

PUBLIC DISCLOSURE COPY

OMB No. 1545-0047

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)

2016

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.

A For the 2016 calendar year, or tax year beginning and ending**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

YORK COUNTY COMMUNITY FOUNDATION

Doing business as

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

14 WEST MARKET STREET

Room/suite

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

YORK, PA 17401-1617

F Name and address of principal officer: HENRY J. CHRIST, III

SAME AS C ABOVE

D Employer identification number

23-6299868

E Telephone number

(717) 848-3733

G Gross receipts \$ 68,346,210.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☒ No

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

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.YCCF.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1961 **M** State of legal domicile: PA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: WE CREATE A VIBRANT YORK COUNTY BY ENGAGING DONORS, PROVIDING COMMUNITY LEADERSHIP AND INVESTING IN		
	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	29
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	15
	6	Total number of volunteers (estimate if necessary)	6	150
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 11,491,006.	Current Year 4,651,203.
	9	Program service revenue (Part VIII, line 2g)	134,881.	203,583.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,312,556.	3,703,716.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,778.	19,205.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,963,221.	8,577,707.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,445,353.	4,711,839.
Expenses	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)	978,613.	1,064,841.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 312,524.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	731,221.	822,734.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,155,187.	6,599,414.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	6,808,034.	1,978,293.
	20	Total assets (Part X, line 16)	Beginning of Current Year 125,800,847.	End of Year 132,715,135.
	21	Total liabilities (Part X, line 26)	35,920,171.	38,301,547.
	22	Net assets or fund balances. Subtract line 21 from line 20	89,880,676.	94,413,588.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	HENRY J. CHRIST, III, TREASURER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	AMY GOHN ANSTINE	AMY GOHN ANSTINE	11/08/17		P00072689
	Firm's name ▶ RKL LLP	Firm's EIN ▶ 23-2108173			
	Firm's address ▶ 3501 CONCORD ROAD, PO BOX 21439 YORK, PA 17402	Phone no. (717) 843-3804			

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

Part III Statement of Program Service Accomplishments

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

☒

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,211,809. including grants of \$ 3,724,744.) (Revenue \$ 203,583.)

YORK COUNTY COMMUNITY FOUNDATION'S GRANTMAKING PROGRAM REACHES BROADLY
ACROSS ALL CHARITABLE SECTORS SERVING YORK COUNTY PENNSYLVANIA, AS
EVIDENCED BY 1,042 GRANTS TO 329 CHARITABLE ORGANIZATIONS. GRANT
SUPPORT IS PROVIDED BY BOTH COMPETITIVE APPLICATION AND
NON-COMPETITIVE DESIGNATIONS. MAJOR GRANT PROGRAMS INCLUDE
POST-SECONDARY SCHOLARSHIP SUPPORT AND GRANT SUPPORT THROUGH AGENCY
ENDOWMENTS. YORK COUNTY COMMUNITY FOUNDATION PROVIDES THE HIGHEST
QUALITY CUSTOMER SERVICE TO ASSIST ITS DONORS IN ACHIEVING THEIR
PHILANTHROPIC GOALS BY HELPING FACILITATE THEIR GIVING THROUGH THEIR
ENDOWED CHARITABLE FUNDS AND BY PROVIDING SERVICES TO ENHANCE THE
IMPACT OF THEIR GRANTMAKING.

4b (Code:) (Expenses \$ 480,304. including grants of \$ 454,041.) (Revenue \$ 0.)

YORK COUNTY COMMUNITY FOUNDATION'S FUND FOR YORK COUNTY FOCUSES
RESOURCES ON YORK'S MOST PRESSING ISSUES. PRIORITY AREAS ARE
EDUCATION, WORKFORCE DEVELOPMENT, AND DOWNTOWN AND NEIGHBORHOOD
REVITALIZATION. IN 2016, 65,000 LIVES WERE CHANGED BY 33 NON PROFIT
PROGRAMS, THANKS TO GRANTS FROM THE FUND FOR YORK COUNTY.

4c (Code:) (Expenses \$ 305,637. including grants of \$ 305,637.) (Revenue \$)

SCHOLARSHIPS SUPPORT GRANTS TO EDUCATIONAL INSTITUTIONS AND SCHOLARSHIP
ORGANIZATIONS INCLUDING POST SECONDARY SCHOLARSHIPS OF \$305,637 TO 196
INDIVIDUALS IN THE U.S.

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

(Expenses \$ 404,826. including grants of \$ 227,417.) (Revenue \$ 0.)

4e Total program service expenses 5,402,576.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2016)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	N/A	
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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
1a 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.	29	
b Enter the number of voting members included in line 1a, above, who are independent	29	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

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

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

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) WILLIAM R. HARTMAN CHAIR, DIRECTOR	2.00 0.10	X		X				0.	0.	0.
(2) JEFFREY D. LOBACH 1ST VICE CHAIR, DIRECTOR	1.00 0.10	X		X				0.	0.	0.
(3) ELIZABETH F. CARSON 2ND VICE CHAIR, DIRECTOR	1.00 0.00	X		X				0.	0.	0.
(4) KRISTA SNYDER DARR SECRETARY, DIRECTOR	1.00 0.00	X		X				0.	0.	0.
(5) HOLLY A. MAYER ASST SECRETARY, DIRECTOR	1.00 0.00	X		X				0.	0.	0.
(6) HENRY J. CHRIST, III TREASURER, DIRECTOR	2.00 0.10	X		X				0.	0.	0.
(7) CARL E. ANDERSON (TILL 7/2016) DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) JOHN W. BAILEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) BRUCE M. BARTELS DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) TIMOTHY J. BUPP DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) JOSEPH P. CLARK II DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) DAVID M. DAVIDSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) DOMINIC DELLICARPINI DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) JENNIFER GEESEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) MICHAEL H. HADY, III DIRECTOR	1.00 0.50	X						0.	0.	0.
(16) MICHAEL C. HAUN DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) RONALD HERSHNER 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) TIMOTHY KINSLEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) SUSAN D. KREBS DIRECTOR	1.00 0.50	X						0.	0.	0.
(20) JACK KAY DIRECTOR	1.00 0.50	X						0.	0.	0.
(21) LORI O. MITRICK DIRECTOR	1.00 0.50	X						0.	0.	0.
(22) JOHN M. POLLI DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) SCOTT C. ROGERS DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) PAUL L. RUDY, III DIRECTOR	2.00 0.10	X						0.	0.	0.
(25) WILLIAM S. SHIPLEY, III DIRECTOR (TILL 9/2016)	1.00 0.00	X						0.	0.	0.
(26) JOHN J. SHORB DIRECTOR	1.00 0.50	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								234,484.	0.	33,078.
d Total (add lines 1b and 1c)								234,484.	0.	33,078.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization										1

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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	259,040.

- 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

Form 990 (2016)

[illegible]

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,651,203.			
	g	Noncash contributions included in lines 1a-1f: \$		127,189.			
	h	Total. Add lines 1a-1f		4,651,203.			
Program Service Revenue	2 a	MANAGEMENT FEES	Business Code	561000	130,996.	130,996.	
	b	CHARITABLE TRUST FEES		525920	72,587.	72,587.	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		203,583.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			2,430,913.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	23,308.			
b		Less: rental expenses	(ii) Personal	4,103.			
c		Rental income or (loss)		19,205.			
d		Net rental income or (loss)			19,205.		19,205.
7 a		Gross amount from sales of assets other than inventory	(i) Securities	61,037,203.			
b		Less: cost or other basis and sales expenses	(ii) Other	59,764,400.			
c		Gain or (loss)		1,272,803.			
d		Net gain or (loss)			1,272,803.		1,272,803.
8 a		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
b		Less: direct expenses	b				
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.			8,577,707.	203,583.	0.	3,722,921.

