

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2018

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Part I Summary: B Check if applicable, C Name of organization (YORK COUNTY COMMUNITY FOUNDATION), D Employer identification number (23-6299868), E Telephone number ((717) 848-3733), G Gross receipts (\$52,251,036), H(a) Is this a group return (Yes/No), H(b) Are all subordinates included? (Yes/No), H(c) Group exemption number, I Tax-exempt status (501(c)(3)), J Website (WWW.YCCF.ORG), K Form of organization (Corporation), L Year of formation (1961), M State of legal domicile (PA)

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances. Total revenue: 7,741,694. Total expenses: 7,876,068. Net assets: 98,351,523.

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.

Signature of officer: MICHAEL GLEZER, TREASURER. Date: 11/05/19. Preparer: AMY GOHN ANSTINE, CPA. Date: 11/05/19. Firm: RKL LLP, 3501 CONCORD ROAD, PO BOX 21439, YORK, PA 17402.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 5,133,645. including grants of \$ 4,477,692.) (Revenue \$ 222,704.) YORK COUNTY COMMUNITY FOUNDATION'S GRANTMAKING PROGRAM REACHES BROADLY ACROSS ALL CHARITABLE SECTORS SERVING YORK COUNTY PENNSYLVANIA, AS EVIDENCED BY 1,124 GRANTS TO 352 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 \$ 568,717. including grants of \$ 551,635.) (Revenue \$ 0.) YORK COUNTY COMMUNITY FOUNDATION'S FUND FOR YORK COUNTY AND CHILDREN'S FUND FOCUS RESOURCES ON YORK'S MOST PRESSING ISSUES. PRIORITY AREAS ARE EDUCATION, WORKFORCE DEVELOPMENT, AND DOWNTOWN AND NEIGHBORHOOD REVITALIZATION. IN THE CURRENT YEAR, 448,000 LIVES WERE CHANGED BY 25 NON PROFIT PROGRAMS, THANKS TO GRANTS FROM THE FUND FOR YORK COUNTY AND CHILDREN'S FUND FOCUS.

4c (Code:) (Expenses \$ 310,144. including grants of \$ 310,144.) (Revenue \$ 0.) SCHOLARSHIPS SUPPORT GRANTS TO EDUCATIONAL INSTITUTIONS AND SCHOLARSHIP ORGANIZATIONS INCLUDING POST SECONDARY SCHOLARSHIPS OF \$310,144 TO 203 INDIVIDUALS IN THE U.S.

4d Other program services (Describe in Schedule O.) (Expenses \$ 465,217. including grants of \$ 368,617.) (Revenue \$ 0.)

4e Total program service expenses 6,477,723.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 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? <i>If "Yes," complete Schedule J</i>	23 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25b	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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 28	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		14
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	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	X	
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		7d
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	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	N/A	13a
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b
c	Enter the amount of reserves on hand		13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (28), 1b (28), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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

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 (UNTIL 5/2018)	2.00 0.10	X		X				0.	0.	0.
(2) JEFFREY D. LOBACH 1ST VICE CHAIR, CHAIR (START 5/2018)	2.00 0.10	X		X				0.	0.	0.
(3) BRUCE M. BARTELS 2ND VICE CHAIR (START 5/2018)	1.00 0.10	X		X				0.	0.	0.
(4) KRISTA SNYDER DARR 1ST VICE CHAIR	1.00 0.10	X		X				0.	0.	0.
(5) RONALD HERSHNER SECRETARY	1.00 0.00	X		X				0.	0.	0.
(6) HOLLY A. MAYER ASST SECRETARY	1.00 0.00	X		X				0.	0.	0.
(7) HENRY J. CHRIST, III TREASURER (UNTIL 5/2018)	2.00 0.10	X		X				0.	0.	0.
(8) MICHAEL GLEZER TREASURER (START 5/2018)	1.00 0.00	X		X				0.	0.	0.
(9) TIMOTHY J. BUPP DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) JOHN W. BAILEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) ELIZABETH F CARSON DIRECTOR (UNTIL 5/2018)	1.00 0.00	X						0.	0.	0.
(12) JOSEPH P. CLARK II DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) DAVID M. DAVIDSON DIRECTOR (UNTIL 5/2018)	1.00 0.00	X						0.	0.	0.
(14) DOMINIC DELICARPINI DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) ELIZABETH DELLINGER DIRECTOR (START 5/2018)	1.00 0.00	X						0.	0.	0.
(16) CHLOE EICHELBERGER DIRECTOR	1.00 0.50	X						0.	0.	0.
(17) JENNIFER GEESEY 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) MICHAEL H. HADY, III DIRECTOR (UNTIL 5/2018)	1.00 0.50	X						0.	0.	0.
(19) MICHAEL C. HAUN DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) DARRYL E. JONES DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) JACK KAY DIRECTOR	1.00 0.50	X						0.	0.	0.
(22) TIMOTHY KINSLEY DIRECTOR	1.00 0.10	X						0.	0.	0.
(23) SUSAN D. KREBS DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) SUZANNE MCCONKEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) MATTHEW POFF DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) SCOTT C. ROGERS DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								343,330.	0.	52,508.
d Total (add lines 1b and 1c)								343,330.	0.	52,508.

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 **2**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMMONFUND 15 OLD DANBURY ROAD, WILTON, CT 45202	INVESTMENT CONSULTING	327,101.
MASON INVESTMENT ADVISORY SERVICES, 11130 SUNRISE VALLEY DRIVE, RESTON, VA 20191	INVESTMENT CONSULTING	120,586.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
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	4,433,942.				
	g Noncash contributions included in lines 1a-1f: \$		761,261.				
	h Total. Add lines 1a-1f		4,433,942.				
Program Service Revenue	2 a MANAGEMENT FEES	Business Code 561000	141,041.	141,041.			
	b CHARITABLE TRUST FEES	525920	81,626.	81,626.			
	c PROGRAM FEES	813210	37.	37.			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		222,704.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,367,923.		27,885.	2,340,038.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	31,876.				
		(ii) Personal					
		b Less: rental expenses	36,455.				
		c Rental income or (loss)	-4,579.				
	d Net rental income or (loss)		-4,579.			-4,579.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	45,194,591.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	44,472,887.				
		c Gain or (loss)	721,704.				
	d Net gain or (loss)		721,704.			721,704.	
	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							
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						
	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						
	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			7,741,694.	222,704.	27,885.	3,057,163.	

