

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning** and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> YORK COUNTY COMMUNITY FOUNDATION		<b>D Employer identification number</b> **-***9868
	Doing business as		<b>E Telephone number</b> (717) 848-3733
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	14 WEST MARKET STREET		<b>G Gross receipts \$</b> 34,034,961.
	City or town, state or province, country, and ZIP or foreign postal code YORK, PA 17401-1617		
<b>F Name and address of principal officer:</b> HENRY J. CHRIST, III SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶	
<b>J Website:</b> WWW.YCCF.ORG		<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
		<b>L Year of formation:</b> 1961	<b>M State of legal domicile:</b> PA

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: WE CREATE A VIBRANT YORK COUNTY BY ENGAGING DONORS, PROVIDING COMMUNITY LEADERSHIP AND INVESTING IN		
	2 Check this box <input type="checkbox"/> 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	31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	325
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,194.
b Net unrelated business taxable income from Form 990-T, line 34	7b	1,703.	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	11,367,070.	11,491,006.
	9 Program service revenue (Part VIII, line 2g)	86,077.	134,881.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,914,720.	1,312,556.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,243.	24,778.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,394,110.	12,963,221.
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,591,732.	4,445,353.
	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)	956,627.	978,613.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 322,791.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	674,240.	731,221.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,222,599.	6,155,187.
19 Revenue less expenses. Subtract line 18 from line 12	13,171,511.	6,808,034.	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year 109,343,414.	End of Year 125,800,847.
	21 Total liabilities (Part X, line 26)	17,844,504.	35,920,171.
	22 Net assets or fund balances. Subtract line 21 from line 20	91,498,910.	89,880,676.

**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.

<b>Sign Here</b>	Signature of officer	Date			
	HENRY J. CHRIST, III, TREASURER Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name AMY GOHN ANSTINE	Preparer's signature AMY GOHN ANSTINE	Date 10/28/16	Check if self-employed <input type="checkbox"/>	PTIN P00072689
	Firm's name REINSEL KUNTZ LESHAR LLP	Firm's EIN **-***8173	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 [X]

1 Briefly describe the organization's mission: WE CREATE A VIBRANT YORK COUNTY BY ENGAGING DONORS, PROVIDING COMMUNITY LEADERSHIP AND INVESTING IN HIGH IMPACT INITIATIVES WHILE BUILDING ENDOWMENT FOR FUTURE GENERATIONS.

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

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

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 \$ 3,691,401. including grants of \$ 3,258,659. ) (Revenue \$ 134,881. ) YORK COUNTY COMMUNITY FOUNDATION'S GRANTMAKING PROGRAM REACHES BROADLY ACROSS ALL CHARITABLE SECTORS SERVING YORK COUNTY PENNSYLVANIA, AS EVIDENCED BY 1,015 GRANTS TO 309 CHARITABLE ORGANIZATIONS. GRANT SUPPORT IS PROVIDED BY BOTH COMPETITIVE APPLICATION AND NON-COMPETITIVE DESIGNATIONS. MAJOR GRANT PROGRAMS INCLUDE POST-SECONDARY SCHOLARSHIP SUPPORT TO CHARITABLE ORGANIZATIONS AND EDUCATIONAL INSTITUTIONS AND GRANT SUPPORT THROUGH OUR HERITAGE FUNDS PROGRAMS TO BUILD ENDOWMENTS FOR PARTICIPATING CHARITABLE ORGANIZATIONS. OTHER MAJOR PROGRAM INTEREST AREAS NOTED SEPARATELY.

4b (Code: ) (Expenses \$ 458,448. including grants of \$ 439,938. ) (Revenue \$ ) YORK COUNTY COMMUNITY FOUNDATION'S FUND FOR YORK COUNTY RESPONDS TO THE GREATEST NEEDS OF OUR COMMUNITY THROUGH HIGH IMPACT STRATEGIC GRANTS SUPPORTING COMMUNITY VIBRANCY.

4c (Code: ) (Expenses \$ 382,698. including grants of \$ 382,698. ) (Revenue \$ ) SCHOLARSHIPS SUPPORT GRANTS TO EDUCATIONAL INSTITUTIONS AND SCHOLARSHIP ORGANIZATIONS INCLUDING POST SECONDARY SCHOLARSHIPS OF \$245,296 TO 152 INDIVIDUALS IN THE U.S.

4d Other program services (Describe in Schedule O.) (Expenses \$ 462,535. including grants of \$ 364,058. ) (Revenue \$ )

4e Total program service expenses 4,995,082.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 27		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
	<b>2a</b> 14		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	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)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	N/A	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	N/A	
<b>b</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		
	<b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand		
	<b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	<b>14b</b>		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1a</b> 31		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 31		
<b>2</b>	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?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **GEORGE DVORYAK, CFO - 717-848-3733**  
**14 WEST MARKET STREET, YORK, PA 17401-1203**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL L. RUDY, III CHAIR(PART-YEAR), DIRECTOR	2.00 0.10	X		X				0.	0.	0.
(2) WILLIAM R. HARTMAN-START 5/2015 CHAIR (PART-YEAR)	2.00 0.10	X		X				0.	0.	0.
(3) JEFFREY D. LOBACH 1ST VICE CHAIR, DIRECTOR	1.00 0.10	X		X				0.	0.	0.
(4) ELIZABETH F. CARSON 2ND VICE CHAIR, DIRECTOR	1.00 0.00	X		X				0.	0.	0.
(5) KRISTA SNYDER DARR SECRETARY, DIRECTOR	1.00 0.00	X		X				0.	0.	0.
(6) MARGARET Z. SWARTZ(TILL 5/2015) ASST SECRETARY, DIRECTOR	1.00 0.50	X		X				0.	0.	0.
(7) HOLLY A. MAYER(START 5/2015) ASST SECRETARY, DIRECTOR	1.00 0.00	X		X				0.	0.	0.
(8) HENRY J. CHRIST, III TREASURER, DIRECTOR	2.00 0.10	X		X				0.	0.	0.
(9) CARL E. ANDERSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) JOHN W. BAILEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) BRUCE M. BARTELS DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) TIMOTHY J. BUPP DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) CHARLES H. CHODROFF(TILL 5/2015) DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) JOSEPH P. CLARK II DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) DAVID L. CROSS(TILL 5/2015) DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) DAVID M. DAVIDSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) DOMINIC DELLICARPINI DIRECTOR	1.00 0.00	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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARSHA M. EVERTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) JENNIFER GEESEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) MICHAEL H. HADY, III DIRECTOR	1.00 0.50	X						0.	0.	0.
(21) MICHAEL C. HAUN DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) RONALD HERSHNER DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) TIMOTHY KINSLEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) SUSAN D. KREBS DIRECTOR	1.00 0.50	X						0.	0.	0.
(25) LOREN H. KROH(TILL 5/2015) DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) JACK KAY DIRECTOR	1.00 0.50	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								260,307.	0.	30,163.
<b>d Total (add lines 1b and 1c)</b>								260,307.	0.	30,163.

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
FUND EVALUATION GROUP, 201 EAST FIFTH STREET; SUITE 1600, CINCINNATI, OH 45202	INVESTMENT CONSULTING	230,578.

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 **1**

SEE PART VII, SECTION A CONTINUATION SHEETS



**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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LORI O. MITRICK DIRECTOR	1.00 0.50	X						0.	0.	0.
(28) MICHAEL NEWSOME(TILL 5/2015) DIRECTOR	1.00 0.50	X						0.	0.	0.
(29) JOHN M. POLLI DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) SCOTT C. ROGERS DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) WILLIAM S. SHIPLEY, III DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) JOHN J. SHORB DIRECTOR	1.00 0.50	X						0.	0.	0.
(33) PATTI STIRK DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) JOHN J. SYGIELSKI(TILL 12/2015) DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) JOSEPH G. WAGMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) CLAIRE S. WEAVER DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) DAN WALTERSDORFF DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) GEORGE DVORYAK VICE-PRESIDENT, CFO	38.00 2.00			X				94,537.	0.	11,283.
(39) JANE M. CONOVER PRESIDENT (PART YEAR)	45.00 0.00			X				116,033.	0.	18,404.
(40) WILLIAM R. HARTMAN(TILL 5/2015) PRESIDENT (PART YEAR)	45.00 0.10			X				49,737.	0.	476.
Total to Part VII, Section A, line 1c								260,307.		30,163.