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	4,406,202.	4,406,202.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	305,637.	305,637.		
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	267,562.	99,839.	137,344.	30,379.
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	630,089.	295,670.	183,272.	151,147.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,470.	15,137.	12,384.	6,949.
9 Other employee benefits	63,367.	30,400.	16,892.	16,075.
10 Payroll taxes	69,353.	30,736.	24,357.	14,260.
11 Fees for services (non-employees):				
a Management	20,230.		20,230.	
b Legal	32,006.	1,643.	29,602.	761.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	346,424.		346,424.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	30,130.	28,800.	1,330.	
12 Advertising and promotion	26,715.	21,757.	69.	4,889.
13 Office expenses	38,724.	13,136.	18,778.	6,810.
14 Information technology	53,622.	25,532.	15,739.	12,351.
15 Royalties				
16 Occupancy	54,407.	20,475.	24,432.	9,500.
17 Travel	7,162.	3,999.	1,995.	1,168.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,435.	890.	1,020.	525.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,133.		11,133.	
23 Insurance	11,973.	3,991.	3,991.	3,991.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAMS	157,990.	90,574.	21,607.	45,809.
b DUES AND ASSESSMENTS	23,978.	8,158.	7,910.	7,910.
c STAFF DEVELOPMENT	5,805.		5,805.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,599,414.	5,402,576.	884,314.	312,524.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	131,942.	1	124,194.
	2 Savings and temporary cash investments	10,135,124.	2	7,535,585.
	3 Pledges and grants receivable, net	110,632.	3	95,855.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 619,621.		
	b Less: accumulated depreciation	10b 614,111.	10c 16,643.	5,510.
	11 Investments - publicly traded securities	94,907,907.	11	102,952,387.
	12 Investments - other securities. See Part IV, line 11	18,158,886.	12	19,839,316.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,339,713.	15	2,162,288.
16 Total assets. Add lines 1 through 15 (must equal line 34)	125,800,847.	16	132,715,135.	
Liabilities	17 Accounts payable and accrued expenses	52,784.	17	51,493.
	18 Grants payable	95,425.	18	25,562.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	35,771,962.	25	38,224,492.
	26 Total liabilities. Add lines 17 through 25	35,920,171.	26	38,301,547.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		85,048,900.	27	89,684,494.
28 Temporarily restricted net assets		3,917,179.	28	3,815,959.
29 Permanently restricted net assets		914,597.	29	913,135.
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		89,880,676.	33	94,413,588.
34 Total liabilities and net assets/fund balances		125,800,847.	34	132,715,135.

Form 990 (2016)

Part XI Reconciliation of Net Assets☒

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,577,707.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,599,414.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,978,293.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,880,676.
5	Net unrealized gains (losses) on investments	5	3,040,551.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-485,932.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	94,413,588.

Part XII Financial Statements and Reporting☒

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
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	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2016)

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.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

YORK COUNTY COMMUNITY FOUNDATION

Employer identification number

23-6299868

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,403,282.	14,363,592.	11,367,070.	11,491,006.	4,651,203.	49,276,153.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,403,282.	14,363,592.	11,367,070.	11,491,006.	4,651,203.	49,276,153.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						18,176,469.
6 Public support. Subtract line 5 from line 4.						31,099,684.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	7,403,282.	14,363,592.	11,367,070.	11,491,006.	4,651,203.	49,276,153.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,711,568.	2,489,894.	2,226,799.	2,202,736.	2,454,221.	11,085,218.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,823.	1,941.	794.	4,430.	0.	8,988.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						60,370,359.
11 Total support. Add lines 7 through 10						593,839.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	51.51 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	53.00 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** 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 - 2015.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

- 7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

Part V

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

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.

OMB No. 1545-0047

2016

Name of the organization

YORK COUNTY COMMUNITY FOUNDATION

Employer identification number

23-6299868

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2016)

Name of organization

Employer identification number

YORK COUNTY COMMUNITY FOUNDATION

23-6299868

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		\$ 101,212.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 134,303.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 101,579.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 110,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 480,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

YORK COUNTY COMMUNITY FOUNDATION

23-6299868

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		\$ 182,113.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 179,354.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,610,352.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 95,812.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

23-6299868

Part II

[illegible]

Name of organization

Employer identification number

YORK COUNTY COMMUNITY FOUNDATION

23-6299868

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.

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2016

Open to Public
Inspection

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

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

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

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

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

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

Name of organization

YORK COUNTY COMMUNITY FOUNDATION

Employer identification number

23-6299868

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

LHA

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		178.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			178.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

YORK COUNTY COMMUNITY FOUNDATION

Employer identification number
23-6299868

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	86	12
2 Aggregate value of contributions to (during year)	250,677.	23,969.
3 Aggregate value of grants from (during year)	920,997.	414,461.
4 Aggregate value at end of year	20,032,665.	10,729,748.

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 ▶ \$

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

Schedule D (Form 990) 2016

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

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

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	89,880,676.	91,498,910.	83,998,120.	64,091,090.	54,102,752.
b Contributions	3,851,723.	7,053,499.	10,154,005.	13,393,223.	5,734,266.
c Net investment earnings, gains, and losses	6,240,684.	-3,505,924.	1,683,996.	10,224,772.	7,874,975.
d Grants or scholarships	4,014,242.	3,759,991.	2,995,220.	2,337,220.	2,264,318.
e Other expenditures for facilities and programs	690,745.	549,730.	516,810.	487,249.	561,157.
f Administrative expenses	854,508.	856,088.	825,181.	886,496.	795,428.
g End of year balance	94,413,588.	89,880,676.	91,498,910.	83,998,120.	64,091,090.

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				
d Equipment		534,168.	534,168.	0.
e Other		85,453.	79,943.	5,510.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,510.

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	9,260,053.	END-OF-YEAR MARKET VALUE
(B) FEG EQUITY ACCESS FUND	8,522,499.	END-OF-YEAR MARKET VALUE
(C) CODO, LLP	50,000.	COST
(D) COMMONFUND PRIVATE EQUITY	1,731,764.	END-OF-YEAR MARKET VALUE
(E) DOWNTOWN RENAISSANCE		
(F) FUND	275,000.	COST
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	19,839,316.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY TO LIFE INCOME	
(3) BENEFICIARIES UNDER TRUST	
(4) AGREEMENTS	3,536,529.
(5) FUNDS HELD AS AGENCY ENDOWMENTS	18,432,607.
(6) FUNDS HELD FOR RELATED SUPPORTING	
(7) ORGANIZATION	16,255,356.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	38,224,492.

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	10,092,407.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,040,551.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	138,973.
e	Add lines 2a through 2d	2e	3,179,524.
3	Subtract line 2e from line 1	3	6,912,883.
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	346,424.
b	Other (Describe in Part XIII.)	4b	1,318,400.
c	Add lines 4a and 4b	4c	1,664,824.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,577,707.

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	5,559,495.
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	4,103.
e	Add lines 2a through 2d	2e	4,103.
3	Subtract line 2e from line 1	3	5,555,392.
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	346,424.
b	Other (Describe in Part XIII.)	4b	697,598.
c	Add lines 4a and 4b	4c	1,044,022.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,599,414.

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 2013.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE FROM BENEFICIAL INTEREST IN TRUSTS	-1,462.
CHANGE IN SPLIT INTEREST AGREEMENTS	105,525.
REVENUE FROM CHARITABLE REMAINDER TRUSTS	34,910.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	138,973.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-4,103.
AGENCY ENDOWMENT GIFTS	834,390.

Part XIII Supplemental information (continued)

AGENCY ENDOWMENT INVESTMENT INCOME (LOSSES) EXCLUDED FROM

F/S BY SFAS 136 415,526.

FEES FROM CHARITABLE REMAINDER UNITRUSTS 72,587.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,318,400.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 4,103.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT DISTRIB'S FOR AGENCY ENDOWMENTS EXCLUDED FROM F/S DUE

TO SFAS NO 136 697,598.