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 ...	5,397,944.	5,397,944.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	310,144.	310,144.		
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	278,089.	94,683.	119,207.	64,199.
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	666,723.	332,572.	221,809.	112,342.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,088.	15,245.	10,486.	5,357.
9 Other employee benefits	94,048.	46,099.	31,781.	16,168.
10 Payroll taxes	75,799.	34,614.	27,153.	14,032.
11 Fees for services (non-employees):				
a Management				
b Legal	20,108.		20,108.	
c Accounting	30,868.	1,858.	28,257.	753.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	454,817.		454,817.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	117,594.	87,637.	7,800.	22,157.
12 Advertising and promotion	43,761.	24,441.		19,320.
13 Office expenses	66,796.	17,490.	43,119.	6,187.
14 Information technology	65,464.	29,891.	22,877.	12,696.
15 Royalties				
16 Occupancy	73,827.	33,789.	26,341.	13,697.
17 Travel	7,318.	2,973.	786.	3,559.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,845.	695.		1,150.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,195.		8,195.	
23 Insurance	14,711.	4,903.	4,904.	4,904.
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	98,020.	39,959.	15,814.	42,247.
b STAFF DEVELOPMENT	10,826.		10,826.	
c DUES AND ASSESSMENTS	7,462.	2,786.	3,976.	700.
d _____				
e All other expenses _____	621.		621.	
25 Total functional expenses. Add lines 1 through 24e	7,876,068.	6,477,723.	1,058,877.	339,468.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	87,160.	1	144,426.
	2 Savings and temporary cash investments	10,043,745.	2	9,029,617.
	3 Pledges and grants receivable, net	42,306.	3	37,048.
	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 672,114.		
	b Less: accumulated depreciation	10b 627,597.	28,146.	10c 44,517.
	11 Investments - publicly traded securities	122,769,954.	11	104,782,597.
	12 Investments - other securities. See Part IV, line 11	17,132,070.	12	23,185,003.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,288,814.	15	2,180,896.
16 Total assets. Add lines 1 through 15 (must equal line 34)	152,392,195.	16	139,404,104.	
Liabilities	17 Accounts payable and accrued expenses	201,848.	17	136,972.
	18 Grants payable	115,000.	18	381,300.
	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	43,842,902.	25	40,534,309.
	26 Total liabilities. Add lines 17 through 25	44,159,750.	26	41,052,581.
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	102,977,770.	27	93,572,455.
	28 Temporarily restricted net assets	4,253,157.	28	3,902,918.
	29 Permanently restricted net assets	1,001,518.	29	876,150.
	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	108,232,445.	33	98,351,523.	
34 Total liabilities and net assets/fund balances	152,392,195.	34	139,404,104.	

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	7,741,694.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,876,068.
3	Revenue less expenses. Subtract line 2 from line 1	3	-134,374.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	108,232,445.
5	Net unrealized gains (losses) on investments	5	-8,532,244.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,214,304.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	98,351,523.

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		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	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.	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? _____		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 _____		

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.

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

OMB No. 1545-0047

2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11367070.	11491006.	4651203.	7857512.	4433942.	39800733.
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	11367070.	11491006.	4651203.	7857512.	4433942.	39800733.
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)						12173647.
6 Public support. Subtract line 5 from line 4.						27627086.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	11367070.	11491006.	4651203.	7857512.	4433942.	39800733.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2226799.	2202736.	2454221.	2651813.	2371914.	11907483.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	794.	4,430.	0.	3,013.	27,885.	36,122.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						51744338.
12 Gross receipts from related activities, etc. (see instructions)					12	859,204.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	53.39 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	47.92 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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

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		(A) Prior Year	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI

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

Multiple horizontal lines for supplemental information input.

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

OMB No. 1545-0047

2018

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

Name of organization YORK COUNTY COMMUNITY FOUNDATION	Employer identification number 23-6299868
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 150,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 281,233.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 99,330.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 166,657.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YORK COUNTY COMMUNITY FOUNDATION	Employer identification number 23-6299868
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 847,938.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 102,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 96,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 243,881.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 186,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YORK COUNTY COMMUNITY FOUNDATION	Employer identification number 23-6299868
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	3650 SHARES OF PUBLICLY TRADED STOCK _____ _____ _____	\$ 281,233.	11/15/18
5	2043 SHARES OF PUBLICLY TRADED STOCK _____ _____ _____	\$ 99,330.	07/18/18
6	2104 SHARES OF PUBLICLY TRADED STOCK _____ _____ _____	\$ 166,657.	08/16/18
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization YORK COUNTY COMMUNITY FOUNDATION	Employer identification number 23-6299868
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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-.

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" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(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		191.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			191.
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 AND MUNICIPAL CHALLENGES

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	88	12
2 Aggregate value of contributions to (during year)	898,583.	44,401.
3 Aggregate value of grants from (during year)	1,228,259.	621,271.
4 Aggregate value at end of year	23,646,189.	9,985,627.

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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	108,232,445.	94,413,588.	89,880,676.	91,498,910.	83,998,120.
b Contributions	3,185,169.	6,255,562.	3,851,723.	7,053,499.	10,154,005.
c Net investment earnings, gains, and losses	-6,407,003.	13,282,198.	6,240,684.	-3,505,924.	1,683,996.
d Grants or scholarships	4,909,471.	3,869,229.	4,014,242.	3,759,991.	2,995,220.
e Other expenditures for facilities and programs	769,635.	803,889.	690,745.	549,730.	516,810.
f Administrative expenses	979,982.	1,045,785.	854,508.	856,088.	825,181.
g End of year balance	98,351,523.	108,232,445.	94,413,588.	89,880,676.	91,498,910.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 95.14 %
 - b Permanent endowment 4.86 %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		562,096.	540,613.	21,483.
d Equipment		110,018.	86,984.	23,034.
e Other				
Total. Add lines 1a through 1e. <i>(Column (d) must equal Form 990, Part X, column (B), line 10c.)</i>				44,517.

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 DIRECTIONAL ACCESS		
(B) FUND	514,709.	END-OF-YEAR MARKET VALUE
(C) CODO, LLP	50,000.	COST
(D) COMMONFUND GLOBAL PRIVATE		
(E) EQUITY	3,011,412.	END-OF-YEAR MARKET VALUE
(F) DOWNTOWN RENAISSANCE FUND	275,000.	COST
(G) CCI-SSG GLOBAL PRIVATE		
(H) EQUITY	1,103,163.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	23,185,003.	

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	3,182,623.
(5) FUNDS HELD AS AGENCY ENDOWMENTS	20,734,858.
(6) FUNDS HELD FOR RELATED SUPPORTING ORGANIZATION	16,616,828.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	40,534,309.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	-3,221,833.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-8,532,244.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-411,675.	
e	Add lines 2a through 2d	2e		-8,943,919.
3	Subtract line 2e from line 1	3		5,722,086.
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	454,817.	
b	Other (Describe in Part XIII.)	4b	1,564,791.	
c	Add lines 4a and 4b	4c		2,019,608.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		7,741,694.

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	6,659,089.
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	36,455.	
e	Add lines 2a through 2d	2e		36,455.
3	Subtract line 2e from line 1	3		6,622,634.
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	454,817.	
b	Other (Describe in Part XIII.)	4b	798,617.	
c	Add lines 4a and 4b	4c		1,253,434.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		7,876,068.

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 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE FROM BENEFICIAL INTEREST IN TRUSTS	-125,368.
CHANGE IN SPLIT INTEREST AGREEMENTS	-303,304.
REVENUE FROM CHARITABLE REMAINDER TRUSTS	16,997.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-411,675.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-36,455.
AGENCY ENDOWMENT GIFTS	1,265,770.

Part XIII Supplemental Information *(continued)*

AGENCY ENDOWMENT INVESTMENT INCOME (LOSSES) EXCLUDED FROM

F/S BY SFAS 136 253,850.