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	11,491,006.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		4,197,477.					
	<b>h Total.</b> Add lines 1a-1f			11,491,006.				
<b>Program Service Revenue</b>	<b>2 a</b> CHARITABLE TRUST FEES	<b>Business Code</b>	525920	79,796.	79,796.			
	<b>b</b> MANAGEMENT FEES		561000	55,035.	55,035.			
	<b>c</b> SEMINARS		813210	50.	50.			
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			134,881.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			2,179,942.		-1,306.	2,181,248.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	(i) Real		22,794.				
		(ii) Personal						
		<b>b</b> Less: rental expenses		4,516.				
		<b>c</b> Rental income or (loss)		18,278.				
	<b>d</b> Net rental income or (loss)			18,278.			18,278.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities		20,199,838.				
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses		21,067,224.				
		<b>c</b> Gain or (loss)		-867,386.				
	<b>d</b> Net gain or (loss)			-867,386.			-867,386.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>						
		<b>b</b> Less: direct expenses						
<b>c</b> Net income or (loss) from fundraising events								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>							
	<b>b</b> Less: direct expenses							
	<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>							
	<b>b</b> Less: cost of goods sold							
	<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11 a</b> ADMINISTRATIVE SERVICES			561000	6,500.		6,500.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d			6,500.				
<b>12 Total revenue.</b> See instructions.				12,963,221.	134,881.	5,194.	1,332,140.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,200,057.	4,200,057.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	245,296.	245,296.		
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	290,470.	125,962.	127,793.	36,715.
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	547,594.	224,097.	172,266.	151,231.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,709.	11,141.	13,034.	7,534.
9 Other employee benefits	43,523.	19,074.	12,165.	12,284.
10 Payroll taxes	65,317.	27,349.	23,133.	14,835.
11 Fees for services (non-employees):				
a Management				
b Legal	20,536.		20,536.	
c Accounting	28,125.	1,635.	25,123.	1,367.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	308,533.		308,533.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	5,040.	5,040.		
12 Advertising and promotion	15,577.	13,033.		2,544.
13 Office expenses	63,016.	17,699.	30,905.	14,412.
14 Information technology	41,549.	18,080.	13,097.	10,372.
15 Royalties				
16 Occupancy	52,999.	18,521.	24,432.	10,046.
17 Travel	13,192.	9,015.	2,545.	1,632.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	820.	575.	245.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,270.		11,270.	
23 Insurance	15,502.	4,895.	5,712.	4,895.
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 <b>PROGRAMS</b>	119,361.	47,813.	21,635.	49,913.
b <b>STAFF DEVELOPMENT</b>	20,444.	564.	19,880.	
c <b>DUES AND ASSESSMENTS</b>	15,257.	5,236.	5,010.	5,011.
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>6,155,187.</b>	<b>4,995,082.</b>	<b>837,314.</b>	<b>322,791.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	165,083.	<b>1</b>	131,942.
	<b>2</b> Savings and temporary cash investments .....	5,679,694.	<b>2</b>	10,135,124.
	<b>3</b> Pledges and grants receivable, net .....	92,122.	<b>3</b>	110,632.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 619,621.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 602,978.	27,913.	<b>10c</b> 16,643.
	<b>11</b> Investments - publicly traded securities .....	84,433,727.	<b>11</b>	94,907,907.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	16,636,748.	<b>12</b>	18,158,886.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,308,127.	<b>15</b>	2,339,713.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	109,343,414.	<b>16</b>	125,800,847.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	15,409.	<b>17</b>	52,784.
	<b>18</b> Grants payable .....	173,715.	<b>18</b>	95,425.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	17,655,380.	<b>25</b>	35,771,962.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	17,844,504.	<b>26</b>	35,920,171.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	86,259,923.	<b>27</b>	85,048,900.
	<b>28</b> Temporarily restricted net assets .....	4,278,352.	<b>28</b>	3,917,179.
	<b>29</b> Permanently restricted net assets .....	960,635.	<b>29</b>	914,597.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	91,498,910.	<b>33</b>	89,880,676.	
<b>34</b> Total liabilities and net assets/fund balances .....	109,343,414.	<b>34</b>	125,800,847.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	12,963,221.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,155,187.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	6,808,034.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	91,498,910.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-4,394,200.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-4,032,068.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	89,880,676.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	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? _____		X
<b>b</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 _____		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

<b>Name of the organization</b> YORK COUNTY COMMUNITY FOUNDATION	<b>Employer identification number</b> **-***9868
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**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 11, 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,211,076.	7,403,282.	14,363,592.	11,367,070.	11,491,006.	49,836,026.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	5,211,076.	7,403,282.	14,363,592.	11,367,070.	11,491,006.	49,836,026.
<b>5</b> 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) .....						18,064,818.
<b>6 Public support.</b> Subtract line 5 from line 4.						31,771,208.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	5,211,076.	7,403,282.	14,363,592.	11,367,070.	11,491,006.	49,836,026.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1,466,089.	1,711,568.	2,489,894.	2,226,799.	2,202,736.	10,097,086.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...		1,823.	1,941.	794.	4,430.	8,988.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						59,942,100.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	482,700.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	53.00 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	51.32 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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 <b>Part VI</b> 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.			
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			

**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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

YORK COUNTY COMMUNITY FOUNDATION

Employer identification number

\*\* - \*\*\*9868

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

<b>Name of organization</b>  YORK COUNTY COMMUNITY FOUNDATION	<b>Employer identification number</b>  ** - ***9868
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 454,949.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 926,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 288,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,855,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 249,489.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 930,269.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  YORK COUNTY COMMUNITY FOUNDATION	<b>Employer identification number</b>  ** - ***9868
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 3,599,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
8		\$ 241,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
9		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>



Name of organization  <b>YORK COUNTY COMMUNITY FOUNDATION</b>	Employer identification number  <b>** - ***9868</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	4,649 SHS OF PUBLICLY TRADED SECURITIES	\$ 249,489.	05/22/15
7	10,000 SHS OF PUBLICLY TRADED SECURITIES	\$ 3,599,000.	12/17/15
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>YORK COUNTY COMMUNITY FOUNDATION</b>	Employer identification number  <b>** - *** 9868</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

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

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

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

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

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

Name of organization <b>YORK COUNTY COMMUNITY FOUNDATION</b>	Employer identification number <b>**-***9868</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

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

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

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

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

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

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1,061.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			1,061.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

LOBBYING CENTERED AROUND YORK CITY FUNDING

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**  
**Open to Public Inspection**

**Name of the organization** YORK COUNTY COMMUNITY FOUNDATION **Employer identification number**  
\*\*-\*\*\*9868

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	88	12
2 Aggregate value of contributions to (during year) .....	5,029,728.	41,737.
3 Aggregate value of grants from (during year) .....	810,779.	518,858.
4 Aggregate value at end of year .....	19,876,144.	10,733,012.

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

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

	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 on 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	91,498,910.	83,998,120.	64,091,090.	54,102,752.	54,139,138.
b Contributions	7,053,499.	10,154,005.	13,393,223.	5,734,266.	4,641,391.
c Net investment earnings, gains, and losses	-3,505,924.	1,683,996.	10,224,772.	7,874,975.	-1,305,811.
d Grants or scholarships	3,759,991.	2,995,220.	2,337,220.	2,264,318.	2,246,636.
e Other expenditures for facilities and programs	549,730.	516,810.	487,249.	561,157.	394,898.
f Administrative expenses	856,088.	825,181.	886,496.	795,428.	730,432.
g End of year balance	89,880,676.	91,498,910.	83,998,120.	64,091,090.	54,102,752.

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

- a Board designated or quasi-endowment  95.00 %
- b Permanent endowment  1.00 %
- c Temporarily restricted endowment  4.00 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		534,168.	527,892.	6,276.
d Equipment		85,453.	75,086.	10,367.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				16,643.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FEG ABSOLUTE ACCESS FUND	8,954,131.	END-OF-YEAR MARKET VALUE
(B) FEG EQUITY ACCESS FUND	8,488,531.	END-OF-YEAR MARKET VALUE
(C) CODO, LLP	50,000.	COST
(D) COMMONFUND PRIVATE EQUITY	666,224.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>18,158,886.</b>	

**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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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) LIABILITY TO LIFE INCOME	
(3) BENEFICIARIES UNDER TRUST	
(4) AGREEMENTS	2,943,179.
(5) FUNDS HELD AS AGENCY ENDOWMENTS	17,132,514.
(6) FUNDS HELD FOR RELATED SUPPORTING	
(7) ORGANIZATION	15,696,269.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>35,771,962.</b>

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	3,547,675.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-4,394,200.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-126,355.
e	Add lines 2a through 2d	2e	-4,520,555.
3	Subtract line 2e from line 1	3	8,068,230.
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	308,533.
b	Other (Describe in Part XIII.)	4b	4,586,458.
c	Add lines 4a and 4b	4c	4,894,991.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,963,221.

