| (3) KRISTY BIXLER<br>PRESIDENT ELECT | 4.00 | X | | X | | | | 0 | 0 | 0 |
| (4) MICHELLE POKRIFKA<br>SECRETARY | 4.00 | X | | X | | | | 0 | 0 | 0 |
| (5) KRISTI RILEY-PLATT<br>TREASURER | 4.00 | X | | X | | | | 0 | 0 | 0 |
| (6) HEATHER MAXFIELD<br>TREASURER ELECT | 4.00 | X | | X | | | | 0 | 0 | 0 |
| (7) JEAN TREUTHART<br>CHIEF EXECUTIVE OFFICER | 40.00 | X | | X | | | | 128,990 | 0 | 12,636 |
| (8) ANGELA ANG-ALHADEFF<br>DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (9) CATHY GROVE<br>DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (10) RAY AMES<br>DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (11) BRANDY PORTONOVA<br>DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (12) DEBRA LEE<br>DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (13) LAURA BANKOS-KURY<br>DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (14) MAGGIE MEDICE<br>DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (15) MARK RHODES<br>DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (16) NIKKI BARDIN<br>DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (17) IRENE HUDSON<br>DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |

**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: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (18) MARGIE MATTIS<br>DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (19) SULLY PINOS<br>DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (20) GWEN BAKER<br>DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (21) REBEKAH GARRETY<br>JR. BOARD PRESIDENT | 1.00 | X | | | | | | 0 | 0 | 0 |
| (22) REXANN RICHARDSON<br>CHIEF FINANCIAL OFFICER | 40.00 | | | X | | | | 76,314 | 0 | 9,618 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | (D) | (E) | (F) |
|---|---|---|---|
| **1b Sub-Total** . . . ▶ | | | |
| **c Total from continuation sheets to Part VII, Section A** . . . ▶ | | | |
| **d Total (add lines 1b and 1c)** . . . ▶ | 205,304 | 0 | 22,254 |

**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? *If "Yes," complete Schedule J for such individual* . . . | **3** | | No |
| **4** | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* . . . | **4** | | No |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person* . . . | **5** | | No |

**Section B. Independent Contractors**

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

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

**Part VIII Statement of Revenue**

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 | 306,552 | | | | |
| b Membership dues | 1b | | | | | |
| c Fundraising events | 1c | 147,920 | | | | |
| d Related organizations | 1d | | | | | |
| e Government grants (contributions) | 1e | 148,498 | | | | |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,566,511 | | | | |
| g Noncash contributions included in lines 1a - 1f:$ | 1g | 127,451 | | | | |
| h **Total.** Add lines 1a-1f ▶ | | | 2,169,481 | | | |

**Program Service Revenue**

| | Business Code | (A) | (B) | (C) | (D) |
|---|---|---|---|---|---|
| 2a CHILDREN & YOUTH | 624200 | 2,852,307 | 2,852,307 | | |
| b PROGRAM GRANT REVENUE | 624200 | 2,353,523 | 2,353,523 | | |
| c HEALTH & FITNESS | 624200 | 143,911 | 143,911 | | |
| d COMMUNITY INITIATIVES | 624200 | 4,400 | 4,400 | | |
| e | | | | | |
| f All other program service revenue. | | | | | |
| g **Total.** Add lines 2a–2f. ▶ | | 5,354,141 | | | |

**Other Revenue**

| | | | | (A) | (B) | (C) | (D) |
|---|---|---|---|---|---|---|---|
| 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | | 100,676 | | | 100,676 |
| 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | | |
| 5 Royalties ▶ | | | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| 6a Gross rents | 6a | 49,957 | | | | | |
| b Less: rental expenses | 6b | 5,398 | | | | | |
| c Rental income or (loss) | 6c | 44,559 | | | | | |
| d Net rental income or (loss) ▶ | | | | 44,559 | | | 44,559 |
| | | (i) Securities | (ii) Other | | | | |
| 7a Gross amount from sales of assets other than inventory | 7a | 536,835 | | | | | |
| b Less: cost or other basis and sales expenses | 7b | 501,017 | | | | | |
| c Gain or (loss) | 7c | 35,818 | | | | | |
| d Net gain or (loss) ▶ | | | | 35,818 | | | 35,818 |
| 8a Gross income from fundraising events (not including $ 147,920 of contributions reported on line 1c). See Part IV, line 18 | 8a | 1,832 | | | | | |
| b Less: direct expenses | 8b | 21,201 | | | | | |
| c Net income or (loss) from fundraising events ▶ | | | | -19,369 | | | -19,369 |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities ▶ | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | 1,895 | | | | | |
| b Less: cost of goods sold | 10b | 3,543 | | | | | |
| c Net income or (loss) from sales of inventory ▶ | | | | -1,648 | | | -1,648 |

| Miscellaneous Revenue | Business Code | (A) | (B) | (C) | (D) |
|---|---|---|---|---|---|
| 11a MISCELLANEOUS INCOME | 900099 | 539 | | | 539 |
| b | | | | | |
| c | | | | | |
| d All other revenue | | | | | |
| e **Total.** Add lines 11a–11d ▶ | | 539 | | | |
| 12 **Total revenue.** See instructions ▶ | | 7,684,197 | 5,354,141 | 0 | 160,575 |