FEES FROM CHARITABLE REMAINDER UNITRUSTS 81,626.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,564,791.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 36,455.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

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

TO SFAS NO 136 798,617.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 314 GOOD DRIVE LANCASTER, PA 17603-2393	13-1788491	501(C)(3)	12,646.	0.			GENERAL SUPPORT, RELAY FOR LIFE SPONSOR
AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC - 125 BROAD STREET - NEW YORK, NY 10004	13-6213516	501(C)(3)	5,000.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 4250 CRUMS MILL ROAD HARRISBURG, PA 17112	13-5613797	501(C)(3)	9,758.	0.			GENERAL SUPPORT
AMERICAN PARKINSON DISEASE ASSOCIATION - 135 PARKINSON AVENUE - STATEN ISLAND, NY 10305	13-1962771	501(C)(3)	7,835.	0.			FOR THE BENEFIT OF RESIDENTS OF SOUTH CENTRAL PA
AMERICAN RED CROSS SOUTH CENTRAL PA CHAPTER - 724 SOUTH GEORGE STREET - YORK, PA 17401	53-0196605	501(C)(3)	11,694.	0.			GENERAL SUPPORT
APPELL CENTER FOR THE PERFORMING ARTS - 50 N. GEORGE STREET - YORK, PA 17401	23-2053382	501(C)(3)	50,889.	0.			GENERAL SUPPORT, CREATING FILM ACCESSIBILITY FOR AGING, HEARING/VISUALLY IMPAIRED, SUSTAINABILITY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 158.**

3 Enter total number of other organizations listed in the line 1 table **▶ 2.**

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

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
ARTBA FOUNDATION 250 E. STREET S. W. WASHINGTON, DC 20024	52-6283894	501(C)(3)	25,000.	0.			TMAW PROGRAM, LANFORD FAMILY HIGHWAY WORKER MEMORIAL SCHOLARSHIP FUND, SILVER SPONSOR 2018
ASBURY FOUNDATION INC 325 WESLEY DRIVE MECHANICSBURG, PA 17055	52-1862674	501(C)(3)	16,500.	0.			GENERAL SUPPORT, GOLF TOURNAMENT SPONSOR, ASBURY METHODIST VILLAGE MUSIC FOR MISSION
ASBURY UNITED METHODIST CHURCH 340 EAST MARKET STREET YORK, PA 17403	23-6396152	501(C)(3)	5,360.	0.			GENERAL SUPPORT, BEATTIE AND CHET KIMES YOUTH PROGRAM
AUDUBON PENNSYLVANIA 100 WILDWOOD WAY HARRISBURG, PA 17110	13-1624102	501(C)(3)	13,000.	0.			COMMUNITY BLOOMS, YORK CITY SCHOOL DISTRICT MAY FIELD TRIPS TO KIWANIS LAKE
BIG BROTHERS BIG SISTERS OF YORK & ADAMS COUNTIES - 227 W. MARKET STREET - YORK, PA 17401	23-2580603	501(C)(3)	13,377.	0.			KINDRED SPIRITS, GENERAL SUPPORT
BYRNES HEALTH EDUCATION CENTER 515 S. GEORGE STREET YORK, PA 17401	23-2588187	501(C)(3)	34,419.	0.			GENERAL SUPPORT
CAMPS NEWFOUND OWATONNA 4 CAMP NEWFOUND ROAD HARRISON, ME 04040	04-2384391	501(C)(3)	15,851.	0.			GENERAL SUPPORT
CENTRAL PA LEADERSHIP SEMINAR HUGH O'BRIAN YOUTH LEADERSHIP - PO BOX 8743 - LANCASTER, PA 17604	23-2344648	501(C)(3)	5,423.	0.			GENERAL SUPPORT
CHILD CARE CONSULTANTS INC. 29 NORTH DUKE ST YORK, PA 17401	22-2842846	501(C)(3)	50,000.	0.			PARENTS AS TEACHERS

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
CHILDREN'S AID SOCIETY 343 LINCOLNWAY WEST NEW OXFORD, PA 17350	23-1429838	501(C)(3)	12,904.	0.			GENERAL SUPPORT
CHILDREN'S HOME OF YORK 77 SHOE HOUSE ROAD YORK, PA 17406	23-1352081	501(C)(3)	13,299.	0.			GENERAL SUPPORT
CHILDREN'S MIRACLE NETWORK PO BOX 852 HERSHEY, PA 17033	87-0387205	501(C)(3)	7,835.	0.			GENERAL SUPPORT
CHRISTA MCAULIFFE SCHOLARSHIP FOUNDATION - 2927 SPARROW DRIVE - YORK, PA 17408	25-1622451	501(C)(3)	10,410.	0.			GENERAL SUPPORT
CHRISTIAN SCHOOL OF YORK 907 GREENBRIAR ROAD YORK, PA 17404	23-1501815	501(C)(3)	7,702.	0.			GENERAL SUPPORT
CITY OF YORK 101 SOUTH GEORGE STREET YORK, PA 17401	23-6001908	GOVERNMENT	36,939.	0.			GATES PROJECT, SHOOTING STARS FILMING OF YAIAA CHAMPIONSHIP GAME, BROAD STREET FIRE, FUNDRAISING
COMMUNITIES IN SCHOOLS 234 STATE STREET HARRISBURG, PA 17101	25-1728518	501(C)(3)	82,266.	0.			YORK PROGRAM, TO FURNISH A FAMILY-ENGAGEMENT CENTER AT HANNAH PENN, GENERAL SUPPORT, TO
COMMUNITY PROGRESS COUNCIL, INC. 226 EAST COLLEGE AVENUE YORK, PA 17403	23-1653135	501(C)(3)	125,000.	0.			SELF-SUFFICIENCY PROGRAM
COUNCIL ON FOUNDATIONS 1255 23RD STREET NW WASHINGTON, DC 20037	13-6068327	501(C)(3)	12,850.	0.			2018 MEMBERSHIP GRANT PORTION

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
COVENANT HOUSE PO BOX 731 NEW YORK, NY 10108	13-2725416	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CREATING OPPORTUNITIES IN NEIGHBORHOOD ENVIRONMENTS, INC. (CONE) - 31 SOUTH BROAD STREET - YORK, PA 17403	23-3070796	501(C)(3)	40,000.	0.			ONE YEAR'S PREDEVELOPMENT STAFFING AND PREPARATION OF A TAX-CREDIT ALLOCATION APPLICATION TO
CREATIVE YORK 10 NORTH BEAVER STREET YORK, PA 17401	23-2616151	501(C)(3)	13,062.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, BUSINESS AWARD SPONSORSHIP, PLEIN AIR SPONSOR
CRISPUS ATTUCKS ASSOCIATION 605 SOUTH DUKE STREET YORK, PA 17403	23-1365320	501(C)(3)	19,837.	0.			CULTIVATING HEALTHY LIVING, GENERAL SUPPORT, EARLY CHILDHOOD CARE AND EDUCATION
CUB SCOUT PACK 23 428 LINCOLN STREET YORK, PA 17401	23-1365194	501(C)(3)	5,073.	0.			GENERAL SUPPORT
CULTURAL ALLIANCE OF YORK COUNTY 14 W MARKET STREET YORK, PA 17401	23-2992925	501(C)(3)	49,455.	0.			GENERAL SUPPORT, ANNUAL CAMPAIGN, 2019 AND BEYOND, CELEBRATEARTS! MLK JR. CELEBRATION, WINE
CULTURE OF LIFE FOUNDATION INC. PO BOX 320637 ALEXANDRIA, VA 22320	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)	7,537.	0.			GENERAL SUPPORT
DIAKON LUTHERAN SOCIAL MINISTRIES 1 S. HOME AVENUE TOPTON, PA 19562	23-3014613	501(C)(3)	6,352.	0.			GENERAL SUPPORT, 150TH ANNIVERSARY CELEBRATION SPONSORSHIP