**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	5,165,809.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	4,516.
e	Add lines 2a through 2d	2e	4,516.
3	Subtract line 2e from line 1	3	5,161,293.
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	308,533.
b	Other (Describe in Part XIII.)	4b	685,361.
c	Add lines 4a and 4b	4c	993,894.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,155,187.

**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.

**PART V, LINE 4:**

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

**Part XIII** Supplemental Information (continued)

INTERESTS IN PERPETUAL TRUSTS HELD BY A THIRD PARTY). THE FOUNDATION CLASSIFIES NET ASSETS AS TEMPORARILY RESTRICTED (UNDER LINE 2C TERM ENDOWMENT) ENDOWMENTS WITH RESTRICTIONS WHICH WILL EXPIRE WHEN STIPULATED TIME RESTRICTIONS OR PURPOSE RESTRICTIONS ARE FULFILLED (SUCH AS IRREVOCABLE CHARITABLE TRUSTS), AT WHICH TIME THEY WILL BE RECLASSIFIED TO UNRESTRICTED.

## PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE COMPANY, INCLUDING WHETHER THE ENTITY IS EXEMPT FROM INCOME TAXES. MANAGEMENT OF THE FOUNDATION EVALUATED THE TAX POSITIONS TAKEN AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2012.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE FROM BENEFICIAL INTEREST IN TRUSTS	-46,038.
CHANGE IN SPLIT INTEREST AGREEMENTS	-123,444.
RELEASE OF AGENCY ENDOWMENT LIABILITY	43,127.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-126,355.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-4,516.
AGENCY ENDOWMENT GIFTS	4,437,506.

**Part XIII** Supplemental Information (continued)

AGENCY ENDOWMENT INVESTMENT INCOME (LOSSES) EXCLUDED FROM

F/S BY SFAS 136 73,672.

FEES FROM CHARITABLE REMAINDER UNITRUSTS 79,796.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 4,586,458.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 4,516.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT DISTRIB'S FOR AGENCY ENDOWMENTS EXCLUDED FROM F/S DUE TO SFAS NO 136 685,361.

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

**YORK COUNTY COMMUNITY FOUNDATION**

**Part I General Information on Grants and Assistance**

Employer identification number  
\*\*-\*\*\*9868

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
10,000 FRIENDS OF OF PENNSYLVANIA 200 NORTH THIRD STREET HARRISBURG, PA 17101-1513	** - ***1197	501(C)(3)	5,000.	0.	FMV		WALKUPS REPORT GENERAL SUPPORT, SPONSORSHIP, AND BENEFIT SOUTH CENTRAL PA RESIDENTS
AMERICAN CANCER SOCIETY 924 N. COLONIAL AVENUE, STE E YORK, PA 17403-3450	** - ***8491	501(C)(3)	13,662.	0.	FMV		GENERAL SUPPORT, SPONSORSHIP, AND BENEFIT SOUTH CENTRAL PA RESIDENTS
AMERICAN HEART ASSOCIATION 610 COMMUNITY WAY LANCASTER, PA 17603	** - ***3797	501(C)(3)	12,205.	0.	FMV		GENERAL SUPPORT, SPONSORSHIP, AND BENEFIT SOUTH CENTRAL PA RESIDENTS
AMERICAN PARKINSON DISEASE ASSOCIATION - 135 PARKINSON AVENUE - STATEN ISLAND, NY 10305	** - ***2771	501(C)(3)	8,710.	0.	FMV		BENEFIT SOUTH CENTRAL PA RESIDENTS
AMERICAN RED CROSS, YORK COUNTY CHAPTER - 724 SOUTH GEORGE STREET - YORK, PA 17401	** - ***6605	501(C)(3)	12,005.	0.	FMV		GENERAL SUPPORT
AMERICAN ROAD & TRANSPORTATION BUILDERS ASSOCIATION - 1219 28TH STREET, N.W. - WASHINGTON, DC 20007	** - ***3894	501(C)(3)	15,000.	0.	FMV		TDF SCHOLARSHIP AND TMAW CAMPAIGN

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **138.**

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2015)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASBURY FOUNDATION, INC. 325 WESLEY DRIVE MECHANISBURG, PA 17055	**-***2674	501(C)(3)	13,000.	0. FMV			SUPPORT AND CAPITAL CAMPAIGN
AUDUBON PENNSYLVANIA 100 WILDWOOD WAY HARRISBURG, PA 17110	**-***4102	501(C)(3)	8,000.	0. FMV			LEARN, RESTORE AND EXPLORE PROGRAM
BIG BROTHERS BIG SISTERS OF YORK & ADAMS COUNTIES - 227 W. MARKET ST., SUITE 102 - YORK, PA 17401	**-***0603	501(C)(3)	10,750.	0. FMV			BOWL FOR KIDS SAKE, SMART PROGRAM, GENERAL SUPPORT
BOROUGH OF WRIGHTSVILLE 601 WATER STREET WRIGHTSVILLE, PA 17368	**-***0749	501(C)(3)	10,000.	0. FMV			WRIGHTSVILLE RIVERFRONT PARK REVITALIZATION PROJECT
BRYN MAWR COLLEGE 101 NORTH MERION AVENUE BRYN MAWR, PA 19010	**-***2621	501(C)(3)	5,000.	0. FMV			BRYN MAWR SCHOLARSHIP FUND
BYRNES HEALTH EDUCATION CENTER 515 S. GEORGE STREET YORK, PA 17401	**-***8187	501(C)(3)	37,326.	0. FMV			GENERAL SUPPORT AND HEARTBEAT CAMPAIGN
CAMPS NEWFOUND OWATONNA 4 CAMP NEWFOUND ROAD HARRISON, ME 04040	**-***4391	501(C)(3)	16,000.	0. FMV			GENERAL SUPPORT
CHILD CARE CONSULTANTS, INC. 29 NORTH DUKE STREET YORK, PA 17401	**-***2846	501(C)(3)	5,350.	0. FMV			BECAUSE I READ, I WILL SUCCEED
CHILDREN'S AID SOCIETY 343 LINCOLNWAY WEST NEW OXFORD, PA 17350	**-***9838	501(C)(3)	64,103.	0. FMV			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOME OF YORK 77 SHOE HOUSE ROAD YORK, PA 17406	** - ***2081	501(C)(3)	12,388.	0.	FMV		GENERAL SUPPORT
CHILDREN'S MIRACLE NETWORK PO BOX 852 HERSHEY, PA 17033	** - ***7205	501(C)(3)	8,710.	0.	FMV		GENERAL SUPPORT
CHRISTA MCAULIFFE 601 MUNDIS MILL ROAD YORK, PA 17406	** - ***2451	501(C)(3)	22,018.	0.	FMV		GENERAL SUPPORT
CITY OF YORK 101 SOUTH GEORGE STREET YORK, PA 17401	** - ***1908	GOVERNMENT	123,349.	0.	FMV		SPENN PARK, YORK CITY RAIL TRAIL, SCULPTURE CLEANING, SUMMER CAMP PROGRAM, POLICE FOR THE
COLUMBIA PUBLIC LIBRARY 24 SOUTH SIXTH STREET COLUMBIA, PA 17512	** - ***0185	501(C)(3)	5,078.	0.	FMV		GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF PENNSYLVANIA - 2101 NORTH FRONT STREET - HARRISBURG, PA 17110	** - ***8518	501(C)(3)	156,143.	0.	FMV		YORK CITY SCHOOL DISTRICT, YORK SITE COORDINATION
COMMUNITY FIRST FUND 30 WEST ORANGE STREET LANCASTER, PA 17608-0524	** - ***9714	501(C)(3)	30,000.	0.	FMV		YORK BUSINESS OPPORTUNITIES, COMMUNITY INVEST FOR CENTRAL PA SCHOOLS
COVENANT HOUSE PO BOX 731 NEW YORK, PA 10108-0731	** - ***5416	501(C)(3)	5,000.	0.	FMV		GENERAL SUPPORT
CREATIVE YORK 10 NORTH BEAVER STREET YORK, PA 17401	** - ***6151	501(C)(3)	7,667.	0.	FMV		GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISPUS ATTUCKS ASSOCIATION 605 SOUTH DUKE STREET YORK, PA 17403	** - ***5320	501(C)(3)	17,515.	0.	FMV		GENERAL SUPPORT, EARLY CHILDHOOD CARE
CULTURAL ALLIANCE OF YORK COUNTY 14 WEST MARKET STREET YORK, PA 17401	** - ***2925	501(C)(3)	123,026.	0.	FMV		GENERAL SUPPORT, CREATIVE AGING PRECONFERENCE, BROADWAY TIX, ARTS CONNECT, 2015 CAMPAIGN,
DALLASTOWN AREA EDUCATIONAL FOUNDATION - 700 NEW SCHOOL LANE - YORK, PA 17313	** - ***2133	501(C)(3)	11,606.	0.	FMV		GENERAL SUPPORT
DIAKON LUTHERAN SOCIAL MINISTRIES 798 HAUSMAN ROAD, SUITE 300 ALLENTOWN, PA 18104	** - ***4613	501(C)(3)	5,406.	0.	FMV		GENERAL SUPPORT
DILLSBURG ARTS AND REVITALIZATIOIN COUNCIL - 18 AUTUMN DRIVE - DILLSBURG, PA 17019	** - ***4129	501(C)(3)	5,000.	0.	FMV		DEVELOPMENT/IMPLEMENTATIO OF ANNUAL PROGRAM FOR DILLSBURG ANCHOR LOCATION
DOWNTOWN INC 2 EAST MARKET STREET YORK, PA 17401	** - ***1781	501(C)(3)	47,000.	0.	FMV		GENERAL SUPPORT, BUSINESS RECRUITMENT AND RETENTION, DOWNTOWN PUBLIC ART PHASE IV,
EASTERN YORK DOLLARS FOR SCHOLARS PO BOX 95 WRIGHTSVILLE, PA 17368	** - ***2406	501(C)(3)	11,771.	0.	FMV		GENERAL SUPPORT
EMMANUEL UNITED CHURCH OF CHRIST 124 BROADWAY HANOVER, PA 17331	** - ***2502	501(C)(3)	9,321.	0.	FMV		GENERAL SUPPORT
EPISCOPAL RELIEF AND DEVELOPMENT 815 2ND AVENUE NEW YORK, PA 10017	** - ***5264	501(C)(3)	5,000.	0.	FMV		75TH ANNIVERSARY FUND