**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 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 152,383 | 152,383 | | |
| 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 | 239,874 | 210,560 | 23,618 | 5,696 |
| 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 | 3,831,146 | 3,360,341 | 380,061 | 90,744 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 106,570 | 84,737 | 20,470 | 1,363 |
| 9 Other employee benefits | 453,414 | 410,341 | 30,821 | 12,252 |
| 10 Payroll taxes | 294,342 | 257,458 | 29,531 | 7,353 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 813 | | 813 | |
| c Accounting | 28,650 | | 28,650 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 41,000 | | | 41,000 |
| f Investment management fees | 4,304 | | 4,304 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 188,110 | 171,560 | 11,884 | 4,666 |
| 12 Advertising and promotion | 5,116 | 4,801 | | 315 |
| 13 Office expenses | 192,441 | 151,814 | 38,061 | 2,566 |
| 14 Information technology | 94,665 | 65,709 | 12,401 | 16,555 |
| 15 Royalties | | | | |
| 16 Occupancy | 329,829 | 313,109 | 16,720 | |
| 17 Travel | 126,051 | 125,240 | 292 | 519 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 10,143 | 9,862 | 221 | 60 |
| 20 Interest | 55,984 | | 55,984 | |
| 21 Payments to affiliates | 40,000 | 35,952 | 2,024 | 2,024 |
| 22 Depreciation, depletion, and amortization | 389,381 | 348,885 | 20,248 | 20,248 |
| 23 Insurance | 144,185 | 133,878 | 9,050 | 1,257 |
| 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 PROGRAM COSTS | 556,534 | 553,161 | 3,373 | |
| b FOOD | 187,553 | 187,428 | | 125 |
| c DUES | 42,039 | 37,564 | 3,825 | 650 |
| d CONTINUING EDUCATION | 40,097 | 40,020 | 77 | |
| e All other expenses | 53,610 | 31,537 | 18,170 | 3,903 |
| 25 **Total functional expenses.** Add lines 1 through 24e | 7,608,234 | 6,686,340 | 710,598 | 211,296 |
| 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 IX . . . . . . . . . . . . . . ☐

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 700 | 1 | 340 |
| | 2 | Savings and temporary cash investments | | 4,030 | 2 | 3,748 |
| | 3 | Pledges and grants receivable, net | | 555,942 | 3 | 1,485,487 |
| | 4 | Accounts receivable, net | | 112,910 | 4 | 149,174 |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 85,536 | 9 | 36,694 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 12,948,332 | | | |
| | b | Less: accumulated depreciation | 10b 6,280,915 | 6,936,225 | 10c | 6,667,417 |
| | 11 | Investments—publicly traded securities | | 1,610,760 | 11 | 1,060,113 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 1,203,710 | 12 | 1,133,277 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 16,500 | 15 | 0 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 10,526,313 | 16 | 10,536,250 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 637,896 | 17 | 688,949 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 42,740 | 19 | 55,718 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 23,039 | 21 | 34,019 |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 1,587,078 | 23 | 798,766 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 0 | 24 | 782,400 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 2,290,753 | 26 | 2,359,852 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.** | | | | |
| | 27 | Net assets without donor restrictions | | 6,665,061 | 27 | 6,063,784 |
| | 28 | Net assets with donor restrictions | | 1,570,499 | 28 | 2,112,614 |
| | | **Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.** | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | |
| | 32 | Total net assets or fund balances | | 8,235,560 | 32 | 8,176,398 |
| | 33 | Total liabilities and net assets/fund balances | | 10,526,313 | 33 | 10,536,250 |

## Part XI Reconcilliation of Net Assets

Check 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 | 7,684,197 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7,608,234 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 75,963 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 8,235,560 |
| 5 | Net unrealized gains (losses) on investments | 5 | 12,172 |
| 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 | -147,297 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 8,176,398 |

## Part XII Financial Statements and Reporting

Check 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 ______<br>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? | 2a | | No |
| | 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:<br>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization’s financial statements audited by an independent accountant? | 2b | Yes | |
| | 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:<br>☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 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? | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | Yes | |

# Additional Data

**Software ID:**
**Software Version:**
**EIN:** 23-1360889
**Name:** THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF YORK PA

Form 990 (2019)