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
DOWNTOWN INC. 2 EAST MARKET STREET YORK, PA 17401	23-2411781	501(C)(3)	196,234.	0.			GENERAL SUPPORT, ANNUAL GIVING, CONTINENTAL SQUARE FAADE ILLUMINATION, PROF
DREAMWRIGHTS CENTER FOR COMMUNITY ARTS - 100 CARLISLE AVENUE - YORK, PA 17401	23-2882835	501(C)(3)	12,450.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN
EAGLES CHARITABLE FOUNDATION ONE NOVACARE WAY PHILADELPHIA, PA 19145	23-2794290	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EASTER SEALS WESTERN AND CENTRAL PENNSYLVANIA - SIX PARKWAY CENTER - PITTSBURGH, PA 15220	25-0965215	501(C)(3)	6,335.	0.			GENERAL SUPPORT
EASTERN YORK DOLLARS FOR SCHOLARS PO BOX 95 WRIGHTSVILLE, PA 17368	46-5052406	501(C)(3)	9,505.	0.			GENERAL SUPPORT
EDGAR FAHS SMITH STEAM ACADEMY 701 TEXAS AVENUE YORK, PA 17404	23-6004284	501(C)(3)	6,500.	0.			GENERAL SUPPORT, ONE BUTTON STUDIO
EMMANUEL UNITED CHURCH OF CHRIST 124 BROADWAY HANOVER, PA 17331	23-1472502	501(C)(3)	94,994.	0.			GENERAL SUPPORT
FAITH UNITED METHODIST CHURCH HELLAM - 126 EAST MARKET STREET - YORK, PA 17406	23-2264669	501(C)(3)	8,811.	0.			GENERAL SUPPORT, JUNE 2018 EASTERN YORK WORKCAMP INITIATIVE
FARM & NATURAL LANDS TRUST OF YORK COUNTY - 156 N. GEORGE STREET - YORK, PA 17401	23-2612674	501(C)(3)	12,272.	0.			GENERAL SUPPORT, RACE CONTRIBUTIONS

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
FIRST PRESBYTERIAN CHURCH 225 EAST MARKET STREET YORK, PA 17403	23-1355118	501(C)(3)	14,638.	0.			GENERAL SUPPORT, ANNUAL GIVING, FLOWERS AT THE CHURCH FOR EASTER AND CHRISTMAS
GARDEN CLUB OF YORK 1385 DETWILER DRIVE YORK, PA 17404	23-2994596	501(C)(3)	24,749.	0.			HANGING BASKETS
GETTYSBURG COLLEGE 300 NORTH WASHINGTON STREET GETTYSBURG, PA 23-1352641	23-1352641	501(C)(3)	10,799.	0.			GENERAL SUPPORT
GIRL SCOUTS IN THE HEART OF PENNSYLVANIA - 350 HALE AVENUE - HARRISBURG, PA 17104	24-0795960	501(C)(3)	5,526.	0.			GENERAL SUPPORT
GLATFELTER MEMORIAL LIBRARY 101 GLENVIEW ROAD SPRING GROVE, PA 17362	23-1580528	501(C)(3)	11,242.	0.			GENERAL SUPPORT
GOLDEN CONNECTIONS 20-C GOTHAM PLACE RED LION, PA 17356	23-2289794	501(C)(3)	10,000.	0.			FACILITY FUNCTIONALITY ENHANCEMENTS
GOOD WORK INSTITUTE 85 DOWNING STREET BROOKLYN, NY 11238	47-3091614	501(C)(3)	5,000.	0.			YORIT SOCIAL VENTURE EVENT KEYNOTE SPEAKER
GRETCHEN WOLF SWARTZ SCHOLARSHIP FOUNDATION INC. - 2700 DANIELLE DRIVE - DOVER, PA 17315	23-7160400	501(C)(3)	118,690.	0.			GENERAL SUPPORT
GUTHRIE MEMORIAL LIBRARY 2 LIBRARY PLACE HANOVER, PA 17331	06-0850218	501(C)(3)	5,972.	0.			GENERAL SUPPORT, PILOT OFFERING SENIOR PROGRAMMING AND A MEAL TO HANOVER BOROUGH OLDER

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HANOVER AREA HISTORICAL SOCIETY 21 BALTIMORE STREET HANOVER, PA 17331	23-6407016	501(C)(3)	102,044.	0.			GENERAL SUPPORT, CAPITAL IMPROVEMENT, OPERATIONS
HISTORIC PROSPECT HILL CEMETERY HERITAGE FOUNDATION - 700 NORTH GEORGE STREET - YORK, PA 17404	02-0798587	501(C)(3)	10,621.	0.			GENERAL SUPPORT
HOMEWOOD FOUNDATION, INC. 16107 ELLIOTT PARKWAY WILLIAMSPORT, PA 21795	52-1892689	501(C)(3)	16,731.	0.			GENERAL SUPPORT, SPONSORSHIPS
JESSICA AND FRIENDS COMMUNITY INC. 1625 EAST MARKET STREET YORK, PA 17403	23-2991619	501(C)(3)	11,245.	0.			GENERAL SUPPORT, DRAGONFLY PROGRAM
JEWISH COMMUNITY CENTER OF YORK 2000 HOLLYWOOD DRIVE YORK, PA 17403	23-1355127	501(C)(3)	21,480.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, SPONSOR 29TH ANNUAL JEWISH FOOD FESTIVAL, SECURITY
KATALASSO, INC. 38 SOUTH BELVIDERE AVENUE YORK, PA 17401	45-3170905	501(C)(3)	23,000.	0.			GENERAL SUPPORT
KEYSTONE KIDSPACE PO BOX 2442 YORK, PA 17405	30-0829212	501(C)(3)	54,000.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, ANNUAL GIVING
LANCASTER THEOLOGICAL SEMINARY 555 WEST JAMES STREET LANCASTER, PA 17603	23-1353386	501(C)(3)	16,216.	0.			GENERAL SUPPORT
LATINOS UNIDOS OF YORK 469 LINDEN AVENUE YORK, PA 17403	82-5516605	501(C)(3)	52,800.	0.			FOUNDATIONAL WORK PROPOSAL SUBMITTED TO LATINOS UNIDOS FROM VENTURE CLARITY