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY FIRST HEALTH PO BOX 2207 YORK, PA 17405	**-***8262	501(C)(3)	20,000.	0. FMV			DELIVERING PRIMARY CARE SERVICES FOR THOSE UTILIZING HUB AND SPOKE PROGRAM
FARM & NATURAL LANDS TRUST OF YORK COUNTY - 156 N. GEORGE STREET - YORK, PA 17401	**-***2674	501(C)(3)	12,898.	0. FMV			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 225 EAST MARKET STREET YORK, PA 17403	**-***5118	501(C)(3)	17,384.	0. FMV			GENERAL SUPPORT, CAPITAL CAMPAIGN
FOOD FOR THE POOR, INC. 6401 LYONS ROAD COCONUT CREEK, FL 33073-3602	**-***4510	501(C)(3)	6,400.	0. FMV			GENERAL SUPPORT
FORSIGHT VISION 1380 SPAHN AVENUE YORK, PA 17403	**-***5986	501(C)(3)	23,056.	0. FMV			GENERAL SUPPORT, VISION IMPAIRMENT PROGRAM
GARDEN CLUB OF YORK 1385 DETWILER DRIVE YORK, PA 17404	**-***4596	501(C)(3)	20,917.	0. FMV			GENERAL SUPPORT, HANGING BASKET
GETTYSBURG COLLEGE 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325	**-***2641	501(C)(3)	11,168.	0. FMV			GENERAL SUPPORT
GLATFELTER MEMORIAL LIBRARY 101 GLENVIEW ROAD SPRING GROVE, PA 17362	**-***0528	501(C)(3)	61,256.	0. FMV			GENERAL SUPPORT
GRETCHEN WOLF SWARTZ SCHOLARSHIP FUND - 2700 DANIELLE DR. - DOVER, PA 17315	**-***7519	501(C)(3)	120,193.	0. FMV			GENERAL SUPPORT



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GWENN M. FTOHIDIS 960 CENTRUY DR MECHANICSBURG, PA 17055	**-***0969	501(C)(3)	10,000.	0. FMV			AGGRESSION REPLACEMENT TRAINING GROUPS, GENERAL SUPPORT
HANOVER AREA HISTORICAL SOCIETY 105 HIGH STREET HANOVER, PA 17331	**-***7016	501(C)(3)	75,967.	0. FMV			GENERAL SUPPORT, WAREHIME/MYERS MANSION FACILITY OPERATIONS
HEALTHY WORLD CAFE P. O. BOX 1226 YORK, PA 17405	**-***1757	501(C)(3)	7,000.	0. FMV			HEALTHY WORLD CAFE OPENING, GENERAL SUPPORT
HISTORIC PROSPECT HILL CEMETERY HERITAGE FOUNDATION - 700 N. GEORGE STREET - YORK, PA 17404	**-***8587	501(C)(3)	23,415.	0. FMV			GENERAL SUPPORT, SAFESEEKERS SHRINE
HISTORIC YORK 25 NORTH DUKE STREET, SUITE YORK, PA 17405	**-***5575	501(C)(3)	7,000.	0. FMV			GENERAL SUPPORT, ANNUAL APPEAL, SAFESEEKERS SHRINE
HOMEWOOD FOUNDATION, INC. 16107 ELLIOTT PARKWAY WILLIAMSPORT, PA 21795	**-***2689	501(C)(3)	12,686.	0. FMV			GENERAL SUPPORT, CHAPEL PROJECT, GOLF SPONSOR
JEWISH COMMUNITY CENTER OF YORK 2000 HOLLYWOOD DRIVE YORK, PA 17403-4210	**-***5127	501(C)(3)	43,806.	0. FMV			GENERAL SUPPORT, "REALITY CHECK" PROGRAM
JUNIOR LEAGUE OF YORK 166 WEST MARKET STREET YORK, PA 17401-1313	**-***1913	501(C)(3)	9,130.	0. FMV			GENERAL SUPPORT
KATALLASSO FAMILY HEALTH CENTER 38 SOUTH BELVIDERE AVENUE YORK, PA 17401	**-***0905	501(C)(3)	9,200.	0. FMV			HEALTH CARE FOR YORK RESCUE MISSION PROGRAM PARTICIPANTS

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LANCASTER THEOLOGICAL SEMINARY 555 WEST JAMES STREET LANCASTER, PA 17603	**-***3386	501(C)(3)	16,281.	0. FMV		GENERAL SUPPORT, EXCELLENCE/YOUTH LEADERSHIP	GENERAL SUPPORT, EXCELLENCE/YOUTH LEADERSHIP
LEADERSHIP YORK 39 EAST KING STREET, 1ST FLOOR YORK, PA 17401	**-***9541	501(C)(3)	13,297.	0. FMV		GENERAL SUPPORT, LEADERSHIP TRAINING, FLY, LEADERSHIP FOR DIVERSE SCHOOLS	GENERAL SUPPORT, LEADERSHIP TRAINING, FLY, LEADERSHIP FOR DIVERSE SCHOOLS
LEAVE A LEGACY YORK COUNTY 137 EAST MARKET STREET YORK, PA 17401	**-***9216	501(C)(3)	7,188.	0. FMV		GENERAL SUPPORT, LEAD PARTNER	GENERAL SUPPORT, LEAD PARTNER
LEG UP FARM, INC. 4880 N. SHERMAN STREET MOUNT WOLF, PA 17347	**-***1834	501(C)(3)	31,812.	0. FMV		GENERAL SUPPORT, LEADING CHANGE	GENERAL SUPPORT, LEADING CHANGE
LOGOS ACADEMY 250 WEST KING STREET YORK, PA 17401	**-***0442	501(C)(3)	50,750.	0. FMV		K2 READING INITIATIVE, FOUNDERS SCHOLARSHIP FUND, FIELD TRIPS	K2 READING INITIATIVE, FOUNDERS SCHOLARSHIP FUND, FIELD TRIPS
MAKE-A-WISH FOUNDATION OF GREATER PA & SOUTHERN WEST VIRGINIA - 2951 WHITEFORD ROAD, SUITE - YORK, PA 17402	**-***4177	501(C)(3)	16,892.	0. FMV		GENERAL SUPPORT	GENERAL SUPPORT
MARGARET E. MOUL HOME 2050 BARLEY RD YORK, PA 17404-1557	**-***7566	501(C)(3)	10,244.	0. FMV		GENERAL SUPPORT	GENERAL SUPPORT
MARTIN LIBRARY 159 EAST MARKET STREET YORK, PA 17401	**-***2224	501(C)(3)	44,235.	0. FMV		GENERAL SUPPORT, SUPPORT FOUNDATION CENTER MEMBERSHIP	GENERAL SUPPORT, SUPPORT FOUNDATION CENTER MEMBERSHIP
MASON-DIXON BUSINESS ASSOCIATION P. O. BOX 100 DELTA, PA 17314	**-***8010	501(C)(3)	5,000.	0. FMV		PA DOWNTOWN CTR TECHNICAL SERVICES AGREEMENT	PA DOWNTOWN CTR TECHNICAL SERVICES AGREEMENT