## Form 990, Part III, Line 4a:

CHILDREN PROGRAMS:OUR LEARNING CENTERS PROVIDE NURTURING AND EDUCATIONAL ENVIRONMENTS FOR HUNDREDS OF CHILDREN EACH YEAR. WE SERVE INFANTS, TODDLERS, PRE-SCHOOLERS, AND SCHOOL-AGE CHILDREN. OUR CLASSROOMS ARE PLACES WHERE CHILDREN DEVELOP EARLY LITERACY AND MATH SKILLS, AND LEARN TO RESPECT THE EARTH AND EACH OTHER. OUR COMMITMENT TO END RACISM AND PROMOTE PEACE, JUSTICE, FREEDOM AND DIGNITY FOR ALL PEOPLE IS REFLECTED THROUGHOUT OUR CURRICULUM, SPECIAL EVENTS AND CLASSROOMS. WE ARE COMMITTED TO REDUCING THE STRESS OF WORKING PARENTS WHO RELY ON US FOR AFFORDABLE AND QUALITY CHILD CARE PROGRAMS. WE RECEIVED A GRANT TO HAVE THREE MIXED AGE CLASSROOM FOR CHILDREN 9 MONTHS OLD TO 3 YEARS OLD. THIS GROUP OF CHILDREN WILL STAY WITH THE SAME TEACHERS UNTIL THEY ARE READY TO ENTER OUR PRE K COUNTS PROGRAMS. WE RECEIVED AN EXPANSION OF THE GRANT SO WE NOW HAVE 24 CHILDREN IN THE PROGRAM INSTEAD OF THE 8 WE HAD THE PREVIOUS YEAR. COVID-19 CLOSED ALL OF OUR CHILD CARE PROGRAMS EFFECTIVE MARCH 16, 2020. WE WERE ABLE TO OPEN BACK UP ON JUNE 8, 2020 BUT WITH A SMALLER GROUP OF CHILDREN WHILE PARENTS AND CAREGIVERS DECIDED HOW TO INTERACT WITH THE PANDEMIC. SUMMER SCHOOL AGE CAMP WAS HELD AT 320 E MARKET STREET STARTING IN JUNE 2020 AND THEY DID NOT GO TO OUR CAMP CANN-EDI-ON. WITH THE LOWER ENROLLMENT, THIS WAS A WAY TO OFFER CARE AND A FUN LEARNING ENVIRONMENT WHILE KEEPING EXPENSES DOWN. CAMP EXPLORERS FOR THE 4 - 6 YEAR OLDS WAS ALSO HELD THIS SUMMER WITH A LOWER ENROLLMENT. ALL CHILDREN ENROLLED IN THE SUMMER CAMP PROGRAMS WERE ABLE TO SWIM EACH DAY IN THE POOL AT 320 E MARKET STREET AND DID SHORT WALKING FIELD TRIPS TO LOCAL PARKS WHEN THEY REOPENED DURING THE SUMMER. THE STAFF FOUND CREATIVE AND EDUCATIONAL ACTIVITIES FOR THE CHILDREN EACH DAY. YOUTH PROGRAMS:OUR YOUTH PROGRAMS (TEMPLE GUARD DRILL TEAM, QUANTUM OPPORTUNITIES PROGRAM AND GIRLS ON THE RUN) FOCUS ON THE STRENGTHS OF YOUNG PEOPLE AND CHALLENGE THEM TO EXPECT AND CREATE GREAT THINGS IN THEIR LIVES. AS SUCH, YOUTH HAVE THE OPPORTUNITY TO EXPLORE NEW WORLDS, DISCOVER THEIR FULL POTENTIAL, AND DEVELOP TOWARD HEALTHY ADULTHOOD. THE TEMPLE GUARD DRILL TEAM IS A MENTORING PROGRAM BASED ON DISCIPLINE AND FOCUS THAT TRAINS YOUTH IN GRADES K-12 IN MILITARY-STYLE BOOT CAMP MARCHING AND DANCE. DRILL TEAM MEMBERS PERFORM APPROXIMATELY TWICE A MONTH ACROSS THE MID-STATE REGION. THE QUANTUM OPPORTUNITIES PROGRAM (QOP) IS AN AFTER-SCHOOL PROGRAM FOR YOUTH IN GRADES 8-12 THAT FOCUSES ON EDUCATION, COMMUNITY SERVICE, AND LIFE-SKILLS DEVELOPMENT. PROGRAM PARTICIPANTS FULFIL DAILY REQUIREMENTS AND EARN INCENTIVE ESCROW PAYMENTS TO HELP FUND CONTINUING EDUCATION AND THE EXPENSES ASSOCIATED WITH HIGHER EDUCATION. WE HAD TWELVE QOP SENIORS GRADUATING THIS YEAR AND THEY WERE PREPARING FOR THE COLLEGE CAREERS. WITH SCHOOL BEING COMPLETED VIRTUALLY, GRADUATIONS PUT ON HOLD AND NOT BEING ABLE TO MEET WITH THE STUDENTS ON A DAILY BASIS, THE YOUTH PROGRAM DIRECTOR WAS MEETING WITH THE STUDENTS BY PHONE EACH WEEK TO BE SURE THEY WERE STAYING ON TRACK TO GRADUATE, MAKING PLANS FOR ENTERING COLLEGE IN THE FALL AND BEING SURE THEY WERE OK WITH THE RAPID CHANGE DUE TO THE PANDEMIC. ALL OF THE SENIORS GRADUATED AND THEY ALL STARTED COLLEGE CLASSES EITHER IN PERSON OR VIRTUAL IN THE FALL OF 2020.GIRLS ON THE RUN IS AN EMPOWERMENT PROGRAM FOR GIRLS IN GRADES 3 - 8. THE PROGRAM WAS OFFERED IN 17 TOTAL SCHOOLS WITH 276 GIRLS PARTICIPATING IN THE PROGRAM. AS WITH EVERYTHING ELSE ALL OF OUR YOUTH PROGRAMS STOPPED OPERATING ON MARCH 16, 2020 WHEN SCHOOLS CLOSED AND THE GOVERNOR ASK NON-ESSENTIAL STAFF TO WORK FROM HOME. GIRLS ON THE RUN PROGRAM OFFERED A VIRTUAL LESSON PLAN THE GIRLS COULD DO AT HOME AND THEN THEY WERE ABLE TO PARTICIPATE IN A VIRTUAL 5K IN MAY. FISCAL YEAR 2019-2020 ACCOMPLISHMENTS - CHILDREN & YOUTH PROGRAMS *PRE-K COUNTS HAS 145 CHILDREN BETWEEN THE AGES OF 3 - 5. *121 CHILDREN IN THE SCHOOL AGE BEFORE AND AFTER CARE PROGRAMS *94 YOUTH ATTENDED SUMMER CAMP AT 320 E MARKET DUE TO COVID-19 PANDEMIC*63 CHILDREN ATTENDED CREATIVE EXPLORERS SUMMER CAMP FULL OF SWIMMING AND VARIOUS STEAM ACTIVITIES *38 CHILDREN ENROLLED IN THE EARLY LEARNING PROGRAMS THAT ARE FOR CHILDREN 6 WEEKS OF AGE TO 3 YEARS OLD*46 YOUTH PARTICIPATED IN TEMPLE GUARD, PERFORMED IN VARIOUS COMMUNITY EVENTS BEFORE COVID-19 SHUT DOWN*100% OF QOP SENIORS GRADUATED AND WERE ACCEPTED INTO A POST-SECONDARY EDUCATION PROGRAM *226 GIRLS TOOK PART IN THE GIRLS ON THE RUN PROGRAM IN VARIOUS SCHOOLS IN YORK COUNTY