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LEADERSHIP YORK 238 NORTH GEORGE STREET YORK, PA 17401	23-2139541	501(C)(3)	12,689.	0.			FLY PROGRAM, LEADERSHIP TRAINING DIVERSITY SCHOLARSHIP, GENERAL SUPPORT, PROJECT TEAM AT
LEAVE A LEGACY YORK COUNTY 137 EAST MARKET STREET YORK, PA 17401	25-1719216	501(C)(3)	7,028.	0.			LEAD PARTNER, GENERAL SUPPORT
LEG UP FARM INC. 4880 NORTH SHERMAN STREET YORK, PA 17347	23-2931834	501(C)(3)	23,999.	0.			GENERAL SUPPORT, SILVER SADDLES PROGRAM, PROFESSIONAL DEVELOPMENT
LIFEPATH CHRISTIAN MINISTRIES 371 WEST MARKET STREET YORK, PA 17405	23-6444734	501(C)(3)	34,189.	0.			GENERAL SUPPORT, GROUP VIOLENCE INTERVENTION INITIATIVE
LINCOLN INTERMEDIATE UNIT 12 PO BOX 70 NEW OXFORD, PA 17350	23-1743636	501(C)(3)	129,530.	0.			YORK COUNTY SCHOOL DISTRICT INNOVATION LAB, SCHOOL RETOOL
LOGOS ACADEMY 250 WEST KING STREET YORK, PA 17401	31-1520442	501(C)(3)	38,490.	0.			GENERAL SUPPORT, FIELD TRIPS, SCHOLARSHIPS
MAKE-A-WISH FOUNDATION OF GREATER PA & SOUTHERN WV - 2951 WHITEFORD RD - YORK, PA 17402	25-1464177	501(C)(3)	15,791.	0.			GENERAL SUPPORT
MARGARET E. MOUL HOME 2050 BARLEY RD YORK, PA 17404	23-2037566	501(C)(3)	14,858.	0.			GENERAL SUPPORT, WHEELCHAIR PROGRAM
MARTIN LIBRARY 159 EAST MARKET STREET YORK, PA 17401	23-1352224	501(C)(3)	80,977.	0.			GENERAL SUPPORT, WORKFORCE DEVELOPMENT AT SALEM SQUARE, HONORARIUM FOR HOSTING WGC EVENT,

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MASON-DIXON BUSINESS ASSOCIATION PO BOX 100 DELTA, PA 17314	23-2768010	501(C)(6)	10,000.	0.			DELTA BOROUGH REVITALIZATION
MASON-DIXON PUBLIC LIBRARY 250 BAILEY DRIVE STEWARTSTOWN, PA 17363	23-2321504	501(C)(3)	5,270.	0.			GENERAL SUPPORT
MEMORIAL HEALTH FUND 14 W MARKET STREET YORK, PA 17401	22-2546051	501(C)(3)	5,260.	0.			GENERAL SUPPORT
MOUNT WOLF BOROUGH 345 CHESTNUT STREET MOUNT WOLF, PA 17347	23-1952738	GOVERNMENT	10,828.	0.			GENERAL SUPPORT OF MOUNT WOLF ATHLETIC ASSOCIATION
MOUNT ZION LUTHERAN CHURCH 2164 MOUNT ZION ROAD YORK, PA 17406	23-1744704	501(C)(3)	7,074.	0.			GENERAL SUPPORT
MT. ZION UNITED CHURCH OF CHRIST 1054 RIDGEWOOD ROAD YORK, PA 17402	23-1884302	501(C)(3)	44,682.	0.			GENERAL SUPPORT, MISSION PROJECTS
MUSCULAR DYSTROPHY ASSOCIATION 222 S. RIVERSIDE PLAZA CHICAGO, IL 60606	13-1665552	501(C)(3)	5,000.	0.			IN HONOR OF DAVE LAUGERMAN & LAUGERMAN FAMILY
NEW BIRTH OF FREEDOM COUNCIL, BOY SCOUTS OF AMERICA - 1 BADEN POWELL LANE - MECHANICSBURG, PA 17050	23-1365194	501(C)(3)	10,922.	0.			GENERAL SUPPORT, URBAN SCOUT PROGRAMS, DCC
NORTHEAST NEIGHBORHOOD ASSOCIATION, INC. - PO BOX 1148 - YORK, PA 17405	23-2904596	501(C)(3)	9,198.	0.			CHRYSTAL'S PLACE REHAB PROJECT

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NORTHEASTERN FOUNDATION 303 GRAVEL HILL ROAD MOUNT WOLF, PA 17347	26-1499191	501(C)(3)	8,719.	0.			GENERAL SUPPORT
OTTERBEIN UNITED METHODIST CHURCH-MT. WOLF - 131 CENTER STREET - MOUNT WOLF, PA 17347	23-6277722	501(C)(3)	13,969.	0.			GENERAL SUPPORT, EARLY CHILDHOOD CARE AND EDUCATION
PA CHILD 3301 WEST MARKET STREET YORK, PA 17404	46-4032584	501(C)(3)	9,000.	0.			JOOK UNIVERSITY 101
PA FRIENDS OF AGRICULTURE FOUNDATION - 510 S 3RD STREET - CAMP HILL, PA 17011	22-2699958	501(C)(3)	5,000.	0.			GENERAL SUPPORT
PARTNERSHIP FOR ECONOMIC DEVELOPMENT IN YORK COUNTY, INC. - 144 ROOSEVELT AVENUE - YORK, PA 17401	23-2768349	501(C)(3)	50,000.	0.			TO SUPPORT NEWLY CREATED POSITION OF YCEA VP OF STRATEGIC DEVELOPMENT
PENN STATE YORK 1031 EDGEComb DRIVE YORK, PA 17403	24-6000376	GOVERNMENT	14,858.	0.			GENERAL SUPPORT, SCHOLARSHIPS, WPN, ACT 129, GOLD SPONSORSHIP, OLLI PROGRAM
PENN-MAR HUMAN SERVICES, INC. 10709 SUSQUEHANNA TRAIL GLEN ROCK, PA 17327	52-1590195	501(C)(3)	7,889.	0.			GENERAL SUPPORT
PHILANTHROPIC ENDEAVORS 3291 N. GEORGE STREET EMIGSVILLE, PA 17318	20-0751671	501(C)(3)	48,200.	0.			WHAT THE FOOD TRUCK, GUSA MUSIC FEST, COMMUNITY VOICES THROUGH COMMUNITY MURAL/ARTS, CLEAN & GREEN
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - PO BOX 97166 - WASHINGTON, DC 20090	13-1644147	501(C)(3)	5,250.	0.			GENERAL SUPPORT

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PLANNED PARENTHOOD KEYSTONE PO BOX 813 TREXLERTOWN, PA 18087	23-2450112	501(C)(3)	15,327.	0.			GENERAL SUPPORT
RAICES 1305 N FLORES STREET SAN ANTONIO, TX 78212	74-2436920	501(C)(3)	5,000.	0.			TO SUPPORT FAMILIES SEPARATED AT THE BORDER
RED LION AREA SCHOOL DISTRICT 696 DELTA ROAD RED LION, PA 17356	23-1674306	501(C)(3)	15,000.	0.			DENTAL HYGIENE PROGRAM
RED LION BOROUGH 11 E. BROADWAY RED LION, PA 17356	23-6002929	GOVERNMENT	10,740.	0.			MA & PA GREENWAY CONSTRUCTION
ROTARY CLUB OF YORK CHARITABLE ENDOWMENT FUND - 724 S. GEORGE STREET - YORK, PA 17401	23-2642321	501(C)(3)	46,510.	0.			SYCAMORE TREE FUND, GENERAL SUPPORT, SCHOLARSHIPS, PRESERVE PLANET EARTH COMMITTEE'S
SERVANTS INC. 100 REDCO AVENUE RED LION, PA 17356	23-3042387	501(C)(3)	74,980.	0.			HOME HELPS PROGRAM
SHADOWFAX CORPORATION 386 PATTISON STREET YORK, PA 17403	23-2368549	501(C)(3)	5,242.	0.			GENERAL SUPPORT
SLATE RIDGE PRESBYTERIAN CHURCH 1630 CHESTNUT STREET CARDIFF, MD 21160	52-1368570	501(C)(3)	7,034.	0.			GENERAL SUPPORT
SOUTHERN YORK COUNTY SCHOOL DISTRICT FOUNDATION - PO BOX 128 - GLEN ROCK, PA 17327	23-2862892	501(C)(3)	22,957.	0.			GENERAL SUPPORT