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASON-DIXON PUBLIC LIBRARY 250 BAILEY DRIVE STEWARTSTOWN, PA 17363-8299	**-***1504	501(C)(3)	5,319.	0. FMV			GENERAL SUPPORT
MISERICORDIA NURSING & REHABILITATION CENTER - 998 SOUTH RUSSELL STREET - YORK, PA 17402	**-***2170	501(C)(3)	8,000.	0. FMV			GENERAL SUPPORT, CAPITAL CAMPAIGN
MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075-1485	**-***3578	501(C)(3)	10,000.	0. FMV			GENERAL SUPPORT
MOUNT WOLF BOROUGH 345 CHESTNUT STREET MOUNT WOLF, PA 17347	**-***2738	GOVERNMENT	11,230.	0. FMV			GENERAL SUPPORT
MOUNT ZION LUTHERAN CHURCH 2164 MOUNT ZION ROAD YORK, PA 17406	**-***4704	501(C)(3)	5,850.	0. FMV			GENERAL SUUPPORT
MT. ZION UNITED CHURCH OF CHRIST 1054 RIDGEWOOD ROAD YORK, PA 17402-1758	**-***4302	501(C)(3)	41,328.	0. FMV			GENERAL SUPPORT, MISSION PROJECTS
NEW BIRTH OF FREEDOM COUNCIL, BOY SCOUTS OF AMERICA - 1 BADEN POWELL LN - MECHANICSBURG, PA 17050-2344	**-***5194	501(C)(3)	12,982.	0. FMV			GENERAL SUPPORT
NEW FREEDOM HERITAGE, INC. PO BOX 266 NEW FREEDOM, PA 17349-0266	**-***2903	501(C)(3)	10,000.	0. FMV			FREEDOM GREEN COMMUNITY PARK PHASE FOUR
NEW HOPE MINISTRIES 211 S. BALTIMORE ST DILLSBURG, PA 17019	**-***3120	501(C)(3)	10,000.	0. FMV			NEW HOPE MINISTRIES DILLSBURG COMMUNITY CENTER

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW LIFE FOR GIRLS PO BOX 170 DOVER, PA 17315	**-***2101	501(C)(3)	7,500.	0. FMV			GENERAL SUPPORT, CAPITAL PROJECT
NORTHEASTERN FOUNDATION 303 GRAVEL HILL ROAD MOUNT WOLF, PA 17347	**-***9191	501(C)(3)	10,554.	0. FMV			GENERAL SUPPORT
OTTERBEIN UNITED METHODIST CHURCH - MT. WOLF - 131 CENTER STREET - MOUNT WOLF, PA 17347	**-***7722	501(C)(3)	14,357.	0. FMV			GENERAL SUPPORT, EARLY CHILDHOOD CARE AND EDUCATION, BEATTIE AND CHET KIMES YOUTH PROGRAM
OTTERBEIN UNITED METHODIST CHURCH - YORK - 301 WEST PHILADELPHIA STREET - YORK, PA 17404	**-***4147	501(C)(3)	5,558.	0. FMV			GENERAL SUPPORT, BEATTIE AND CHET KIMES YOUTH PROGRAM
PENN STATE YORK 1031 EDGECOMB DRIVE YORK, PA 17403-3326	**-***0376	GOVERNMENT	8,545.	0. FMV			GENERAL SUPPORT
PENN STATE UNIVERSITY 314 SHIELDS BLDG UNIVERSITY PARK, PA 16802-2602	**-***0376	GOVERNMENT	2,500.	0. FMV			ENGINEERING LAB
PENN-MAR HUMAN SERVICES, INC. 10709 SUSQUEHANNA TRAIL GLEN ROCK, PA 17327	**-***0195	501(C)(3)	9,474.	0. FMV			GENERAL SUPPORT
PENNSYLVANIA ARTS EXPERIENCE 37 WEST PHILADELPHIA STREET YORK, PA 17401	**-***8927	501(C)(3)	26,144.	0. FMV			MARKETVIEW ARTS AND YORK ARTS ORIENTATION CENTER
PLANNED PARENTHOOD KEYSTONE P.O. BOX 813 TREXLEERTOWN, PA 18087	**-***0112	501(C)(3)	14,624.	0. FMV			GENERAL SUPPORT

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREGNANCY & FAMILY RESOURCE CENTER 1049 N. HARTLEY STREET YORK, PA 17405-1621	**-***8350	501(C)(3)	10,000.	0. FMV			GENERAL SUPPORT
RED LION AREA SCHOOL DISTRICT 696 DELTA RD RED LION, PA 17356	**-***4306	501(C)(3)	15,000.	0. FMV			DENTAL PROGRAM FOR K-12 STUDENTS
ROTARY CLUB OF YORK CHARITABLE ENDOWMENT FUND - 48 EAST MARKET STREET - YORK, PA 17401-4630	**-***2321	501(C)(3)	33,959.	0. FMV			GENERAL SUPPORT, CENTENNIAL FUND, 100TH ANNIVERSARY, SCHOLARSHIP FUND
SGT. MAC FOUNDATION PO BOX 936 GRANDY, NC 27939	**-***1421	501(C)(3)	10,000.	0. FMV			NATIONAL WREATH PROJECT
SHADOWFAX CORPORATION 386 PATTISON STREET YORK, PA 17403	**-***8549	501(C)(3)	5,300.	0. FMV			GENERAL SUPPORT
SOUTH EASTERN DOLLARS FOR SCHOLARS 84 MORRIS AVENUE FAWN GROVE, PA 17321	**-***7822	501(C)(3)	2,835.	0. FMV			GENERAL SUPPORT
SOUTHERN YORK COUNTY EMERGENCY MEDICAL SERVICES - 171 SOUTH MARKET STREET - FAWN GROVE, PA 17321	**-***3966	501(C)(3)	171,180.	0. FMV			REGIONALIZATION PROJECT
SOUTHERN YORK COUNTY SCHOOL DISTRICT FOUNDATION - PO BOX 128 - GLEN ROCK, PA 17327	**-***2892	501(C)(3)	17,619.	0. FMV			GENERAL SUPPORT
SPIRITRUST LUTHERAN 1050 PENNSYLVANIA AVENUE YORK, PA 17404	**-***6329	501(C)(3)	93,107.	0. FMV			GENERAL SUPPORT, ENCORE ENGAGEMENT, CAPITAL CAMPAIGN, BENEVOLENT CARE