**Form 990, Part III, Line 4b:**

VICTIMS SERVICES:THE VICTIM SERVICES DEPARTMENT OF YWCA YORK, AS RECOGNIZED BY THE PENNSYLVANIA COALITION AGAINST DOMESTIC VIOLENCE AND THE PENNSYLVANIA COALITION AGAINST RAPE, IS THE ONLY COMPREHENSIVE VICTIM SERVICES PROVIDER IN YORK COUNTY, OFFERING 24-HOUR HOTLINE ASSISTANCE, EMERGENCY SHELTER, TRANSITIONAL HOUSING, INFORMATION AND REFERRAL, HOSPITAL RESPONSE, INDIVIDUAL AND GROUP COUNSELING FOR ADULTS AND CHILDREN, LEGAL ADVOCACY, MEDICAL ADVOCACY, ABUSE AND SEXUAL VIOLENCE PREVENTION EDUCATION AND COMMUNITY OUTREACH. OUR VICTIM SERVICES PROGRAM CONTINUED TO PROVIDE ESSENTIAL SERVICES DURING THE COVID-19 PANDEMIC CLOSURE. OUR EMERGENCY SHELTER AND TRANSITIONAL HOUSING PROGRAMS WERE STAFFED AND HELPING CLIENTS IN NEED. THE DOMESTIC VIOLENCE AND SEXUAL ASSAULT HOTLINES WERE ANSWERED AND ASSISTANCE WAS GIVEN TO ALL THE CLIENTS. OUR LEGAL ADVOCATES WERE AT THE YORK COUNTY JUDICIAL CENTER EVERY DAY TO ASSIST CLIENTS WITH PROTECTION FROM ABUSE ORDERS. OUR ATTORNEY AND PARALEGAL CONTINUED SERVING CLIENTS WITH ANY OF THEIR CIVIL LEGAL MATTERS AND COURT CASES WERE BEING HELD VIRTUALLY TO PROTECT AND PROVIDE THE SERVICES OUR CLIENTS NEEDED. OUR COUNSELORS WERE ABLE TO CONTINUE WITH COUNSELING SESSIONS DURING THE SHUT DOWN PERIOD BY PROVIDING VIRTUAL OR PHONE SESSIONS. AFTER YORK COUNTY OPENED BACK UP IN THE GREEN PHASE IN MAY 2020, OUR COUNSELLORS CONTINUED WITH VIRTUAL SESSIONS AND THEY WERE ABLE TO OFFER IN PERSON SESSIONS IF NEEDED. COMMUNITY EDUCATION FOUND WAYS TO REACH OUT TO THE COMMUNITY WITH VIRTUAL TRAININGS AND VIDEOS. EMERGENCY ROOM HOSPITAL RESPONSE CONTINUED BY PHONE INSTEAD OF IN PERSON AT THE HOSPITAL WHICH WAS NOT ALLOWED DUE TO THE PANDEMIC. WE WERE THERE TO ASSIST ANY CLIENT THAT NEEDED OUR SERVICES OR ASSISTANCE DURING THIS PERIOD OF UNPRECEDENTED CLOSURES AND STAY AT HOME ORDERS. FISCAL YEAR 2019-2020 ACCOMPLISHMENTS:*1,619 HOTLINE CALLS WERE RECEIVED*7,767 COMMUNITY MEMBERS RECEIVED PREVENTION ACTIVITIES AND PROGRAMING SUCH AS BYSTANDER INTERVENTION, EXPECT RESPECT, BOSS OF MY BODY, SAFE TOUCHES*PROVIDED EMERGENCY SHELTER OR TRANSITIONAL HOUSING TO 162 ADULTS AND 71 CHILDREN*PROVIDED COUNSELING SERVICES TO 1,018 CLIENTS*LEGAL ADVOCACY PROVIDED TO 709 CLIENTS*15 HUMAN TRAFFICKING SURVIVORS RECEIVED ASSISTANCE*242 CLIENTS PROVIDED WITH CIVIL LEGAL REPRESENTATION*4,655 SHELTER NIGHTS PROVIDED FOR ADULTS*3,094 SHELTER NIGHTS PROVIDED FOR CHILDREN