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SPIRITRUST LUTHERAN 1050 PENNSYLVANIA AVENUE YORK, PA 17404	23-1476329	501(C)(3)	28,713.	0.			GENERAL SUPPORT, CORNERSTONE DINNER SPONSOR, EDUCATING THE NEXT GENERATION OF
SPRING GARDEN BAND 993 MARBROOK LANE YORK, PA 17404	22-2459929	501(C)(3)	45,132.	0.			GENERAL SUPPORT
SPRING GARDEN TOWNSHIP 558 SOUTH OGONTZ STREET YORK, PA 17403	23-6003037	GOVERNMENT	15,000.	0.			VIRGINIA AVENUE STORM WATER PROJECT
SPRING GROVE AREA EDUCATION FUND, INC. - 100 EAST COLLEGE AVENUE - SPRING GROVE, PA 17362	47-1901147	501(C)(3)	13,191.	0.			GENERAL SUPPORT
SPRING GROVE AREA SCHOLARSHIP FUND INC. - 2040 YINGLING DRIVE - SPRING GROVE, PA 17362	46-3480762	501(C)(3)	22,268.	0.			GENERAL SUPPORT
SPRING GROVE AREA SCHOOL DISTRICT 100 EAST COLLEGE AVENUE SPRING GROVE, PA 17362	23-6004845	501(C)(3)	12,443.	0.			LITERACY EDUCATION
SPRING GROVE BOROUGH ONE CAMPUS AVENUE SPRING GROVE, PA 17362	23-6002948	GOVERNMENT	10,000.	0.			SPRING FORGE SHOPPING CENTER SWALE IMPROVEMENTS
ST. JAMES LUTHERAN CHURCH 25 NORTH ADAMS STREET YORK, PA 17404	41-1568278	501(C)(3)	7,842.	0.			GENERAL SUPPORT
ST. JOHN EVANGELICAL LUTHERAN CHURCH - 175 EAST MAIN STREET - NEW FREEDOM, PA 17349	23-1979891	501(C)(3)	6,632.	0.			GENERAL SUPPORT

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ST. JOHN THE BAPTIST EPISCOPAL CHURCH - 140 NORTH BEAVER STREET - YORK, PA 17401	23-1365285	501(C)(3)	14,295.	0.			GENERAL SUPPORT, CAPITAL NEEDS,
ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC. - 262 DANNY THOMAS PL - MEMPHIS, TN 38105	62-0646012	501(C)(3)	7,835.	0.			GENERAL SUPPORT
ST. PATRICK'S CATHOLIC CHURCH 231 SOUTH BEAVER STREET YORK, PA 17401	53-0196617	501(C)(3)	10,400.	0.			GENERAL SUPPORT, BISHOP'S ANNUAL LENTEN APPEAL, CAPITAL CAMPAIGN RESTORE & PRESERVE
ST. PAUL EVANGELICAL LUTHERAN CHURCH - 201 S. MAIN STREET - SPRING GROVE, PA 17362	23-1370472	501(C)(3)	100,811.	0.			GENERAL SUPPORT, INSTALLATION OF COLUMBARIUM AT CEMETARY
ST. PAUL'S LUTHERAN CHURCH 25 WEST SPRINGETTSBURY AVENUE YORK, PA 17403	23-1352477	501(C)(3)	12,252.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, EARLY CHILDHOOD CARE AND EDUCATION
STEAM INTO HISTORY 2 W. MAIN STREET NEW FREEDOM, PA 17349	20-4755150	501(C)(3)	6,000.	0.			GET ON BOARD CAPITAL CAMPAIGN, GENERAL SUPPORT
SUSQUEHANNA HERITAGE CORPORATION 1706 LONG LEVEL ROAD WRIGHTSVILLE, PA 17368	75-3087098	501(C)(3)	10,414.	0.			GENERAL SUPPORT, GATEWAY, MATCH FOR TUTOURIA APP
THE BELMONT THEATRE 27 S. BELMONT STREET YORK, PA 17403	23-1251224	501(C)(3)	13,765.	0.			GENERAL SUPPORT, ENCORE
THE BILL GOODLING TEACHER SCHOLARSHIP FUND - 2600 EASTERN BLVD - YORK, PA 17402	26-4476419	501(C)(3)	5,165.	0.			GENERAL SUPPORT, SCHOLARSHIPS

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THE HAHN HOME 403 CHESTNUT HILL ROAD YORK, PA 17402	23-1425032	501(C)(3)	193,000.	0.			GENERAL SUPPORT
THE LENFEST INSTITUTE FOR JOURNALISM, LLC - 801 MARKET STREET - PHILADELPHIA, PA 19107	04-3731829	501(C)(3)	10,000.	0.			PA POST/SPOTLIGHT PA PROJECT
THE NATURE CONSERVANCY 15 E. RIDGE PIKE WEST CONSHOHOCKEN, PA 19428	53-0242652	501(C)(3)	12,500.	0.			EXPANDING 4R NUTRIENT STEWARDSHIP OUTREACH AND IMPLEMENTATION IN YORK COUNTY
THE SALVATION ARMY 50 EAST KING STREET YORK, PA 17405	13-5562351	501(C)(3)	17,769.	0.			GENERAL SUPPORT, YOUTH PROGRAMS
THEATRE ARTS FOR EVERYONE 1604 2ND AVENUE YORK, PA 17403	47-5402481	501(C)(3)	6,000.	0.			YOUR ARE NEVER TOO OLD TO ACT!
TURNING POINT CHURCH PO BOX 1592 MECHANICSBURG, PA 17055	45-4290462	501(C)(3)	10,000.	0.			BUILDING FUND
UNITED WAY OF YORK COUNTY 800 EAST KING STREET YORK, PA 17403	23-1352588	501(C)(3)	124,147.	0.			ANNUAL TOCQUEVILLE GIFT, GENERAL SUPPORT, ELS SPONSOR, FOCUS PROGRAM, ANNUAL CAMPAIGN
VISIONCORPS 1380 SPAHN AVENUE YORK, PA 17403	23-1365986	501(C)(3)	15,048.	0.			GENERAL SUPPORT
VNA HOME HEALTH WELLSPAN 540 S. GEORGE STREET YORK, PA 17401	23-1352573	501(C)(3)	29,797.	0.			GENERAL SUPPORT