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRING GROVE AREA SCHOLARSHIP FUND, INC. - PO BOX 66 - SPRING GROVE, PA 17362	**-***0762	501(C)(3)	19,098.	0. FMV			GENERAL SUPPORT
SPRING GROVE AREA SCHOOL DISTRICT 100 EAST COLLEGE AVENUE SPRING GROVE, PA 17362	**-***4845	501(C)(3)	30,151.	0. FMV			GENERAL SUPPORT, LITERACY EDUCATION, ROCKET SCIENCE TEAM
ST. JAMES LUTHERAN CHURCH 25 NORTH ADAMS STREET YORK, PA 17404	**-***8278	501(C)(3)	8,718.	0. FMV			GENERAL SUPPORT
ST. JOHN EVANGELICAL LUTHERAN CHURCH - 175 EAST MAIN STREET - NEW FREEDOM, PA 17349	**-***9891	501(C)(3)	6,777.	0. FMV			GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC. - 262 DANNY THOMAS PL. - MEMPHIS, TN 38105	**-***6012	501(C)(3)	8,710.	0. FMV			GENERAL SUPPORT
ST. PAUL EVANGELICAL LUTHERAN CHURCH - 201 S. MAIN STREET - SPRING GROVE, PA 17362	**-***0472	501(C)(3)	67,711.	0. FMV			GENERAL SUPPORT
ST. PAUL'S LUTHERAN CHURCH 25 WEST SPRINGETTSBURY AVENUE YORK, PA 17403	**-***2477	501(C)(3)	7,796.	0. FMV			GENERAL SUPPORT, EARLY CHILDHOOD CARE AND EDUCATION
ST. ROSE OF LIMA ELEMENTARY SCHOOL 115 NORTH BIESECKER ROAD THOMASVILLE, PA 17364	**-***4791	501(C)(3)	11,000.	0. FMV			GENERAL SUPPORT
STRAND-CAPITOL PERFORMING ARTS CENTER - 50 N. GEORGE STREET - YORK, PA 17401	**-***3382	501(C)(3)	42,542.	0. FMV			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSQUEHANNA HERITAGE CORPORATION 1706 LONG LEVEL ROAD WRIGHTSVILLE, PA 17368-9009	** - ***7098	501(C)(3)	13,328.	0. FMV		GENERAL SUPPORT, MAINTANCE OF JOHN AND KATHRYN ZIMMERMAN CENTER, PURCHASE OF ARTIFACTS,	
SUSQUEHANNA RENOVATIONS 110 EAST KING STREET YORK, PA 17401	** - ***3636	501(C)(3)	19,000.	0. FMV		CONTRACT WITH DELTA DEVELOPMENT TO PREPARE RACP APPLICATION	
THE BELMONT THEATRE 27 S. BELMONT STREET YORK, PA 17403	** - ***1224	501(C)(3)	13,756.	0. FMV		GENERAL SUPPORT, ENCORE PRODUCTION	
THE FOUNDATION FOR THE WEST YORK AREA SCHOOL DISTRICT - 2605 WEST MARKET STREET - YORK, PA 17404	** - ***1109	501(C)(3)	16,672.	0. FMV		GENERAL SUPPORT, ENGLISH LANGUAGE LEARNER LAB	
THE HAHN HOME 403 CHESTNUT HILL ROAD YORK, PA 17402	** - ***5032	501(C)(3)	176,000.	0. FMV		GENERAL SUPPORT	
THE PARLIAMENT 116 E. KING ST. YORK, PA 17401	** - ***8994	501(C)(3)	5,104.	0. FMV		POP UP GALLERY	
THE PENNSYLVANIA STATE UNIVERSITY 227 W. BEAVER STREET, SUITE 401 STATE COLLEGE, PA 16801-4819	** - ***0376	501(C)(3)	11,646.	0. FMV		INDICATORS RESEARCH	
THE SALVATION ARMY 50 EAST KING STREET YORK, PA 17405	** - ***2351	501(C)(3)	18,676.	0. FMV		GENERAL SUPPORT, YOUTH PROGRAM	
UNITED WAY OF YORK COUNTY 800 EAST KING STREET YORK, PA 17403	** - ***2588	501(C)(3)	131,050.	0. FMV		GENERAL SUPPORT, FOCUS ON FUTURE PROGRAM	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VNA HOME HEALTH - WELLSPAN 540 S. GEORGE ST. YORK, PA 17401-2732	** - ***2573	501(C)(3)	27,417.	0.	FMV	GENERAL SUPPORT	GENERAL SUPPORT
WELLSPAN HEALTH 45 MONUMENT ROAD, SUITE 200 YORK, PA 17403	** - ***7863	501(C)(3)	15,310.	0.	FMV	PARKINSONS PHYSICAL ACTIVITY PROGRAM, GROW YOUR OWN VEGGIE GARDEN CLUB	GENERAL SUPPORT
WEST YORK AREA SCHOOL DISTRICT 2605 WEST MARKET STREET YORK, PA 17404	** - ***2980	501(C)(3)	11,757.	0.	FMV	MUSIC PROGRAM	GENERAL SUPPORT
WHITE ROSE SENIOR CENTER, INC. 27 SOUTH BROAD STREET, STE 1 YORK, PA 17403	** - ***3478	501(C)(3)	12,566.	0.	FMV	INTERGENERATIONAL IPAD TRAINING	INTERGENERATIONAL IPAD TRAINING
WINDY HILL SENIOR CENTER, INC. 1472 ROTH'S CHURCH ROAD SPRING GROVE, PA 17362	** - ***2745	501(C)(3)	18,630.	0.	FMV	EMBRACING LIFE INTERGENERATIONAL ARTS AND FITNESS PROGRAM	EMBRACING LIFE INTERGENERATIONAL ARTS AND FITNESS PROGRAM
WITF INC. 4801 LINDLE ROAD HARRISBURG, PA 17111-2444	** - ***9016	501(C)(3)	7,434.	0.	FMV	GENERAL SUPPORT	GENERAL SUPPORT
YMCA OF YORK AND YORK COUNTY 90 NORTH NEWBERRY STREET YORK, PA 17401	** - ***2600	501(C)(3)	43,566.	0.	FMV	GENERAL SUPPORT, STRONG KIDS CAMPAIGN, STABILITY TO VITALITY CAMPAIGN, MEMBERSHIP PROGRAM	GENERAL SUPPORT, STRONG KIDS CAMPAIGN, STABILITY TO VITALITY CAMPAIGN, MEMBERSHIP PROGRAM
YORK ART ASSOCIATION 220 SOUTH MARSHALL STREET YORK, PA 17402	** - ***4781	501(C)(3)	9,783.	0.	FMV	GENERAL SUPPORT, AWARDS	GENERAL SUPPORT, AWARDS
YORK BENEVOLENT ASSOCIATION P.O. BOX 5041 YORK, PA 17405	** - ***3396	501(C)(3)	34,354.	0.	FMV	GENERAL SUPPORT	GENERAL SUPPORT



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YORK CATHOLIC HIGH SCHOOL 601 EAST SPRINGETTSBURY AVENUE YORK, PA 17403	** - ***1037	501(C)(3)	11,500.	0.	FMV		GENERAL SUPPORT
YORK CITY BUREAU OF HEALTH 435 W. PHILADELPHIA ST YORK, PA 17401	** - ***1908	GOVERNMENT	137,808.	0.	FMV		GENERAL SUPPORT
YORK CITY DOLLARS FOR SCHOLARS 1475 HUNTLEY CT YORK, PA 17408	** - ***6967	501(C)(3)	36,914.	0.	FMV		GENERAL SUPPORT
YORK CITY LITTLE LEAGUE BASEBALL PO BOX 1062 YORK, PA 17405	** - ***8231	501(C)(3)	11,737.	0.	FMV		GENERAL SUPPORT
YORK COLLEGE OF PENNSYLVANIA 441 COUNTRY CLUB ROAD YORK, PA 17403-3651	** - ***2698	501(C)(3)	73,100.	0.	FMV		GENERAL SUPPORT, UPRIGHT AND STEADY PROGRAM, BUSINESS ADMIN CAPITAL CAMPAIGN, CENTER FOR
YORK COUNTRY DAY SCHOOL 1071 REGENTS' GLEN BOULEVARD YORK, PA 17403	** - ***0120	501(C)(3)	36,264.	0.	FMV		GENERAL SUPPORT, CAPITAL CAMPAIGN
YORK COUNTY 4-H ENDOWMENT 4813 SHAFFER ROAD SEVEN VALLEYS, PA 17360	** - ***7724	501(C)(3)	10,630.	0.	FMV		GENERAL SUPPORT, BUILDING MAINTENANCE AND REPAIR
YORK COUNTY AGRICULTURAL SOCIETY 334 CARLISLE AVENUE YORK, PA 17404	** - ***1290	501(C)(3)	119,584.	0.	FMV		GENERAL SUPPORT
YORK COUNTY BAR FOUNDATION 137 EAST MARKET STREET YORK, PA 17401	** - ***7164	501(C)(3)	5,350.	0.	FMV		LEGAL AID, "LAW MISERABLES" PROGRAM