SCHEDULE I
(Form 990)**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.Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

YORK COUNTY COMMUNITY FOUNDATIONEmployer identification number
23-6299868**Part I** General information on Grants and Assistance1 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. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

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
AMERICAN CANCER SOCIETY 924 N. COLONIAL AVENUE, STE N YORK, PA 17403-3450	13-1788491	501(C)(3)	15,662.	0.			GENERAL SUPPORT, SPONSORSHIP
AMERICAN HEART ASSOCIATION 610 COMMUNITY WAY LANCASTER, PA 17603	13-5613797	501(C)(3)	10,634.	0.			GENERAL SUPPORT
AMERICAN PARKINSON DISEASE 135 PARKINSON AVENUE STATEN ISLAND, NY 10305	13-1962771	501(C)(3)	8,567.	0.			GENERAL SUPPORT
AMERICAN RED CROSS, YORK CHAPTER 724 SOUTH GEORGE STREET YORK, PA 17401	53-0196605	501(C)(3)	12,715.	0.			GENERAL SUPPORT
AMERICAN ROAD & TRANSPORTATION BUILDERS - 1219 28TH STREET, N.W. - WASHINGTON, DC 20007	52-6283894	501(C)(3)	5,000.	0.			TDF SCHOLARSHIP
APPELL CENTER FOR THE PERFORMING ARTS - 50 N. GEORGE STREET - YORK, PA 17401	23-2053382	501(C)(3)	44,990.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							150.
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) (2016)

YORK COUNTY COMMUNITY FOUNDATION

Schedule I (Form 990) 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 MECHANICSBURG, PA 17055	52-1862674	501(C)(3)	15,000.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, BENEVOLENT CARE
AUDUBON PENNSYLVANIA 100 WILDWOOD WAY HARRISBURG, PA 17110	13-1624102	501(C)(3)	10,000.	0.			LEARN, EXPLORE & RESTORE PROGRAM
BERKS COUNTY COMMUNITY FOUNDATION 237 COURT ST. READING, PA 19601	23-2769892	501(C)(3)	25,000.	0.			STATEWIDE STUDY ON CITY FISCAL CRISIS GENERAL SUPPORT, SITE-BASED MENTORING PROGRAM IN YORK CITY SCHOOLS
BIG BROTHERS BIG SISTERS OF YORK AND ADAMS COUNTIES - 227 W. MARKET STREET SUITE 102 - YORK, PA 17401	23-2580603	501(C)(3)	13,846.	0.			GENERAL SUPPORT, THE WAKE UP CALL ON HEROIN EPIDEMIC IN YORK COUNTY
BYRNES HEALTH EDUCATION CENTER 515 S. GEORGE STREET YORK, PA 17401	23-2588187	501(C)(3)	49,997.	0.			GENERAL SUPPORT, OWATONNA LODGE FUND
CAMPS NEWFOUND OWATONNA 4 CAMP NEWFOUND ROAD HARRISON, ME 04040	04-2384391	501(C)(3)	19,500.	0.			EAT BETTER TODAY LIVE BETTER TOMORROW PROGRAM FOR SENIORS IN NEED
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501(C)(3)	10,000.	0.			SUPPORTING INNOVATIVE STORM WATER SOLUTIONS IN YORK COUNTY
CHESAPEAKE CONSERVANCY 716 GIDDINGS AVENUE, SUITE ANNAPOLIS, MD 21401	26-2271377	501(C)(3)	8,000.	0.			GENERAL SUPPORT, LEHMAN CENTER
CHILDREN'S AID SOCIETY 343 LINCOLNWAY WEST NEW OXFORD, PA 17350	23-1429838	501(C)(3)	43,597.	0.			

Schedule I (Form 990)

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)							
(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	23-1352081	501(C)(3)	14,308.	0.			GENERAL SUPPORT
CHILDREN'S MIRACLE NETWORK PO BOX 852 HERSHEY, PA 17033	87-0387205	501(C)(3)	8,567.	0.			GENERAL SUPPORT
CHRISTA MCAULIFFE SCHOLARSHIP FOUNDATION - 601 MUNDIS MILL ROAD - YORK, PA 17406-9714	25-1622451	501(C)(3)	11,039.	0.			GENERAL SUPPORT
CITY OF YORK 101 SOUTH GEORGE STREET YORK, PA 17401	23-6001908	GOVERNMENT	89,941.	0.			PENN PARK, SPONSOR, GUN VIOLENCE INITIATIVE, BOX LUNCH REVIEW, RAIL TRAIL
COLUMBIA PUBLIC LIBRARY 24 SOUTH SIXTH STREET COLUMBIA, PA 17512-1517	23-6050185	501(C)(3)	5,257.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF PA 1429 NORTH FRONT STREET, SUITE 201 HARRISBURG, PA 17102	25-1728518	501(C)(3)	106,183.	0.			GENERAL SUPPORT, YORK SITE COORDINATION, CIS PROGRAM YORK CITY SCHOOL DISTRICT
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE, SUITE 700 ARLINGTON, VA 22202	13-6068327	501(C)(3)	12,850.	0.			2016 MEMBERSHIP/DUES
COUNTY OF YORK - YORK CO ADMIN CENTER - 28 EAST MARKET STREET - YORK, PA 17401-1588	23-6003050	GOVERNMENT	15,000.	0.			LIGHTING OF YORK COUNTY JUDICIAL CENTER
COVENANT HOUSE P. O. BOX 731, TIMES SQUARE STATION NEW YORK, NY 10108-0731	13-2725416	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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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
CREATIVE YORK 10 NORTH BEAVER STREET YORK, PA 17401	23-2616151	501(C)(3)	7,249.	0.			ARTS AWARDS, GENERAL SUPPORT, WATERWORKS ARTS PROJECT
CRISPUS ATTUCKS ASSOCIATION 605 SOUTH DUKE STREET YORK, PA 17403	23-1365320	501(C)(3)	36,401.	0.			SPONSORSHIP, GENERAL SUPPORT, T-12 REPLACEMENT PROGRAM, EARLY CHILDHOOD EDUCATION
CULTURAL ALLIANCE OF YORK COUNTY 14 WEST MARKET STREET YORK, PA 17401	23-2992925	501(C)(3)	75,768.	0.			GENERAL SUPPORT, YORK COUNTY VISUAL ARTS ASSESSMENT, ARTS CONNECT PHASE II
CULTURE OF LIFE FOUNDATION INC. 1425 K STREET NW, SUITE 350 WASHINGTON, DC 20005	52-2055185	501(C)(3)	5,000.	0.			GENERAL SUPPORT
DALLASTOWN AREA EDUCATIONAL FOUNDATION - 700 NEW SCHOOL LANE - DALLASTOWN, PA 17313	55-0792133	501(C)(3)	7,946.	0.			GENERAL SUPPORT
DIAKON CHILD FAMILY & COMMUNITY MINISTRIES - 960 CENTRUY DR., - MECHANICSBURG, PA 17055	46-5390969	501(C)(3)	9,000.	0.			JOB READY YOUTH PROGRAM
DIAKON LUTHERAN SOCIAL MINISTRIES 798 HAUSMAN ROAD, SUITE 300 ALLENTOWN, PA 18104	23-3014613	501(C)(3)	5,457.	0.			SPONSORSHIP, ACCESSIBLE RAMP FOR GAZEBO, GENERAL SUPPORT
DOWNTOWN INC 2 EAST MARKET STREET YORK, PA 17401	23-2411781	501(C)(3)	140,401.	0.			MOVING PLANS INTO ACTION, GENERAL SUPPORT, SPONSORSHIP, LIGHTS, TASTE TEST, PUBLIC ART
DREAMWRIGHTS CENTER FOR COMMUNITY ARTS - 100 CARLISLE AVENUE - YORK, PA 17401	23-2882835	501(C)(3)	21,525.	0.			CAPITAL CAMPAIGN, GENERAL SUPPORT, PLAYBILL DONATION