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WEST YORK AREA SCHOOL DISTRICT 2605 WEST MARKET STREET YORK, PA 17404	23-1642980	501(C)(3)	13,787.	0.			MUSIC PROGRAM, COUNSELOR FUND
WITF INC 4801 LINDLE RD HARRISBURG, PA 17111	23-1629016	501(C)(3)	15,450.	0.			GENERAL SUPPORT, MEDIA LITERACY
WOMEN'S CARE CENTER 40 SOUTH RICHLAND AVENUE YORK, PA 17405	23-2608350	501(C)(3)	9,500.	0.			GENERAL SUPPORT
YMCA OF YORK AND YORK COUNTY 90 NORTH NEWBERRY STREET YORK, PA 17401	23-1352600	501(C)(3)	52,261.	0.			YMCA RACE SERIES, DIABETES AWARENESS/EDUCATION PROGRAM, GENERAL SUPPORT,
YORK ACADEMY REGIONAL CHARTER SCHOOL - 32 WEST NORTH STREET - YORK, PA 17401	27-2294198	501(C)(3)	127,700.	0.			SAPPHIREK12 CHILD ACCOUNTING SOFTWARE, HONORIUM FOR HOSTING WGC EVENT, CAPITAL CAMPAIGN,
YORK ART ASSOCIATION 220 SOUTH MARSHALL STREET YORK, PA 17402	23-1984781	501(C)(3)	6,656.	0.			GENERAL SUPPORT, ROTTLE AWARDS
YORK BENEVOLENT ASSOCIATION PO BOX 5041 YORK, PA 17405	23-1353396	501(C)(3)	33,125.	0.			GENERAL SUPPORT
YORK CATHOLIC HIGH SCHOOL 601 EAST SPRINGETTSBURY AVENUE YORK, PA 17403	23-1381037	501(C)(3)	253,631.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, TUITION ASSISTANCE
YORK CITY BUREAU OF HEALTH PO BOX 509 YORK, PA 17405	23-1353396	GOVERNMENT	155,601.	0.			HEALTHY MOMS HEALTHY BABIES READ TOGETHER, GENERAL SUPPORT, ZAGSTER BIKE PROGRAM, AGE IS JUST

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YORK CITY DOLLARS FOR SCHOLARS 315 RUTH DRIVE YORK, PA 17403	46-5072652	501(C)(3)	13,976.	0.			GENERAL SUPPORT, ANNUAL GIVING
YORK CITY PARKS CONSERVANCY 15 EAST PHILADELPHIA STREET YORK, PA 17401	23-3066098	501(C)(3)	30,324.	0.			TO SUPPORT HIRING CONSULTANT TO ADMINISTER THE ENDOWMENT BUILDING CAMPAIGN, CAPITAL
YORK COLLEGE OF PENNSYLVANIA 441 COUNTRY CLUB ROAD YORK, PA 17403	23-1352698	501(C)(3)	85,438.	0.			GENERAL SUPPORT, ENGINEERING AND SCIENCE COUNCIL MEMBERSHIP, SCHOLARSHIPS, CENTER FOR
YORK COUNTRY DAY SCHOOL 1071 REGENTS' GLEN BLVD YORK, PA 17403	23-1352698	501(C)(3)	6,690.	0.			GENERAL SUPPORT, SCHOLARSHIPS
YORK COUNTY 4-H ENDOWMENT 4813 SHAFFER RD SEVEN VALLEYS, PA 17360	23-6957724	501(C)(3)	9,691.	0.			GENERAL SUPPORT, MAINTENANCE AND REPAIR TO BARR STATION OR ANY REPLACEMENT FACILITY
YORK COUNTY AGRICULTURAL SOCIETY 334 CARLISLE AVENUE YORK, PA 17404	23-1241290	501(C)(3)	106,218.	0.			GENERAL SUPPORT
YORK COUNTY BAR FOUNDATION 137 EAST MARKET STREET YORK, PA 17401	23-2647164	501(C)(3)	52,376.	0.			HARD BARGAINS 1777, GENERAL SUPPORT, ANNUAL GIVING, PIRC, PA
YORK COUNTY ECONOMIC ALLIANCE 28 SOUTH QUEEN STREET YORK, PA 17403	40-3777710	501(C)(6)	130,667.	0.			ECONOMIC ECOSYSTEM BUILDER
YORK COUNTY HISTORY CENTER 250 EAST MARKET STREET YORK, PA 17403	23-1352323	501(C)(3)	212,300.	0.			GENERAL SUPPORT, LIBRARY, CAPITAL CAMPAIGN, EDUCATIONAL PROGRAMMING, HIRING A COMMUNITY

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YORK COUNTY HONORS CHOIR 340 EAST MARKET STREET YORK, PA 17405	47-4155732	501(C)(3)	16,645.	0.			GENERAL SUPPORT
YORK COUNTY LIBRARIES 159 EAST MARKET STREET YORK, PA 17401	23-7394108	501(C)(3)	17,991.	0.			CAPITAL CAMPAIGN, OPERATIONS AND PROMOTING/ENCOURAGING PUBLIC AWARENESS OF THE
YORK COUNTY LITERACY COUNCIL 800 EAST KING STREET YORK, PA 17403	23-2088132	501(C)(3)	29,044.	0.			GENERAL SUPPORT, YCLC LITERACY EMPOWERMENT CAMPAIGN, NEXT STEP PROGRAM
YORK COUNTY PARKS FOUNDATION CHARITABLE TRUST - 400 MUNDIS RACE ROAD - YORK, PA 17406	46-2861562	501(C)(3)	16,655.	0.			50TH ANNIVERSARY-EDUCATION CENTER ADDITION, GENERAL SUPPORT, MAINTENANCE
YORK COUNTY PLANNING COMMISSION 28 EAST MARKET STREET YORK, PA 17401	23-1601506	GOVERNMENT	35,592.	0.			YORK COUNTY STREAM BANCS ASSESSMENT AND STREAM RESTORATION EVALUATION TOOLS, SENIOR INITIATIVES
YORK COUNTY RAIL TRAIL AUTHORITY PO BOX 335 SEVEN VALLEYS, PA 17360	23-2625950	GOVERNMENT	29,000.	0.			GENERAL SUPPORT, IMPROVEMENTS TO WILLIS RUN-CODORUS CREEK AREA, PUMPKIN WALK, GENERAL
YORK COUNTY SPCA 3159 SUSQUEHANNA TRAIL NORTH YORK, PA 17406	23-1399588	501(C)(3)	47,026.	0.			GENERAL SUPPORT, RUN FOR THE BULLIES HELPING PAW SPONSOR
YORK DAY NURSERY INC. 450 EAST PHILADELPHIA STREET YORK, PA 17403	23-1649205	501(C)(3)	13,653.	0.			GENERAL SUPPORT, ANNUAL APPEAL, SUBSIDIZE ATTENDANCE OF PRE-SCHOOL CHILDREN, EARLY CHILDHOOD
YORK FOOD BANK 254 WEST PRINCESS STREET YORK, PA 17401	23-2452484	501(C)(3)	21,500.	0.			GENERAL SUPPORT, SENIOR FOOD BOX PROGRAM