**Form 990, Part III, Line 4c:**

HEALTH & FITNESS:OUR YOGA AND AQUATICS DEPARTMENTS AIM TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE OF ALL AGES THROUGH PHYSICAL FITNESS AND HEALTH EDUCATION. PROGRAMS AIM TO PREVENT HEALTH PROBLEMS IN ADULTS AND DEVELOP HEALTHY HABITS IN YOUTH. OUR PROGRAMS STRENGTHEN BODIES AND BUILD SELF-ESTEEM AND CONFIDENCE. YOUNG PEOPLE LEARN THE VALUE OF TEAMWORK AND THE IMPORTANCE OF SAFETY WHILE DEVELOPING SKILLS THAT WILL LAST A LIFETIME. THE SYNCHRO TEAM HAS 29 SWIMMERS THAT ATTEND MEETS ALONG THE EAST COAST. WE HAVE CONTINUED TO GROW OUR MINDFULNESS TRAININGS. THIS YEAR WE STARTED PROVIDING TRAUMA SENSITIVE YOGA CLASSES TO YORK COUNTY. GIRLS EMPOWERMENT MODEL IS A PROGRAM WITH YORK COUNTY OFFICE OF CHILDREN, YOUTH AND FAMILIES. THE PLAN IS TO CONTINUE THIS MODEL INTO THE NEXT YEAR AND TO INCLUDE MINDFULNESS PRACTICES ALONG WITH THE TRAUMA SENSITIVE YOGA CLASSES. WE HAVE PROVIDED SEVERAL MINDFULNESS EDUCATION SESSIONS TO OTHER COMMUNITY GROUPS IN YORK COUNTY ALONG WITH THE CHILDREN AND CLIENTS IN OUR PROGRAMS WITHIN THE YWCA YORK. THE Y-TRI SPRINT TRIATHLON IS NORMALLY HELD THE LAST SUNDAY IN JUNE, BUT DUE TO THE PANDEMIC IT WAS CANCELLED FOR THIS YEAR. THE PLAN IS TO HAVE IT BACK FOR 2021. THE AQUATICS, MINDFULNESS AND YOGA PROGRAMS, LIKE MOST THINGS, STOPPED OPERATING THE MIDDLE OF MARCH. WE REOPENED THE POOL IN JUNE FOR CHILDREN IN OUR SUMMER CAMP PROGRAMS WITH PLANS FOR OTHER AQUATICS AND MINDFULNESS PROGRAMS TO START BACK UP IN THE FALL OF 2020. FISCAL YEAR 2019-2020 ACCOMPLISHMENTS: *2 INDIVIDUALS RECEIVED SCHOLARSHIPS TO PARTICIPATE IN YWCA YORK AQUATICS PROGRAM OFFERINGS. *348 PEOPLE PARTICIPATED IN SWIM LESSONS *THE Y-TRI SPIRIT TRIATHALON WAS CANCELLED DUE TO COVID-19 *923 MINDFULNESS TRAINING ATTENDEES*THE YORK SYNCHRO TEAM HAD 29 MEMBERS THIS PAST YEAR RANGING IN AGE FROM 2ND TO 12TH GRADE. THEY ATTEND CLINICS AND ORGANIZED COMPETITIONS TO DISPLAY THE SKILLS THEY HAVE LEARNED ABOVE AND BELOW WATER PERFORMANCES. THIS IS THE ONLY SYNCHRONIZED SWIM TEAM IN YORK COUNTY*CONTINUES TO OFFER A VARIETY OF YOGA AND AQUATIC CLASSES INCLUDING DIFFERENT LEVELS OF AQUA EXERCISE AND PROGRAMS FOR SILVER SNEAKERS MEMBERS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493055002261

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**
THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF YORK PA

**Employer identification number**
23-1360889

**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? Yes | No | **(v)** Amount of monetary support (see instructions) | **(vi)** Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4. . | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. . | | | | | | |
| 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 | | | | | | |

12 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . . **12**

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 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . . **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | 3,871,682 | 4,672,237 | 4,886,816 | 4,959,615 | 2,169,482 | 20,559,832 |
| 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 | 1,793,105 | 1,680,848 | 1,872,956 | 1,799,134 | 5,354,141 | 12,500,184 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . . | 21,746 | 19,609 | 20,669 | 21,364 | 4,265 | 87,653 |
| 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 | 5,686,533 | 6,372,694 | 6,780,441 | 6,780,113 | 7,527,888 | 33,147,669 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 29,525 | 26,098 | 26,658 | 20,999 | 39,563 | 142,843 |
| 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. | 107,279 | 98,622 | 108,062 | 129,380 | 64,943 | 508,286 |
| c Add lines 7a and 7b. . | 136,804 | 124,720 | 134,720 | 150,379 | 104,506 | 651,129 |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | 32,496,540 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6. . . | 5,686,533 | 6,372,694 | 6,780,441 | 6,780,113 | 7,527,888 | 33,147,669 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . | 195,714 | 113,728 | 137,479 | 140,035 | 150,633 | 737,589 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | 195,714 | 113,728 | 137,479 | 140,035 | 150,633 | 737,589 |
| 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.). . | 5,882,247 | 6,486,422 | 6,917,920 | 6,920,148 | 7,678,521 | 33,885,258 |

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 2019 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | 95.900 % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 . . . . . | 16 | 95.580 % |

**Section D. Computation of Investment Income Percentage**

| | | |
|---|---|---|
| 17 Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | 2.180 % |
| 18 Investment income percentage from **2018** Schedule A, Part III, line 17 . . . . . | 18 | 2.360 % |

19a **331/3% support tests—2019.** 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—2018.** 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? *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.* | **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)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).* | **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.* | **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)? *If "Yes," describe in **Part VI** when and how the organization made the determination.* | **3b** | | |
| **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.* | **3c** | | |
| **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.* | **4a** | | |
| **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.* | **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)? *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.* | **4c** | | |
| **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).* | **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? *If "Yes," provide detail in **Part VI.*** | **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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .* | **7** | | |
| **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).* | **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))? *If "Yes," provide detail in **Part VI.*** | **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? *If "Yes," provide detail in **Part VI.*** | **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? *If "Yes," provide detail in **Part VI.*** | **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)? *If "Yes," answer line 10b below.* | **10a** | | |
| **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).* | **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? | **11a** | | |
| **b** | A family member of a person described in (a) above? | **11b** | | |
| **c** | A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.*** | **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? *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.* | **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? *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.* | **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)? *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).* | **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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).* | **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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.* | **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.**