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YORK COUNTY HISTORY CENTER 250 EAST MARKET STREET YORK, PA 17403-2013	**-***2323	501(C)(3)	177,655.	0. FMV			GENERAL SUPPORT, FOCUS STUDY GROUP, RENTAL SERVICE APPRECIATION, MAINTENANCE
YORK COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY - 144 ROOSEVELT AVENUE, SUITE 100 - YORK, PA 17401	**-***5116	GOVERNMENT	27,049.	0. FMV			GENERAL SUPPORT
YORK COUNTY LIBRARY SYSTEM 159 EAST MARKET STREET YORK, PA 17401	**-***4108	501(C)(3)	13,040.	0. FMV			GENERAL SUPPORT
YORK COUNTY LITERACY COUNCIL 800 EAST KING STREET, STE 400 YORK, PA 17403	**-***8132	501(C)(3)	24,048.	0. FMV			GENERAL SUPPORT GENERAL SUPPORT, PHASE 3
YORK COUNTY RAIL TRAIL AUTHORITY PO BOX 335 SEVEN VALLEYS, PA 17360	**-***5950	GOVERNMENT	19,000.	0. FMV			HERITAGE RAIL TRAIL, PARTNERSHIP PLANNING WALKABLE COMMUNITY
YORK COUNTY SPCA 3159 SUSQUEHANNA TRAIL NORTH YORK, PA 17406	**-***9588	501(C)(3)	44,045.	0. FMV			GENERAL SUPPORT, BULLY BASH
YORK COUNTY TOURISM FOUNDATION 60 EAST NORTH STREET YORK, PA 17401	**-***7987	501(C)(3)	6,000.	0. FMV			PROFESSIONAL DEVELOPMENT, KESTONE GAMES GENERAL SUPPORT,
YORK DAY NURSERY, INC. 450 EAST PHILADELPHIA STREET YORK, PA 17403-1622	**-***9205	501(C)(3)	13,823.	0. FMV			SUBSIDIZE ATTENDANCE OF PRE SCHOOL CHILDREN, EARLY CHILDHOOD CARE AND GENERAL SUPPORT, PHILIP
YORK HEALTH FOUNDATION 50 N. DUKE STREET, 2ND FLOOR YORK, PA 17401	**-***0192	501(C)(3)	16,618.	0. FMV			A. HOOVER MEDICAL LIBRARY, CANCER PATIENT HELP FUND, BENTZEL DENTAL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YORK RESCUE MISSION 371 WEST MARKET STREET YORK, PA 17405-1968	**-***4734	501(C)(3)	33,406.	0. FMV			GENERAL SUPPORT
YORK SUBURBAN DOLLARS FOR SCHOLARS 331 PINE HILL LANE YORK, PA 17403	**-***6589	501(C)(3)	16,122.	0. FMV			GENERAL SUPPORT
YORK SUBURBAN EDUCATION FOUNDATION 1800 HOLLYWOOD DRIVE YORK, PA 17403	**-***5232	501(C)(3)	6,184.	0. FMV			GENERAL SUPPORT, IMPACT OF CARING PROGRAM
YORK SYMPHONY ORCHESTRA 50 NORTH GEORGE STREET YORK, PA 17401	**-***8810	501(C)(3)	123,330.	0. FMV			GENERAL SUPPORT
YORK TOWN CRAFT GUILD 639 NORTH FRANKLIN STREET YORK, PA 17403	**-***6728	501(C)(3)	10,418.	0. FMV			GENERAL SUPPORT, COMMUNITY HERITAGE AND CONTEMPORARY EDUCATION PROGRAM
YWCA YORK 320 EAST MARKET STREET YORK, PA 17403	**-***0889	501(C)(3)	72,267.	0. FMV			GENERAL SUPPORT, CAMP CANN-EDI-ON, ACCESS YORK, VICTIMS ASSISTANCE CENTER, YORK

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP FOR BLACK HAWK COLLEGE STUDENT	1	2,500.	0.		
SCHOLARSHIP FOR COLLEGE OF CHARLESTON STUDENT	1	250.	0.		
SCHOLARSHIP FOR DALLASTOWN HIGH SCHOOL STUDENTS	8	10,000.	0.		
SCHOLARSHIP FOR EASTERN YORK HIGH SCHOOL STUDENTS	5	8,500.	0.		
SCHOLARSHIP FOR WEST YORK HIGH SCHOOL STUDENTS	14	16,100.	0.		

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

## PART I, LINE 2:

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

**Part III** Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP FOR DOVER HIGH SCHOOL STUDENTS	5.	8,000.	0.		
SCHOLARSHIP FOR HANOVER HIGH SCHOOL STUDENTS	7.	9,250.	0.		
SCHOLARSHIP FOR IOWA STATE UNIVERSITY STUDENT	1.	4,500.	0.		
SCHOLARSHIP FOR KUTZTOWN UNIVERSITY STUDENT	1.	250.	0.		
SCHOLARSHIP FOR LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE STUDENT	1.	1,000.	0.		
SCHOLARSHIP FOR MESSIAH COLLEGE STUDENT	1.	5,000.	0.		
SCHOLARSHIP FOR NORTHEASTERN HIGH SCHOOL STUDENTS	21.	24,029.	0.		
SCHOLARSHIP FOR PENN STATE UNIVERSITY STUDENTS	1.	5,000.	0.		
SCHOLARSHIP FOR PENNSYLVANIA COLLEGE OF TECHNOLOGY STUDENT	2.	3,750.	0.		

**Part III** Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP FOR PHILADELPHIA UNIVERSITY STUDENT	1.	1,000.	0.		
SCHOLARSHIP FOR PURDUE UNIVERSITY STUDENT	1.	2,250.	0.		
SCHOLARSHIP FOR RED LION HIGH SCHOOL STUDENTS	5.	8,000.	0.		
SCHOLARSHIP FOR SHENANDOAH UNIVERSITY STUDENT	1.	5,000.	0.		
SCHOLARSHIP FOR SHIPPENSBURG UNIVERSITY STUDENTS	1.	5,000.	0.		
SCHOLARSHIP FOR SOUTH EASTERN HIGH SCHOOL STUDENTS	6.	9,000.	0.		
SCHOLARSHIP FOR SOUTH WESTERN HIGH SCHOOL STUDENTS	14.	20,250.	0.		
SCHOLARSHIP FOR SOUTHEAST COMMUNITY COLLEGE STUDENT	1.	2,500.	0.		
SCHOLARSHIP FOR SOUTHERN YORK COUNTY HIGH SCHOOL STUDENTS	8.	15,000.	0.		

Schedule I (Form 990)

**Part III** Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP FOR SPRING GROVE AREA HIGH SCHOOL STUDENTS	8.	37,023.	0.		
SCHOLARSHIP FOR ST. JOSEPH'S UNIVERSITY STUDENT	1.	1,000.	0.		
SCHOLARSHIP FOR TEMPLE UNIVERSITY, SCHOOL OF DENTISTRY STUDENT	1.	2,500.	0.		
SCHOLARSHIP FOR UNIVERSITY OF MISSOURI COLLEGE OF VETERINARY MEDICINE STUDENT	1.	4,500.	0.		
SCHOLARSHIP FOR UNIVERSITY OF PITTSBURGH SCHOOL OF DENTAL MEDICINE	1.	2,500.	0.		
SCHOLARSHIP FOR WEST CHESTER UNIVERSITY STUDENTS	2.	2,000.	0.		
SCHOLARSHIP FOR YORK CITY HIGH SCHOOL STUDENTS	17.	17,004.	0.		
SCHOLARSHIP FOR YORK COLLEGE OF PENNSYLVANIA STUDENT	1.	250.	0.		
SCHOLARSHIP FOR YORK SUBURBAN HIGH SCHOOL STUDENTS	13.	12,390.	0.		

Schedule I (Form 990)

**Part IV** Supplemental Information

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

FOR DESIGNATED FUND GRANTS, DONOR ADVISED FUND GRANTS, AND FOR SCHOLARSHIP GRANTS, THE COMMUNITY FOUNDATION PROVIDES A WRITTEN COVER LETTER TO THE GRANTEE ALONG WITH THE GRANT CHECK. THE COVER LETTER STATES THAT "YOUR ACCEPTANCE OF GRANT FUNDS REPRESENTS THAT THEY WILL BE EXPENDED ONLY FOR CHARITABLE PURPOSES THAT BENEFIT THE COMMUNITY YOUR ORGANIZATION SERVES. FUNDS PROVIDED TO YOUR ORGANIZATION MAY NOT BE USED FOR ANY POLITICAL PURPOSES. PLEASE ACKNOWLEDGE THE RECEIPT OF THIS GRANT TO THE COMMUNITY FOUNDATION." THE RETURNED ACKNOWLEDGEMENT FROM THE GRANTEE SERVES AS THEIR AGREEMENT TO CARRY OUT THE CHARITABLE PURPOSE OF THE GRANT. MANY OF THE GRANTS IN THESE CATEGORIES ARE FOR GENERAL SUPPORT OF THE ORGANIZATION. WRITTEN REPORTS MAY BE REQUIRED FOR GRANTS WHICH HAVE UNIQUE RESTRICTIONS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: SPENN PARK, YORK CITY RAIL TRAIL, SCULPTURE CLEANING, SUMMER CAMP PROGRAM, POLICE FOR THE GATES,

NAME OF ORGANIZATION OR GOVERNMENT: DOWNTOWN INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, BUSINESS RECRUITMENT AND RETENTION, DOWNTOWN PUBLIC ART PHASE IV, PEDICABS, 2015