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EASTERN YORK DOLLARS FOR SCHOLARS PO BOX 95 WRIGHTSVILLE, PA 17368	46-5052406	501(C)(3)	10,164.	0.			GENERAL SUPPORT
EMMANUEL UNITED CHURCH OF CHRIST 124 BROADWAY HANOVER, PA 17331	23-1472502	501(C)(3)	93,772.	0.			GENERAL SUPPORT
FAMILY FIRST HEALTH PO BOX 2207 YORK, PA 17405	23-7118262	501(C)(3)	1,000.	0.			AIDS QUILT, ASSESS COMMUNITY HEALTH STATUS, PATHWAYS TO CONNECT
FARM & NATURAL LANDS TRUST OF YORK COUNTY - 156 N GEORGE STREET, SUITE 300 - YORK, PA 17401	23-2612674	501(C)(3)	35,412.	0.			GENERAL SUPPORT, SPONSORSHIP
FIRST PRESBYTERIAN CHURCH 225 EAST MARKET STREET YORK, PA 17403	23-1355118	501(C)(3)	17,636.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, CARING COMPANY, PURCHASE FLOWERS
FOOD FOR THE POOR, INC. 6401 LYONS ROAD COCONUT CREEK, FL 33073-3602	59-2174510	501(C)(3)	7,200.	0.			TWO HOUSES WITH SANITATION
GARDEN CLUB OF YORK 1385 DETWILER DRIVE YORK, PA 17404	23-2994596	501(C)(3)	25,102.	0.			HANGING BASKETS
GETTYSBURG COLLEGE 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325	23-1352641	501(C)(3)	11,571.	0.			GENERAL SUPPORT
GLATFELTER MEMORIAL LIBRARY 101 GLENVIEW ROAD SPRING GROVE, PA 17362	23-1580528	501(C)(3)	14,199.	0.			GENERAL SUPPORT

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GOLDEN VISIONS ADULT DAY SERVICES & COMMUNITY SENIOR CTR. - 250 FAME AVE., STE 125 - HANOVER, PA 17331	23-3604938	501(C)(3)	5,000.	0.			ADULT DAY CARE PROGRAM
GRETCHEN WOLF SWARTZ SCHOLARSHIP FUND, INC - 2700 DANIELLE DR. - DOVER, PA 17315	23-3027519	501(C)(3)	121,277.	0.			GENERAL SUPPORT
HANOVER AREA HISTORICAL SOCIETY 105 HIGH STREET PO BOX 305 HANOVER, PA 17331	23-6407016	501(C)(3)	76,009.	0.			GENERAL SUPPORT, WAREHIME/MYERS MANSION FACILITIES OPERATING
HANOVER EXCHANGE CLUB CHARITIES, INC - 4 ASHLY COURT - HANOVER, PA 17331	20-1450209	501(C)(3)	10,000.	0.			MEMORIAL EVENT FOR 9/11
HARRISBURG AREA COMMUNITY COLLEGE FOUNDATION - ONE HAAC DR. - HARRISBURG, PA 17110-9989	23-2353614	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HISTORIC PROSPECT HILL CEMETERY HERITAGE FOUNDATION - 700 NORTH GEORGE STREET - YORK, PA 17404	02-0798587	501(C)(3)	8,595.	0.			GENERAL SUPPORT
HOMEWOOD FOUNDATION, INC. 16107 ELLIOTT PARKWAY WILLIAMSPORT, MD 21795-0250	52-1892689	501(C)(3)	12,805.	0.			GENERAL SUPPORT, SPONSORSHIP
HORN FARM CENTER FOR AGRICULTURAL EDUCATION - 4945 HORN ROAD - YORK, PA 17406	20-1061394	501(C)(3)	6,424.	0.			ONLINE FARM STORE
JEWISH COMMUNITY CENTER OF YORK 2000 HOLLYWOOD DRIVE YORK, PA 17403-4210	23-1355127	501(C)(3)	23,725.	0.			CAPITAL CAMPAIGN, GENERAL SUPPORT, TRAINING EMBRACING AGING, EARLY CHILDHOOD CARE/EDUCATION

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JUNIOR LEAGUE OF YORK 166 WEST MARKET STREET YORK, PA 17401-1313	23-1421913	501(C)(3)	9,562.	0.			GENERAL SUPPORT
KATALLASSO INC. 38 SOUTH BELVIDERE AVENUE YORK, PA 17401	45-3170905	501(C)(3)	25,000.	0.			GENERAL SUPPORT, COMMUNITY HEALTH IMPROVEMENT PROGRAM
KIDS CHANCE INC OF PENNSYLVANIA PO BOX 543 POTTSTOWN, PA 19464	23-2860500	501(C)(3)	5,000.	0.			GENERAL SUPPORT
LANCASTER THEOLOGICAL SEMINARY 555 WEST JAMES STREET LANCASTER, PA 17603	23-1353386	501(C)(3)	16,553.	0.			GENERAL SUPPORT
LEADERSHIP YORK 39 EAST KING STREET, 1ST YORK, PA 17401	23-2139541	501(C)(3)	8,450.	0.			FUTURE LEADERS OF YORK, GENERAL SUPPORT, HONORIUM, SPONSORSHIP
LEAVE A LEGACY YORK COUNTY 137 EAST MARKET STREET YORK, PA 17401	25-1719216	501(C)(3)	7,364.	0.			SPONSORSHIP, GENERAL SUPPORT
LEG UP FARM, INC. 4880 NORTH SHERMAN STREET MOUNT WOLF, PA 17347	23-2931834	501(C)(3)	14,226.	0.			GENERAL SUPPORT, THERAPY SERVICES, SUMMER SCHOOL
LIFEPATH CHRISTIAN MINISTRIES 371 WEST MARKET STREET YORK, PA 17405-1968	23-6444734	501(C)(3)	28,320.	0.			GENERAL SUPPORT
LINCOLN INTERMEDIATE UNIT 12 P. O. BOX 70 NEW OXFORD, PA 17350-0070	23-1743636	501(C)(3)	103,200.	0.			INNOVATION LAB

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LOGOS ACADEMY 250 WEST KING STREET YORK, PA 17401	31-1520442	501(C)(3)	64,825.	0.			GENERAL SUPPORT, FIELD TRIPS, STEM
MAKE-A-WISH FOUNDATION OF GREATER PA & SOUTHERN WV - 2951 WHITEFORD ROAD, SUITE - YORK, PA 17402	25-1464177	501(C)(3)	17,068.	0.			GENERAL SUPPORT
MARGARET E. MOUL HOME 2050 BARLEY ROAD YORK, PA 17404-1557	23-2037566	501(C)(3)	11,266.	0.			GENERAL SUPPORT
MARTIN LIBRARY 159 EAST MARKET STREET YORK, PA 17401	23-1352224	501(C)(3)	91,672.	0.			GENERAL SUPPORT, SUNDAY HOURS, ANNUAL APPEAL
MASON-DIXON BUSINESS ASSOCIATION PO BOX 100 DELTA, PA 17314	23-2768010	501(C)(6)	10,000.	0.			CONTRACT WITH PA DOWNTOWN CENTER FOR DELTA REVITALIZATION
MASON-DIXON PUBLIC LIBRARY 250 BAILEY DRIVE STEWARTSTOWN, PA 17363	23-2321504	501(C)(3)	5,499.	0.			GENERAL SUPPORT
MEMORIAL HEALTH FUND 140 EAST MARKET STREET YORK, PA 17401	22-2546051	501(C)(3)	6,274.	0.			GENERAL SUPPORT
MENTAL HEALTH AMERICA OF YORK AND ADAMS COUNTIES - 36 SOUTH QUEEN STREET - YORK, PA 17403	23-1576691	501(C)(3)	5,101.	0.			GENERAL SUPPORT
MISERICORDIA NURSING & REHABILITATION CENTER - 998 SOUTH RUSSELL STREET - YORK, PA 17402	23-1352170	501(C)(3)	5,000.	0.			CAPITAL CAMPAIGN