| | | | Yes | No |
|---|---|---|---|---|
| **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? *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.* | **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? *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.* | **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? *Provide details in* ***Part VI.*** | **3a** | | |
| **b** | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.* | **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 2019 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-2019** | **(iii)** **Distributable Amount for 2019** |
|---|---|---|---|
| **1** Distributable amount for 2019 from Section C, line 6 | | | |
| **2** Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions. | | | |
| **3** Excess distributions carryover, if any, to 2019: | | | |
| **a** From 2014. . . . . . . . | | | |
| **b** From 2015. . . . . . . . | | | |
| **c** From 2016. . . . . . . . | | | |
| **d** From 2017. . . . . . . . | | | |
| **e** From 2018. . . . . . . . | | | |
| **f** **Total** of lines 3a through e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2019 distributable amount | | | |
| **i** Carryover from 2014 not applied (see instructions) | | | |
| **j** Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| **4** Distributions for 2019 from Section D, line 7: $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2019 distributable amount | | | |
| **c** Remainder. Subtract lines 4a and 4b from 4. | | | |
| **5** Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c. | | | |
| **8** Breakdown of line 7: | | | |
| **a** Excess from 2015. . . . . | | | |
| **b** Excess from 2016. . . . . | | | |
| **c** Excess from 2017. . . . . | | | |
| **d** Excess from 2018. . . . . | | | |
| **e** Excess from 2019. . . . . | | | |

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-1360889

**Name:** THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF YORK PA



**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 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

**2019**

**Open to Public Inspection**

**Name of the organization**
THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF YORK PA

**Employer identification number**
23-1360889

## 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 . . . . . . . . . | | |
| 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 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 7/25/06, 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:

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 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 | 662,551 | 650,415 | 636,202 | 609,857 | 667,768 |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 3,219 | 51,291 | 50,640 | 57,748 | -23,159 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 50,086 | 33,582 | 30,763 | 26,083 | 29,466 |
| f Administrative expenses | 4,550 | 5,573 | 5,664 | 5,320 | 5,286 |
| g End of year balance | 611,134 | 662,551 | 650,415 | 636,202 | 609,857 |

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

a Board designated or quasi-endowment ▶ 74.530 %

b Permanent endowment ▶ 25.470 %

c Temporarily restricted endowment ▶ 0 %

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:

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | Yes | |
| (ii) related organizations | 3a(ii) | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 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 | | 238,832 | | 238,832 |
| b Buildings | | 11,278,613 | 5,179,974 | 6,098,639 |
| c Leasehold improvements | | | | |
| d Equipment | | 1,342,999 | 1,040,736 | 302,263 |
| e Other | | 87,888 | 60,205 | 27,683 |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 6,667,417 |

**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) BENEFICIAL INTEREST IN PERPETUAL TRUSTS | 677,815 | F |
| (B) NET ASSETS OF A COMMUNITY FOUNDATION | 455,462 | F |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶ | 1,133,277 | |

**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.

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶ | |

**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 ☑

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 7,495,051 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 12,172 | | |
| b | Donated services and use of facilities | 2b | 21,492 | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | -218,506 | | |
| e | Add lines **2a** through **2d** | | | 2e | -184,842 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 7,679,893 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1**: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 4,304 | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 4,304 |
| 5 | Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) | | | 5 | 7,684,197 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 7,554,213 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | 21,492 | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | -71,209 | | |
| e | Add lines **2a** through **2d** | | | 2e | -49,717 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 7,603,930 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 4,304 | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 4,304 |
| 5 | Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.) | | | 5 | 7,608,234 |

**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 | |

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

| Return Reference | Explanation |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-1360889

**Name:** THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF YORK PA

### Supplemental Information

| Return Reference | Explanation |
|---|---|
| PART IV, LINE 2B: | QUANTUM OPPORTUNITIES PROGRAM (QOP) IS THE AFTER SCHOOL PROGRAM WHERE PARTICIPANTS IN GRADES 9-12 FULFILL DAILY REQUIREMENTS AND EARN FINANCIAL INCENTIVES TO HELP FUND CONTINUING EDUCATION AND THE EXPENSES ASSOCIATED WITH HIGHER EDUCATION. AMOUNTS EARNED ARE MAINTAINED IN A SEPARATE ACCOUNT. |

## Supplemental Information

| Return Reference | Explanation |
|---|---|
| PART V, LINE 4: | THE BOARD DESIGNATED ENDOWMENT FUND HELD AT THE YORK COUNTY COMMUNITY FOUNDATION WAS ESTAB LISHED TO PROVIDE THE ORGANIZATION WITH AN INVESTMENT FUND THAT WILL BE USED FOR THE ORGAN IZATION'S WELL-BEING AS DETERMINED BY THE BOARD. THE CURRENT SPENDING POLICY RATE IS 4.5% FOR THIS ENDOWMENT. A PERMANENTLY RESTRICTED ENDOWMENT FUND THAT CONSISTS OF DONOR-RESTRIC TED FUNDS WAS ESTABLISHED TO BENEFIT VICTIM SERVICE PROGRAMS. THIS FUND CAN HAVE A SPENDIN G RATE OF 5% TO BE USED IN VICTIM SERVICE PROGRAMS. |

## Supplemental Information

| Return Reference | Explanation |
|---|---|
| PART X, LINE 2: | ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMEN T TO EVALUATE TAX POSITIONS TAKEN BY THE YWCA YORK, INCLUDING WHETHER THE ENTITY IS EXEMPT FROM INCOME TAXES. MANAGEMENT EVALUATED THE TAX POSITIONS TAKEN AND CONCLUDED THAT THE YW CA YORK HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCL UDED IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE YWCA YORK IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE JUNE 30, 2017. |

## Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | CHANGE IN VALUE OF PERPETUAL TRUSTS -17,821. CHANGE IN INTEREST OF COMMUNITY FOUNDATION -5 2,612. RENTAL EXPENSE 5,398. BOOK/TAX DIFFERENCE ON SALE OF INVESTMENTS -76,864. COGS 3,54 3. SCHOLARSHIPS GIVEN -80,150. |

## Supplemental Information

| Return Reference | Explanation |
|---|---|
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | RENTAL EXPENSE 5,398. COGS 3,543. SCHOLARSHIPS GIVEN -80,150. |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.**
**▶Attach to Form 990 or Form 990-EZ.**
**▶Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

**Open to Public Inspection**

Name of the organization
THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF YORK PA

**Employer identification number**
23-1360889

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**a** ☑ Mail solicitations
**b** ☑ Internet and email solicitations
**c** ☐ Phone solicitations
**d** ☑ In-person solicitations
**e** ☑ Solicitation of non-government grants
**f** ☑ Solicitation of government grants
**g** ☑ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

| **(i)** Name and address of individual or entity (fundraiser) | **(ii)** Activity | **(iii)** Did fundraiser have custody or control of contributions? Yes | No | **(iv)** Gross receipts from activity | **(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)** | **(vi)** Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| BEAM CONSULTING LLC<br>321 ABBEYVILLE ROAD<br><br>LANCASTER, PA 17603 | CAPITAL CAMPAIGN PREP AND FEASIBILITY STUDY | | No | 794,655 | 41,000 | 753,655 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Total** . . . . . . . . . . . . . . . . . . . . . . ▶ | | | | 794,655 | 41,000 | 753,655 |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

PA

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

| | | **(a)** Event #1<br>**WALK-A-MILE**<br>(event type) | **(b)** Event #2<br>**RACE AGAINST RACISM**<br>(event type) | **(c)** Other events<br>**4**<br>(total number) | **(d)** Total events (add col. **(a)** through col. **(c)**) |
|---|---|---|---|---|---|
| Revenue | **1** Gross receipts | 83,502 | 33,027 | 27,080 | 143,609 |
| | **2** Less: Contributions | 83,502 | 33,027 | 27,080 | 143,609 |
| | **3** Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | **4** Cash prizes | | | | |
| | **5** Noncash prizes | | | | |
| | **6** Rent/facility costs | 250 | | 200 | 450 |
| | **7** Food and beverages | 610 | | 2,170 | 2,780 |
| | **8** Entertainment | 450 | | | 450 |
| | **9** Other direct expenses | 9,418 | 804 | 3,155 | 13,377 |
| | **10** Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 17,057 |
| | **11** Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -17,057 |

**Part III** **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | **(a)** Bingo | **(b)** Pull tabs/Instant bingo/progressive bingo | **(c)** Other gaming | **(d)** Total gaming (add col.**(a)** through col.**(c)**) |
|---|---|---|---|---|---|
| Revenue | **1** Gross revenue | | | | |
| Direct Expenses | **2** Cash prizes | | | | |
| | **3** Noncash prizes | | | | |
| | **4** Rent/facility costs | | | | |
| | **5** Other direct expenses | | | | |
| | **6** Volunteer labor | ☐ **Yes** ____ %<br>☐ **No** | ☐ **Yes** ____ %<br>☐ **No** | ☐ **Yes** ____ %<br>☐ **No** | |
| | **7** Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| | **8** Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

**9** Enter the state(s) in which the organization conducts gaming activities: ____

**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ **Yes** ☐ **No**

**b** If "No," explain: ____

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ **Yes** ☐ **No**

**b** If "Yes," explain: ____

**11** Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

**13** Indicate the percentage of gaming activity conducted in:

| | | | |
|---|---|---|---|
| **a** | The organization's facility | **13a** | % |
| **b** | An outside facility | **13b** | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ________ and the amount of gaming revenue retained by the third party ▶ $ ________ .

**c** If "Yes," enter name and address of the third party:

Name ▶

Address ▶

**16** Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|---|---|

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.**
**▶ Attach to Form 990.**
**▶ Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization
THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF YORK PA

**Employer identification number**
23-1360889

**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) | | | | | | | |
| (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 . . . . . . . . . . . . . . . . . . . . ▶

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

**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 |
|---|---|---|---|---|---|
| (1)<br>REDUCED FEES FOR FITNESS CENTER, AQUATIC PROGRAMS BASED UPON INCOME GUIDELINES. | 2 | 300 | | BASED ON 50% FEE REDUCTION | |
| (2)<br>FUNDS SPENT TO RELOCATE CLIENTS WHO ARE VICTIMS OF DOMESTIC VIOLENCE AND ARE NOT SAFE IN THE YORK AREA | 46 | 20,041 | | FMV | |
| (3)<br>EXPENSES NEEDED TO ASSIST THE DOMESTIC VIOLENCE CLIENT THAT HAS LEFT THEIR HOME IN AN EMERGENCY (I.E. CLOTHING, TOILETRIES, MEDICATIONS, ESSENTIALLY ANYTHING THEY NEED THAT HAD TO BE LEFT BEHIND) | 92 | 44,349 | | FMV | |
| (4)<br>COLLEGE ASSISTANCE TO STUDENTS PARTICIPATING IN OUR QUANTUM OPPORTUNITIES PROGRAM WHO HAVE EARNED INCENTIVE CREDITS BASED ON THEIR LEVEL OF PARTICIPATION IN THE PROGRAM. | 43 | 7,543 | | FMV | |
| (5)<br>REDUCED FEES FOR CHILD CARE PROGRAMS BASED UPON INCOME GUIDELINES | 32 | 80,150 | | FEE REDUCTION | |
| (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: | * GRANTS RELATED TO THE FITNESS CENTER AND AQUATICS ARE IN THE FORM OF REDUCED FEES AND NOT PAID TO THE RECIPIENTS DIRECTLY. * PAYMENTS FOR RELOCATION OF CLIENTS AND FOR OTHER PAYMENTS TO VICTIMS OF DOMESTIC VIOLENCE ARE MADE DIRECTLY TO THIRD PARTIES AND NOT DIRECTLY TO RECIPIENTS. * COLLEGE ASSISTANCE GRANTS ARE PAID DIRECTLY TO THIRD PARTIES AND NOT DIRECTLY TO RECIPIENTS |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493055002261