**Part IV** Supplemental Information

CAMPAIGN, MOVING PLANS INTO ACTION, AFFILIATE PARTNERSHIP

NAME OF ORGANIZATION OR GOVERNMENT: SUSQUEHANNA HERITAGE CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUUPPORT, MAINTANCE OF JOHN AND KATHRYN ZIMMERMAN CENTER, PURCHASE OF ARTIFACTS, MARKETING FOR RIVER CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: YORK COLLEGE OF PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, UPRIGHT AND STEADY PROGRAM, BUSINESS ADMIN CAPITAL CAMPAIGN, CENTER FOR COMMUNITY ENGAGEMENT, YCCOSP

NAME OF ORGANIZATION OR GOVERNMENT: YORK DAY NURSERY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SUBSIDIZE ATTENDANCE OF PRE SCHOOL CHILDREN, EARLY CHILDHOOD CARE AND EDUCATION, LOGO

NAME OF ORGANIZATION OR GOVERNMENT: YORK HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, PHILIP A. HOOVER MEDICAL LIBRARY, CANCER PATIENT HELP FUND, BENTZEL DENTAL CENTER, NEW EMERGENCY ROOM, DOUBLE CREEK EVENT

NAME OF ORGANIZATION OR GOVERNMENT: YWCA YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CAMP CANN-EDI-ON, ACCESS YORK, VICTIMS ASSISTANCE CENTER, YORK EVIDENCE-BASED PATHS PROGRAM, CULTURAL COMPETENCY TRAINING FOR STAFF, COMMUNITY EDUCATION PROGRAM FOR PREVENTING DOMESTIC AND SEXUAL VIOLENCE

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

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Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **YORK COUNTY COMMUNITY FOUNDATION** Employer identification number **\*\*-\*\*\*9868**

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	16	4,197,477.	AVG SALE PRICE GIFT
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	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 is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

YORK COUNTY COMMUNITY FOUNDATION HAD RECEIVED 16 DIFFERENT DONATIONS OF PUBLICLY TRADED SECURITIES.

SCHEDULE M, LINE 32B:

THE FOUNDATION UTILIZES ITS CUSTODIAN BANKS AND BROKERAGE FIRMS TO PROCESS AND SELL NON-CASH CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

YORK COUNTY COMMUNITY FOUNDATION

Employer identification number

\*\* - \*\*\*9868

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HIGH IMPACT INITIATIVES WHILE BUILDING ENDOWMENT FOR FUTURE  
GENERATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EMBRACING AGING AND HAHN HOME FUND FOR WOMEN - GRANTS \$364,058 & TOTAL  
EXPENSES \$462,535.

EXPENSES \$ 462,535. INCLUDING GRANTS OF \$ 364,058. REVENUE \$ 0.

FORM 990, PART V, LINE 1C:

THE ORGANIZATION DID NOT HAVE ANY INSTANCES WHERE BACKUP WITHHOLDING  
WAS REQUIRED; HOWEVER, IF THE SITUATION WOULD ARISE, THE ORGANIZATION  
IS AWARE OF THE REPORTING REQUIRMENTS AND WOULD HANDLE THAT  
ACCORDINGLY.

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

FOUR CURRENT BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS.

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

A DRAFT OF THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE AND THE  
TREASURER. A COPY OF THE PUBLIC DISCLOSURE COPY OF THE 990 WAS THEN  
PROVIDED TO THE BOARD BEFORE FILING OF THE RETURN.

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

ALL BOARD MEMBERS, COMMITTEE MEMBERS AND STAFF ARE REQUIRED TO COMPLY WITH

Name of the organization

YORK COUNTY COMMUNITY FOUNDATION

Employer identification number

\*\*-\*\*\*9868

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

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

PERFORMANCE EVALUATIONS AND REVIEWS FOR THE PRESIDENT/CEO ARE CONDUCTED ANNUALLY BY THE CHAIRMAN OF THE BOARD AND THE EXECUTIVE COMMITTEE, INCLUDING INPUT FROM OTHER BOARD MEMBERS. SALARIES FOR PRESIDENTS AND CEOS OF OTHER PENNSYLVANIA BASED COMMUNITY FOUNDATIONS WERE UTILIZED, AND INFORMATION ON CURRENT SALARIES FOR LEADERS OF COMMUNITY FOUNDATIONS AS WELL AS NON-PROFITS IN GENERAL THROUGHOUT THE U.S. WAS CONSIDERED. COST-OF-LIVING AND MERIT INCREASES ARE CONSIDERED ANNUALLY.

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

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

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

Name of the organization YORK COUNTY COMMUNITY FOUNDATION	Employer identification number **-***9868
--	--

CHANGE IN VALUE OF SPLIT INTEREST TRUSTS	-123,444.
AGENCY ENDOWMENT GIFTS	-4,437,506.
AGENCY ENDOWMENT INVESTMENT INCOME	-73,672.
AGENCY ENDOWMENT GRANT DISTRIBUTIONS	685,361.
REVENUE FROM BENEFICIAL INTERESTS IN TRUSTS	-46,038.
CHARITABLE REMAINDER UNITRUST (REVENUE)/EXPENSE	-79,796.
RELEASE OF AGENCY ENDOWMENT LIABILITY	43,127.
AFFILIATE BALANCE	-100.
TOTAL TO FORM 990, PART XI, LINE 9	-4,032,068.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

**YORK COUNTY COMMUNITY FOUNDATION**

Employer identification number  
**\*\*-\*\*\*9868**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
YORK COUNTY COMMUNITY FOUNDATION ADVOCACY COUNCIL - 47-2479632, 14 W. MARKET STREET, YORK, PA 17401	ADVOCACY FOR YORK COUNTY COMMUNITY FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11A, I			X
MEMORIAL HEALTH FUND - 22-2546057 14 W. MARKET STREET YORK, PA 17401	CHARITABLE GRANT MAKING	PENNSYLVANIA	501(C)(3)	LINE 11A, I			X

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

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

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

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



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

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

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MEMORIAL HEALTH FUND	L	55,035.CASH	
(2) MEMORIAL HEALTH FUND	S	16,434,708.CASH	
(3)			
(4)			
(5)			
(6)			

**Part VI** Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2015**

For calendar year 2015 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>YORK COUNTY COMMUNITY FOUNDATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>14 WEST MARKET STREET</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>YORK, PA 17401-1617</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>** - *** 9868</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>561000</b></p>
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**C** Book value of all assets at end of year: **125,800,847.**

**F** Group exemption number (See instructions.) ▶ \_\_\_\_\_

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. ▶ **ADMINISTRATIVE SERVICES**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶ \_\_\_\_\_

**J** The books are in care of ▶ **GEORGE DVORYAK, CFO** Telephone number ▶ **717-848-3733**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>	-1,306.	-1,306.
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule) <b>STATEMENT 1</b>	<b>12</b>	6,500.	6,500.
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	5,194.	5,194.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	2,070.
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	2,070.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	3,124.
<b>31</b> Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 2</b>	<b>31</b>	421.
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	2,703.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	1,703.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Total credits (40e), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

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.

Sign Here: Signature of officer, Date, Title (TREASURER), and a box for 'May the IRS discuss this return with the preparer shown below (see instructions)?' with Yes/No options.

Paid Preparer Use Only: Print/Type preparer's name (AMY GOHN ANSTINE), Preparer's signature (AMY GOHN ANSTINE), Date (10/28/16), Check self-employed, PTIN (P00072689), Firm's name (REINSEL KUNTZ LESHAR LLP), Firm's address (3501 CONCORD ROAD, PO BOX 21439, YORK, PA 17402), Firm's EIN (\*\*-\*\*\*8173), and Phone no. ((717) 843-3804).

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**(see instructions)

1. Description of property

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....		0.	0.			0.
<b>Totals, Part II</b> (lines 1-5) .....		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			0.

FORM 990-T	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
ADMINISTRATIVE SERVICES		6,500.	
TOTAL TO FORM 990-T, PAGE 1, LINE 12		6,500.	

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT	2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/14	421.	0.	421.	421.	
NOL CARRYOVER AVAILABLE THIS YEAR			421.	421.	

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS			STATEMENT	3
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)		
CODO 28, LP (PASSTHROUGH)	-1,306.	0.	-1,306.		
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-1,306.	0.	-1,306.		



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. <b>YORK COUNTY COMMUNITY FOUNDATION</b>	Employer identification number (EIN) or <b>** - ***9868</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>14 WEST MARKET STREET</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>YORK, PA 17401-1617</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**GEORGE DVORYAK, CFO**

• The books are in the care of  **14 WEST MARKET STREET - YORK, PA 17401-1203**  
 Telephone No.  **717-848-3733** Fax No.  **717-854-7231**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until **NOVEMBER 15, 2016**.

**5** For calendar year **2015**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**6** If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

**7** State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date