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MOUNT WOLF BOROUGH 345 CHESTNUT STREET MOUNT WOLF, PA 17347	23-1952738	GOVERNMENT	11,636.	0.			SUPPORT MOUNT WOLF ATHLETIC ASSOCIATION
MOUNT ZION LUTHERAN CHURCH 2164 MOUNT ZION ROAD YORK, PA 17406	23-1744704	501(C)(3)	6,380.	0.			GENERAL SUPPORT
MOUNT ZION UNITED CHURCH OF CHRIST 1054 RIDGEWOOD ROAD YORK, PA 17402-1758	23-1884302	501(C)(3)	45,679.	0.			GENERAL SUPPORT, MISSIONS
NEW BIRTH OF FREEDOM COUNCIL, BOY SCOUTS OF AMERICAN - 1 BADEN POWELL LANE - MECHANICSBURG, PA 17050-2344	23-1365194	501(C)(3)	18,227.	0.			GENERAL SUPPORT, SPONSORSHIP
NEW HOPE MINISTRIES 211 S. BALTIMORE ST DILLSBURG, PA 17019	23-2223120	501(C)(3)	5,000.	0.			HANOVER NEW HOPE FOOD BANK
NORTHEASTERN FOUNDATION 303 GRAVEL HILL ROAD MOUNT WOLF, PA 17347	26-1499191	501(C)(3)	12,387.	0.			GENERAL SUPPORT
OTTERBEIN UNITED METHODIST CHURCH MT. WOLF - 131 CENTER STREET - MOUNT WOLF, PA 17347	23-6277722	501(C)(3)	14,918.	0.			GENERAL SUPPORT, EARLY CHILDHOOD CARE AND EDUCATION
OTTERBEIN UNITED METHODIST CHURCH YORK - 301 W. PHILADELPHIA STREET - YORK, PA 17404	23-1484147	501(C)(3)	5,759.	0.			GENERAL SUPPORT, BEATTIE AND CHET KIMES YOUTH PROGRAM
PARTNERSHIP FOR ECONOMIC DEVELOPMENT IN YORK COUNTY INC - 144 ROOSEVELT AVE., STE 10 - YORK, PA 17401	23-2768349	501(C)(3)	27,633.	0.			DOWNTOWN YORK INTERNET, AGE SMART STRATEGIES, HANOVER BEAUTIFICATION PROGRAM, CEO SEARCH

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PENN STATE YORK 1031 EDGEComb AVENUE YORK, PA 17403	24-6000376	GOVERNMENT	10,275.	0.			WEN, GENERAL SUPPORT, DOLI
PENN-MAR HUMAN SERVICES, INC 10709 SUSQUEHANNA TRAIL GLEN ROCK, PA 17327	52-1590195	501(C)(3)	18,321.	0.			GENERAL SUPPORT, LADDER TO EXCELLENCE
PENNSYLVANIA WOUNDED WARRIORS, INC. - 1117 COUNTRY CLUB ROAD - CAMP HILL, PA 17011	74-3225326	501(C)(3)	5,000.	0.			SPONSORSHIP
PLANNED PARENTHOOD KEYSTONE P.O. BOX 813 TREXLETTOWN, PA 18087	23-2450112	501(C)(3)	15,560.	0.			GENERAL SUPPORT
PREGNANCY & FAMILY RESOURCE CENTER 1049 N. HARTLEY STREET YORK, PA 17405-1621	23-2608350	501(C)(3)	7,250.	0.			GENERAL SUPPORT
RED LION AREA SCHOOL DISTRICT 696 DELTA ROAD RED LION, PA 17356	23-1674306	501(C)(3)	16,000.	0.			DENTAL PROGRAM, PRIDE/COUNSELOR FUND
ROTARY CLUB OF YORK CHARITABLE ENDOWMENT FUND - 724 S. GEORGE STREET - YORK, PA 17401	23-2642321	501(C)(3)	33,042.	0.			SPONSORSHIP, GENERAL SUPPORT, YORK CITY TREE PROJECT
SERVANTS, INC. 100 REDCO AVENUE, SUITE C-0 RED LION, PA 17356	23-3042387	501(C)(3)	44,000.	0.			HOME HELPS YORK PROGRAM
SGT. MAC FOUNDATION P. O. BOX 936 GRANDY, NC 27939	74-3201421	501(C)(3)	10,000.	0.			WREATHS ACROSS AMERICA

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SHADOWFAX CORPORATION 386 PATTISON STREET YORK, PA 17403	23-2368549	501(C)(3)	5,537.	0.			GENERAL SUPPORT
SOUTH EASTERN DOLLARS FOR SCHOLARS 84 MORRIS AVENUE FAWN GROVE, PA 17321	46-5107822	501(C)(3)	1,758.	0.			GENERAL SUPPORT
SOUTH WESTERN DOLLARS FOR SCHOLARS 241 THORNHILL DR HANOVER, PA 17331	91-1889354	501(C)(3)	1,000.	0.			GENERAL SUPPORT
SOUTH WESTERN EDUCATION FOUNDATION 225 BOWMAN ROAD HANOVER, PA 17331	27-1154603	501(C)(3)	10,000.	0.			ANNUAL APPEAL
SOUTHERN YORK COUNTY SCHOOL DISTRICT FOUNDATION - PO BOX 128 - GLEN ROCK, PA 17327	23-2862892	501(C)(3)	20,836.	0.			GENERAL SUPPORT
SPIRITRUST LUTHERAN 1050 PENNSYLVANIA AVENUE YORK, PA 17404	23-1476329	501(C)(3)	24,316.	0.			SPONSORSHIP, GENERAL SUPPORT
SPRING GARDEN BAND 993 MARBROOK LANE YORK, PA 17404	22-2459929	501(C)(3)	44,027.	0.			GENERAL SUPPORT
SPRING GROVE AREA SCHOLARSHIP FUND INC - 646 BROADWAY - HANOVER, PA 17331	46-3480762	501(C)(3)	21,459.	0.			GENERAL SUPPORT
SPRING GROVE AREA SCHOOL DISTRICT 100 EAST COLLEGE AVENUE SPRING GROVE, PA 17362	23-6004845	501(C)(3)	24,770.	0.			GENERAL SUPPORT, LITERACY EDUCATION

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ST. JAMES LUTHERAN CHURCH 25 NORTH ADAMS STREET YORK, PA 17404	41-1568278	501(C)(3)	8,575.	0.			GENERAL SUPPORT
ST. JOHN EVANGELICAL LUTHERAN CHURCH - 175 EAST MAIN STREET - NEW FREEDOM, PA 17349	23-1979891	501(C)(3)	7,109.	0.			GENERAL SUPPORT
ST. JOHN THE BAPTIST CATHOLIC SCHOOL - 315 NORTH CONSTITUTION AVE. - NEW FREEDOM, PA 17349	23-1353333	501(C)(3)	11,500.	0.			ACCELERATED MATH PROGRAM, CHILD ENRICHMENT PROGRAM
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC - 262 DANNY THOMAS PL. - MEMPHIS, PA 38105	62-0646012	501(C)(3)	8,567.	0.			GENERAL SUPPORT
ST. PAUL EVANGELICAL LUTHERAN CHURCH - 201 S. MAIN STREET - SPRING GROVE, PA 17362	23-1370472	501(C)(3)	67,216.	0.			GENERAL SUPPORT
ST. PAUL'S LUTHERAN CHURCH 25 WEST SPRINGFETSBURY AVE YORK, PA 17403	23-1352477	501(C)(3)	13,369.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, CHILDHOOD CARE AND EDUCATION
STREAM INTO HISTORY 2 W. MAIN STREET NEW FREEDOM, PA 17349	20-4755150	501(C)(3)	10,500.	0.			CAPITAL CAMPAIGN, GENERAL SUPPORT, OUTDOOR METAL BENCH
SUSQUEHANNA HERITAGE CORPORATION 1706 LONG LEVEL ROAD WRIGHTSVILLE, PA 17368-9009	75-3087098	501(C)(3)	12,438.	0.			GENERAL SUPPORT, FIELD TRIPS, BUILDING MAINTENANCE
TEAM PENNSYLVANIA FOUNDATION 100 PINE STREET, 9TH FLOOR HARRISBURG, PA 17101	23-2876177	501(C)(3)	22,500.	0.			PRESERVATION OF GOVERNOR'S RESIDENCE