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization
THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF YORK PA

**Employer identification number**
23-1360889

**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 | 1 | 15,955 | FMV |
| 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 . . . | X | 1 | 1,497 | FMV |
| 20 Drugs and medical supplies . | | | | |
| 21 Taxidermy . . . . . . . | | | | |
| 22 Historical artifacts . . . . | | | | |
| 23 Scientific specimens . . | | | | |
| 24 Archeological artifacts . . . | | | | |
| 25 Other ▶ ( DEBT FORGIVENESS ) | X | 1 | 110,000 | FMV |
| 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 |

| | | Yes | No |
|---|---|---|---|
| **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 isn't 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 | | No |
| **b** If "Yes," describe in Part II. | | | |
| **33** If the organization didn't 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): | NUMBER OF CONTRIBUTORS IS THE NUMBER OF CONTRIBUTORS AS REPORTED BASED ON THE NUMBER OF DONORS. |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493055002261

**SCHEDULE O**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 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

**2019**

**Open to Public Inspection**

Name of the organization
THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF YORK PA

**Employer identification number**
23-1360889

## 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 REQUIREMENTS AN D WOULD HANDLE IT ACCORDINGLY. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 11B | A DRAFT OF THE FORM 990 IS REVIEWED BY THE TREASURER/OR OTHER FINANCE COMMITTEE MEMBER AND THE CFO AND COMMENTS ARE FORWARDED TO AUDITORS FOR REVIEW. A REVISED DRAFT IS PRESENTED F OR DISCUSSION TO THE FINANCE COMMITTEE AND ANY CORRECTIONS/ADDITIONS ARE NOTED AND THE FIN ANCE COMMITTEE APPROVES THE FORM 990 FOR THE TREASURER TO FORWARD TO THE BOARD OF DIRECTOR S. A COPY OF THE FORM 990 IS PROVIDED TO EVERY BOARD MEMBER VIA EMAIL WITH A COMMENT PERIO D PROVIDED FOR BOARD MEMBER QUESTIONS. ALL FEEDBACK IS CONSIDERED AND ADDRESSED PRIOR TO T HE APPROVAL OF THE BOARD. AFTER BOARD APPROVAL, THE FINAL FORM 990 IS COMPLETED AND SUBMIT TED TO THE IRS. |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | IF SOMETHING CHANGES FOR SOMEONE IT IS TO BE DISCLOSED TO THE CHIEF HUMAN RESOURCE OFFICER . IF SOMEONE DOES NOT DISCLOSE AND IT IS DETECTED THERE MAY BE A CONFLICT OF INTEREST THE CHIEF HUMAN RESOURCE OFFICER ALONG WITH THAT PERSON'S IMMEDIATE SUPERVISOR WILL DISCUSS TH E ISSUE. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 15 | THE DIRECTOR OF HUMAN RESOURCES MAINTAIN A PAY GRADE SCALE FOR THE ORGANIZATION WHICH INCL UDES COMPENSATION FOR THE CEO AND TOP MANAGEMENT POSITIONS. VARIOUS SOURCES AND PARTNERS A RE USED TO DETERMINE AND ASSESS THE SALARY SCALE ANNUALLY INCLUDING PENNSYLVANIA ASSOCIATI ON OF NON-PROFIT ORGANIZATIONS(PANO), PENNSYLVANIA COALITION AGAINST DOMESTIC VIOLENCE(PCA DV), PENNSYLVANIA COALITION AGAINST RAPE(PCAR). THE CEO IS FORMALLY REVIEWED ANNUALLY BY T HE ORGANIZATION'S EXECUTIVE COMMITTEE WHICH INCLUDES A FULL BOARD SURVEY PROCESS. THE PROC ESS IS DOCUMENTED IN EXECUTIVE COMMITTEE MINUTES. RECOMMENDATIONS FOR CEO SALARY ADJUSTMEN TS ARE FORWARDED TO THE FULL BOARD FOR APPROVAL PRIOR TO IMPLEMENTATION. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION C, LINE 19 | THE CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVA ILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO MADE AVAILABLE TO THE PUBLIC AS CON DENSED STATEMENTS IN THE ORGANIZATION'S ANNUAL REPORT. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART XI, LINE 9: | CHANGE IN VALUE OF PERPETUAL TRUSTS -17,821. BOOK/TAX DIFFERENCE ON SALE OF INVESTMENTS -7 6,864. CHANGE IN INTEREST OF A COMMUNITY FOUNDATION -52,612. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART XII, LINE 2C: | THE FINANCE COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT AND REVIEW OF THE AUDIT AND THE SEL ECTION OF THE INDEPENDENT ACCOUNT. THEY THEN TAKE THEIR RECOMMENDATION TO THE BOARD FOR TH EIR FINAL APPROVAL BASED ON THEIR RECOMMENDATONS. |