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THE BELMONT THEATRE 27 S. BELMONT STREET YORK, PA 17403	23-1251224	501(C)(3)	14,430.	0.			ENCORE PROGRAM, GENERAL SUPPORT
THE BILL GOODLING TEACHER SCHOLARSHIP FUND - 16 NORTH ROYAL STREET - YORK, PA 17402	23-3042315	501(C)(3)	5,138.	0.			GENERAL SUPPORT
THE FOUNDATION FOR THE WEST YORK AREA SCHOOL DISTRICT - 2605 WEST MARKET STREET - YORK, PA 17404	46-1221109	501(C)(3)	8,925.	0.			GENERAL SUPPORT
THE HAHN HOME 403 CHESTNUT HILL ROAD YORK, PA 17402	23-1425032	501(C)(3)	157,500.	0.			GENERAL SUPPORT
THE PENNSYLVANIA STATE UNIVERSITY 227 W. BEAVER STREET, SUITE 401 STATE COLLEGE, PA 16801-4819	24-6000376	501(C)(3)	11,646.	0.			INDICATORS RESEARCH
THE SALVATION ARMY 50 EAST KING STREET YORK, PA 17405	13-5562351	501(C)(3)	18,366.	0.			GENERAL SUPPORT, YOUTH PROGRAM, YORK CITADEL CORPS PROGRAM
UNITARIAN UNIVERSALIST CONGREGATION OF YORK - 925 S. GEORGE STREET - YORK, PA 17403	23-6278789	501(C)(3)	6,504.	0.			GENERAL SUPPORT
UNITED WAY OF YORK COUNTY 800 EAST KING STREET YORK, PA 17403	23-1352588	501(C)(3)	126,878.	0.			GENERAL SUPPORT, POQUEVILLE SOCIETY, EMERGING LEADERS, FOCUS ON OUR FUTURE, READY
VISIONCORPS 1380 SPAHN AVENUE YORK, PA 17403	23-1365986	501(C)(3)	13,840.	0.			GENERAL SUPPORT, PROGRAM TO ADDRESS VISION IMPAIRMENT

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VNA HOME HEALTH - WELLSPAN 540 S. GEORGE ST. YORK, PA 17401-2732	23-1352573	501(C)(3)	28,905.	0.			GENERAL SUPPORT PENN STATE MASTER WATERSHED STEWARD PROGRAM, WATER TRAIL IMPROVEMENT
WATERSHED ALLIANCE OF YORK, INC. 118 PLEASANT ACRES ROAD YORK, PA 17402	41-2028968	501(C)(3)	30,980.	0.			MOVEMENT TO MUSIC
WELLSPAN HEALTH 45 MONUMENT ROAD, SUITE 200 YORK, PA 17403	22-2517863	501(C)(3)	11,375.	0.			MUSIC PROGRAM
WEST YORK AREA SCHOOL DISTRICT 2605 WEST MARKET STREET YORK, PA 17404	23-1642980	501(C)(3)	12,176.	0.			GENERAL SUPPORT, I-CONNECT
WHITE ROSE SENIOR CENTER, INC. 27 SOUTH BROAD STREET, STE YORK, PA 17403	23-2373478	501(C)(3)	8,000.	0.			SURVEILLANCE SYSTEM FOR WINDSOR BOROUGH PARK PURCHASE TREADMILLS, SUPPLIES, INTER-GENERATIONAL TECHNOLOGY PROGRAM
WINDSOR BOROUGH 2 EAST MAIN STREET YORK, PA 17366	23-6003015	GOVERNMENT	6,000.	0.			GENERAL SUPPORT
WINDY HILL SENIOR CENTER, INC 1472 ROTH'S CHURCH ROAD, SUITE 103 SPRING GROVE, PA 17362	23-2342745	501(C)(3)	16,550.	0.			GENERAL SUPPORT, MEMBERSHIP PROGRAM, EARLY CHILDHOOD CARE AND EDUCATION
WITF INC. 4801 LINDLE ROAD HARRISBURG, PA 17111-2444	23-1629016	501(C)(3)	7,432.	0.			
YMCA OF YORK AND YORK COUNTY 90 NORTH NEWBERRY STREET YORK, PA 17401	23-1352600	501(C)(3)	29,902.	0.			

Schedule I (Form 990)

YORK COUNTY COMMUNITY FOUNDATION

Schedule I (Form 990) 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 ART ASSOCIATION 220 SOUTH MARSHALL STREET YORK, PA 17402	23-1984781	501(C)(3)	8,755.	0.			GENERAL SUPPORT, PRIZES
YORK BENEVOLENT ASSOCIATION P.O. BOX 5041 YORK, PA 17405-5041	23-1353396	501(C)(3)	35,242.	0.			GENERAL SUPPORT
YORK CITY BUREAU OF HEALTH PO BOX 509 YORK, PA 17405	23-6001908	GOVERNMENT	142,837.	0.			GENERAL SUPPORT, DATA MANAGEMENT CAPACITY TO IMPROVE COMMUNITY
YORK CITY DOLLARS FOR SCHOLARS 315 RUTH DRIVE YORK, PA 17403	46-5072652	501(C)(3)	14,674.	0.			GENERAL SUPPORT
YORK COLLEGE OF PENNSYLVANIA 441 COUNTRY CLUB ROAD YORK, PA 17403-3651	23-1352698	501(C)(3)	63,961.	0.			GENERAL SUPPORT, ENGINEERING DESIGN PROJECT, SPONSORSHIP
YORK COUNTRY DAY SCHOOL 1071 REGENTS' GLEN BLVD YORK, PA 17403	23-1440120	501(C)(3)	96,699.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN
YORK COUNTY 4-H ENDOWMENT 4813 SHAFER ROAD SEVEN VALLEYS, PA 17360	23-6957724	501(C)(3)	11,860.	0.			MAINTENANCE AND REPAIR, GENERAL SUPPORT
YORK COUNTY AGRICULTURAL SOCIETY 334 CARLISLE AVENUE YORK, PA 17404	23-1241290	501(C)(3)	135,371.	0.			GENERAL SUPPORT
YORK COUNTY ALLIANCE FOR LEARNING 1601 KENNETH ROAD YORK, PA 17408	23-2605442	501(C)(3)	10,000.	0.			YCAL PRE-APPRENTICESHIP PROGRAM

Schedule I (Form 990)

Schedule I (Form 990) YORK COUNTY COMMUNITY FOUNDATION

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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 BAR FOUNDATION 137 EAST MARKET STREET YORK, PA 17401	23-2647164	501(C)(3)	6,335.	0.			GENERAL SUPPORT
YORK COUNTY CHILDREN'S ADVOCACY CENTER - 28 SOUTH QUEEN STREET - YORK, PA 17403	74-3054788	501(C)(3)	853.	0.			FEASIBILITY STUDY, CHILDREN VICTIMS OF ABUSE
YORK COUNTY HISTORY CENTER 250 EAST MARKET STREET YORK, PA 17403-2013	23-1352323	501(C)(3)	179,797.	0.			GENERAL SUPPORT, BUILDING MAINTENANCE, EDUCATIONAL PROGRAMS, BOOKS
YORK COUNTY HONORS CHOIRS 340 EAST MARKET STREET YORK, PA 17405	47-4155732	501(C)(3)	14,578.	0.			GENERAL SUPPORT
YORK COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY - 144 ROOSEVELT AVENUE, SUITE 100 - YORK, PA 17401	23-7045116	GOVERNMENT	50,985.	0.			YORKTOWN HOTEL REDEVELOPMENT, GENERAL SUPPORT
YORK COUNTY LIBRARY SYSTEM 159 EAST MARKET STREET YORK, PA 17401	23-7394108	501(C)(3)	17,842.	0.			PROFESSIONAL DEVELOPMENT, GENERAL SUPPORT
YORK COUNTY LITERACY COUNCIL 800 EAST KING STREET, STE 400 YORK, PA 17403	23-2088132	501(C)(3)	33,750.	0.			NEW STEP PROGRAM, GENERAL SUPPORT, READY CITIZENSHIP
YORK COUNTY PARKS FOUNDATION CHARITABLE TRUST - FOUNDATION CHARITABLE TRUST - YORK, PA 17406	46-2861562	501(C)(3)	20,434.	0.			RENOVATION OF BATHROOMS, MAINTENANCE
YORK COUNTY PLANNING COMMISSION 28 EAST MARKET STREET, THIRD FLOOR YORK, PA 17401-1580	23-1601506	GOVERNMENT	24,500.	0.			SECTION 22 PLANNING GRANT PROGRAM

Schedule I (Form 990)

YORK COUNTY COMMUNITY FOUNDATION

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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 COUNTY SPCA 3159 SUSQUEHANNA TRAIL YORK, PA 17406	23-1399588	501(C)(3)	45,610.	0.			GENERAL SUPPORT, SPONSORSHIP
YORK DAY NURSERY, INC. 450 EAST PHILADELPHIA YORK, PA 17403	23-1649205	501(C)(3)	21,447.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, EARLY CHILDHOOD CARE AND EDUCATION
YORK FRESH FOOD FARMS 313 WEST AVENUE RED LION, PA 17356	47-5548242	501(C)(3)	10,000.	0.			MOBILE PRODUCE MARKET
YORK HEALTH FOUNDATION 50 N. DUKE STREET, 2ND FLOOR YORK, PA 17401	23-3050192	501(C)(3)	9,563.	0.			GENERAL SUPPORT, CANCER PATIENT HELP FUND
YORK SUBURBAN DOLLARS FOR SCHOLARS 331 PINE HILL LANE YORK, PA 17403	46-5146589	501(C)(3)	17,444.	0.			GENERAL SUPPORT
YORK SYMPHONY ORCHESTRA 50 NORTH GEORGE STREET YORK, PA 17401	23-6298810	501(C)(3)	132,702.	0.			GENERAL SUPPORT
YORK TOWN CRAFT GUILD 639 NORTH FRANKLIN STREET YORK, PA 17403	23-3096728	501(C)(3)	5,473.	0.			GENERAL SUPPORT
YORK YOUTH SYMPHONY ORCHESTRA P O BOX 3224 YORK, PA 17402-3224	23-2236458	501(C)(3)	42,093.	0.			GENERAL SUPPORT
YWCA YORK 320 EAST MARKET STREET YORK, PA 17403	23-1360889	501(C)(3)	57,322.	0.			ACCESS YORK, GENERAL SUPPORT, PROTECT LOVE PROGRAM, CAMP CANNEDION, TEMPLE GUARD, DREAM IT BE

Schedule I (Form 990)

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 noncash assistance
SCHOLARSHIP FOR DALLASTOWN HIGH SCHOOL STUDENTS	17	28,500.	0.		
SCHOLARSHIP FOR EASTERN YORK HIGH SCHOOL STUDENTS	7	11,000.	0.		
SCHOLARSHIP FOR EASTERN UNIVERSITY STUDENT	1	1,000.	0.		
SCHOLARSHIP FOR WEST YORK HIGH SCHOOL STUDENTS	15	15,550.	0.		
SCHOLARSHIP FOR DOVER HIGH SCHOOL STUDENTS	6	9,250.	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 HANOVER HIGH SCHOOL STUDENTS	7.	10,000.	0.		
SCHOLARSHIP FOR HARRISBURG AREA COMMUNITY COLLEGE	1.	1,000.	0.		
SCHOLARSHIP FOR LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE STUDENT	1.	1,000.	0.		
SCHOLARSHIP FOR NORTHEASTERN HIGH SCHOOL STUDENTS	25.	28,258.	0.		
SCHOLARSHIP FOR OAKWOOD UNIVERSITY STUDENT	1.	1,000.	0.		
SCHOLARSHIP FOR PENN STATE UNIVERSITY STUDENTS	3.	4,750.	0.		
SCHOLARSHIP FOR PENNSYLVANIA COLLEGE OF TECHNOLOGY STUDENT	1.	1,000.	0.		
SCHOLARSHIP FOR PHILADELPHIA UNIVERSITY STUDENT	2.	6,000.	0.		
SCHOLARSHIP FOR PURDUE UNIVERSITY STUDENT	1.	2,250.	0.		

Schedule I (Form 990)

Part II 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 RED LION HIGH SCHOOL STUDENTS	9.	12,000.	0.		
SCHOLARSHIP FOR SHENANDOAH UNIVERSITY STUDENT	1.	5,000.	0.		
SCHOLARSHIP FOR SOUTH EASTERN HIGH SCHOOL STUDENTS	8.	11,750.	0.		
SCHOLARSHIP FOR SOUTH WESTERN HIGH SCHOOL STUDENTS	14.	20,250.	0.		
SCHOLARSHIP FOR SOUTHERN YORK COUNTY HIGH SCHOOL STUDENTS	9.	17,000.	0.		
SCHOLARSHIP FOR SPRING GROVE AREA HIGH SCHOOL STUDENTS	11.	40,377.	0.		
SCHOLARSHIP FOR UNIVERSITY OF FLORIDA STUDENT	1.	250.	0.		
SCHOLARSHIP FOR UNIVERSITY OF MARYLAND, SCHOOL OF DENTISTRY STUDENT	1.	2,500.	0.		
SCHOLARSHIP FOR UNIVERSITY OF PITTSBURGH SCHOOL OF DENTAL MEDICINE	3.	7,500.	0.		

Schedule I (Form 990)

Part II 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 WESTERN ILLINOIS UNIVERSITY STUDENT	1.	3,500.	0.		
SCHOLARSHIP FOR YORK CITY HIGH SCHOOL STUDENTS	32.	43,285.	0.		
SCHOLARSHIP FOR YORK COLLEGE OF PENNSYLVANIA STUDENT	1.	2,500.	0.		
SCHOLARSHIP FOR YORK COUNTY SCHOOL OF TECHNOLOGY STUDENT	1.	1,500.	0.		
SCHOLARSHIP FOR YORK SUBURBAN HIGH SCHOOL STUDENTS	16.	17,667.	0.		

Schedule I (Form 990)

Part IV Supplemental Information

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: DOWNTOWN INC

(H) PURPOSE OF GRANT OR ASSISTANCE: MOVING PLANS INTO ACTION, GENERAL SUPPORT, SPONSORSHIP, LIGHTS, TASTE TEST, PUBLIC ART MAINTENANCE, SECURITY CAMERAS, WAYFINDING SIGNAGE ALONG RAIL TRAIL

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF YORK COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, TOCQUEVILLE SOCIETY, EMERGING LEADERS, FOCUS ON OUR FUTURE, READY ROSIE PROGRAM,

Part IV Supplemental Information

SPONSORSHIP, CHILDRENS HOME OF YORK GIFT DRIVE, ANNUAL APPEAL

NAME OF ORGANIZATION OR GOVERNMENT: YWCA YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: ACCESS YORK, GENERAL SUPPORT,
PROTECT LOVE PROGRAM, CAMP CANNEDION, TEMPLE GUARD, DREAM IT BE IT CAREER
SUPPORT, VICTIM ASSISTANCE

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

YORK COUNTY COMMUNITY FOUNDATION

Employer identification number

23-6299868

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

Part III Supplemental Information

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2016

Open To Public
Inspection

Name of the organization

YORK COUNTY COMMUNITY FOUNDATION

Employer identification number
23-6299868

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VII, 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	9	127,189.	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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	
33		

b If "Yes," describe the arrangement in Part II.

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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

Schedule M (Form 990) (2016)

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 9 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.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

YORK COUNTY COMMUNITY FOUNDATION

Employer identification number
23-6299868

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

HIGH IMPACT INITIATIVES WHILE BUILDING ENDOWMENT FOR FUTURE
GENERATIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

YORK COUNTY COMMUNITY FOUNDATION HAS MET THE NATION'S HIGHEST
PHILANTHROPIC STANDARDS FOR OPERATIONAL QUALITY, INTEGRITY AND
ACCOUNTABILITY AS CONFIRMED THROUGH THE COUNCIL ON FOUNDATION'S
NATIONAL STANDARDS FOR U.S. COMMUNITY FOUNDATIONS PROGRAM. THE PROGRAM
IS DESIGNED TO PROVIDE QUALITY ASSURANCE TO DONORS, AS WELL AS TO THEIR
LEGAL AND FINANCIAL ADVISORS.

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

HAHN HOME FUND FOR EMBRACING AGING. SUPPORTS AN INITIATIVE TO MAKE YORK
COUNTY A GREAT PLACE TO AGE BY EXPANDING AGE INCLUSIVE THINKING AND
REDUCING BARRIERS TO AGING WELL. GRANTS \$227,417 & TOTAL EXPENSES
\$404,826.

EXPENSES \$ 404,826. INCLUDING GRANTS OF \$ 227,417. 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 REQUIREMENTS AND WOULD HANDLE THAT
ACCORDINGLY.

Name of the organization

YORK COUNTY COMMUNITY FOUNDATION

Employer identification number
23-6299868

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

THREE CURRENT BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS.

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

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

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

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

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

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

Name of the organization

YORK COUNTY COMMUNITY FOUNDATION

Employer identification number

23-6299868

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:

CHANGE IN VALUE OF SPLIT INTEREST TRUSTS	105,524.
AGENCY ENDOWMENT GIFTS	-834,390.
AGENCY ENDOWMENT INVESTMENT INCOME	-415,526.
AGENCY ENDOWMENT GRANT DISTRIBUTIONS	697,598.
REVENUE FROM BENEFICIAL INTERESTS IN TRUSTS	-1,462.
CHARITABLE REMAINDER UNITRUST (REVENUE)/EXPENSE	-72,586.
REVENUE FROM CHARITABLE REMAINDER TRUSTS	34,910.
TOTAL TO FORM 990, PART XI, LINE 9	-485,932.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)**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.

Department of the Treasury
Internal Revenue Service**2016**Open to Public
Inspection

Name of the organization

YORK COUNTY COMMUNITY FOUNDATIONEmployer identification number
23-6299868**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(e)(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 12A, I			X
MEMORIAL HEALTH FUND - 22-2546057 14 W. MARKET STREET YORK, PA 17401	CHARITABLE GRANT MAKING	PENNSYLVANIA	501(C)(3)	LINE 12A, I			X

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

Schedule R (Form 990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**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	129,220.	CASH
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

EXTENDED TO NOVEMBER 15, 2017

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2016Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue Service

For calendar year 2016 or other tax year beginning _____, and ending _____

▶ Information about Form 990-T and its instructions is available at 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).

A ☐ Check box if
address changedName of organization (☐ Check box if name changed and see instructions.)D Employer identification number
(Employees' trust, see
instructions.)

23-6299868

B Exempt under section

☒ 501(c)(3) ☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)Print
or
Type

YORK COUNTY COMMUNITY FOUNDATION

Number, street, and room or suite no. If a P.O. box, see instructions.

14 WEST MARKET STREET

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

YORK, PA 17401-1617

561000

C Book value of all assets
at end of year
132,715,135.

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

1a Gross receipts or sales

b Less returns and allowances

c Balance

1c

2 Cost of goods sold (Schedule A, line 7)

2

3 Gross profit. Subtract line 2 from line 1c

3

4a Capital gain net income (attach Schedule D)

4a

b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)

4b

c Capital loss deduction for trusts

4c

5 Income (loss) from partnerships and S corporations (attach statement)

5

6 Rent income (Schedule C)

6

7 Unrelated debt-financed income (Schedule E)

7

8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)

8

9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)

9

10 Exploited exempt activity income (Schedule I)

10

11 Advertising income (Schedule J)

11

12 Other income (See instructions; attach schedule)

12

13 Total. Combine lines 3 through 12

13

0.

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.)

14 Compensation of officers, directors, and trustees (Schedule K)

14

15 Salaries and wages

15

16 Repairs and maintenance

16

17 Bad debts

17

18 Interest (attach schedule)

18

19 Taxes and licenses

19

20 Charitable contributions (See instructions for limitation rules)

20

21 Depreciation (attach Form 4562)

21

22 Less depreciation claimed on Schedule A and elsewhere on return

22a

22b

23 Depletion

23

24 Contributions to deferred compensation plans

24

25 Employee benefit programs

25

26 Excess exempt expenses (Schedule I)

26

27 Excess readership costs (Schedule J)

27

28 Other deductions (attach schedule)

28

29 Total deductions. Add lines 14 through 28

29

0.

30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

30

0.

31 Net operating loss deduction (limited to the amount on line 30)

31

32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

32

0.

33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

33

1,000.

34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32

34

0.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34

35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041)

36

37 Proxy tax. See instructions

37

38 Alternative minimum tax

38

39 Tax on Non-Compliant Facility Income. See instructions

39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

40 0.

Part IV Tax and Payments**41a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116)

41a

b Other credits (see instructions)

41b

c General business credit. Attach Form 3800

41c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

41d

e Total credits. Add lines 41a through 41d

41e

42 Subtract line 41e from line 40

42 0.

43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

43

44 Total tax. Add lines 42 and 43

44 0.

45a Payments: A 2015 overpayment credited to 2016

45a

b 2016 estimated tax payments

45b

c Tax deposited with Form 8868

45c

d Foreign organizations: Tax paid or withheld at source (see instructions)

45d

e Backup withholding (see instructions)

45e

f Credit for small employer health insurance premiums (Attach Form 8941)

45f

g Other credits and payments:☐ Form 2439☐ Form 4136 ☐ Other

Total

45g

46 Total payments. Add lines 45a through 45g

46

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐

47

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

48 0.

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49 0.

50 Enter the amount of line 49 you want: **Credited to 2017 estimated tax**

Refunded

50

Part V Statements Regarding Certain Activities and Other Information (see instructions)**51** At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here

Yes No

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

Yes No

53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Yes No

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date

TREASURER Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

AMY GOHN ANSTINE

AMY GOHN ANSTINE

11/08/17

P00072689

Firm's name RKL LLP

Firm's EIN 23-2108173

Firm's address 3501 CONCORD ROAD, PO BOX 21439

YORK, PA 17402

Phone no. (717) 843-3804

Form 990-T (2016)

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

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
0.		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).	Enter here and on page 1, Part I, line 7, column (B).
			0.	0.
Total dividends-received deductions included in column 8				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)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	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)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		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)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		0.	0.			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)						
Totals (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)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				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)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2016)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
	YORK COUNTY COMMUNITY FOUNDATION	Employer identification number (EIN) or 23-6299868
	Number, street, and room or suite no. If a P.O. box, see instructions. 14 WEST MARKET STREET	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. YORK, PA 17401-1617	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
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

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.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2016** or

► ☐ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a 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.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)