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 HABITAT FOR HUMANITY 33 SOUTH SEWARD STREET YORK, PA 17404	22-2670895	501(C)(3)	6,671.	0.			GENERAL SUPPORT, 5K RACE SPONSOR
YORK HEALTH FOUNDATION 50 N. DUKE STREET YORK, PA 17401	23-3050192	501(C)(3)	10,192.	0.			GENERAL SUPPORT, CANCER PATIENT HELP FUND, PHILIP A. HOOVER MEDICAL LIBRARY, BENTZEL DENTAL
YORK REGIONAL EMERGENCY PO BOX 485 DALLASTOWN, PA 17313	23-7201002	501(C)(3)	33,000.	0.			EMS CONSOLIDATION PHASE I CONSULTING SERVICES
YORK SUBURBAN DOLLARS FOR SCHOLARS 1800 HOLLYWOOD DRIVE YORK, PA 17403	46-5146589	501(C)(3)	18,012.	0.			GENERAL SUPPORT
YORK SYMPHONY ORCHESTRA 50 NORTH GEORGE STREET YORK, PA 17401	23-6298810	501(C)(3)	177,549.	0.			GENERAL SUPPORT, ANNUAL GIVING
YORK TOWN CRAFT GUILD 639 NORTH FRANKLIN STREET YORK, PA 17403	23-3096728	501(C)(3)	5,830.	0.			METALS PROGRAM, GENERAL SUPPORT
YORK YOUTH SYMPHONY PO BOX 3224 YORK, PA 17402	23-2236458	501(C)(3)	42,998.	0.			GENERAL SUPPORT
YWCA YORK 320 EAST MARKET STREET YORK, PA 17403	23-1360889	501(C)(3)	70,410.	0.			GENERAL SUPPORT, RACIAL AND SOCIAL JUSTICE PROGRAM, TEMPLE GUARD, CAMP CANN-EDI-ON, VICTIM
ALBRIGHT CARE SERVICES 90 MAPLEWOOD DRIVE LEWISBURG, PA 17837	23-1887138	501(C)(3)	21,359.	0.			WEST MANCHESTER SENIOR TRAIL AND NATURE PARK, NORMANDIE RIDGE BENEVOLENT CARE ENDOWMENT

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 MILLERSVILLE UNIVERSITY STUDENTS	1	750.	0.		
SCHOLARSHIP FOR PENN STATE YORK STUDENTS	1	750.	0.		
SCHOLARSHIP FOR YORK COLLEGE OF PENNSYLVANIA STUDENTS	10	6,750.	0.		
SCHOLARSHIP FOR GETTYSBURG COLLEGE STUDENTS	1	5,000.	0.		
SCHOLARSHIP FOR YORK CITY HIGH SCHOOL STUDENTS	35	45,994.	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 PENN STATE UNIVERSITY STUDENTS	5.	9,250.	0.		
SCHOLARSHIP FOR SOUTH WESTERN HIGH SCHOOL STUDENTS	12.	20,750.	0.		
SCHOLARSHIP FOR YORK SUBURBAN HIGH SCHOOL STUDENTS	12.	15,000.	0.		
SCHOLARSHIP FOR SOUTH EASTERN HIGH SCHOOL STUDENTS	5.	9,250.	0.		
SCHOLARSHIP FOR EASTERN YORK HIGH SCHOOL STUDENTS	8.	12,875.	0.		
SCHOLARSHIP FOR UNIVERSITY OF PITTSBURGH STUDENTS	5.	4,176.	0.		
SCHOLARSHIP FOR SOUTHERN HIGH SCHOOL STUDENTS	7.	16,250.	0.		
SCHOLARSHIP FOR RED LION HIGH SCHOOL STUDENTS	5.	9,000.	0.		
SCHOLARSHIP FOR ELIZABETHTOWN COLLEGE STUDENTS	1.	1,000.	0.		

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP FOR DELAWARE VALLEY UNIVERSITY STUDENTS	1.	1,500.	0.		
SCHOLARSHIP FOR HACC YORK CAMPUS	1.	500.	0.		
SCHOLARSHIP FOR PENNSYLVANIA COLLEGE OF TECHNOLOGY	1.	1,500.	0.		
SCHOLARSHIP FOR WEST CHESTER UNIVERSITY STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR HARRISBURG AREA COMMUNITY COLLEGE	2.	1,600.	0.		
SCHOLARSHIP FOR NORTHEASTERN HIGH SCHOOL STUDENTS	28.	37,643.	0.		
SCHOLARSHIP FOR SPRING GROVE HIGH SCHOOL STUDENTS	9.	37,056.	0.		
SCHOLARSHIP FOR DALLASTOWN HIGH SCHOOL STUDENTS	9.	16,500.	0.		
SCHOLARSHIP FOR IOWA STATE UNIVERSITY STUDENTS	1.	2,200.	0.		

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP FOR KUTZTOWN UNIVERSITY STUDENTS	2.	1,750.	0.		
SCHOLARSHIP FOR EASTERN UNIVERSITY STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR LAFAYETTE COLLEGE STUDENTS	1.	1,250.	0.		
SCHOLARSHIP FOR UNIVERSITY OF DELAWARE STUDENTS	3.	4,450.	0.		
SCHOLARSHIP FOR OKLAHOMA STATE UNIVERSITY STUDENTS	1.	2,200.	0.		
SCHOLARSHIP FOR USMA STUDENTS	1.	500.	0.		
SCHOLARSHIP FOR BRIGHAM YOUNG UNIVERSITY STUDENTS	1.	500.	0.		
SCHOLARSHIP FOR MONTCLAIR STATE STUDENTS	1.	500.	0.		
SCHOLARSHIP FOR DREXEL UNIVERSITY STUDENTS	2.	2,750.	0.		

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP FOR HOFSTRA UNIVERSITY STUDENTS	7.	4,000.	0.		
SCHOLARSHIP FOR DUQUESNE UNIVERSITY STUDENTS	3.	6,000.	0.		
SCHOLARSHIP FOR PITTSBURGH TECHNICAL COLLEGE STUDENTS	1.	1,500.	0.		
SCHOLARSHIP FOR PENN STATE DUBOIS STUDENTS	1.	2,200.	0.		
SCHOLARSHIP FOR SAINT FRANCIS UNIVERSITY STUDENTS	2.	2,000.	0.		
SCHOLARSHIP FOR SYRACUSE UNIVERSITY STUDENTS	1.	1,250.	0.		
SCHOLARSHIP FOR ROWAN COLLEGE AT BURLINGTON COUNTY STUDENTS	1.	4,000.	0.		
SCHOLARSHIP FOR UNIVERSITY OF TAMPA	2.	1,500.	0.		
SCHOLARSHIP FOR KETTERING COLLEGE STUDENTS	2.	1,000.	0.		

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP FOR WILSON COLLEGE STUDENTS	1.	750.	0.		
SCHOLARSHIP FOR PENNSYLVANIA COLLEGE OF HEALTH SCIENCE	1.	750.	0.		
SCHOLARSHIP FOR WIDENER UNIVERSITY STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR LAWRENCE UNIVERSITY OF WISCONSIN	1.	1,000.	0.		
SCHOLARSHIP FOR VASSAR COLLEGE STUDENTS	1.	5,000.	0.		
SCHOLARSHIP FOR ARIZONA STATE UNIVERSITY	1.	1,500.	0.		
SCHOLARSHIP FOR UNIVERSITY OF ALABAMA AR BIRMINGHAM STUDENTS	1.	3,000.	0.		
SCHOLARSHIP FOR COLORADO STATE UNIVERSITY STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR ACADEMY FOR MEDIA PRODUCTION STUDENTS	1.	1,500.	0.		

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: APPELL CENTER FOR THE PERFORMING ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CREATING FILM ACCESSIBILITY FOR AGING, HEARING/VISUALLY IMPAIRED, SUSTAINABILITY CAMPAIGN, CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: ARTBA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TMAW PROGRAM, LANFORD FAMILY HIGHWAY WORKER MEMORIAL SCHOLARSHIP FUND, SILVER SPONSOR 2018 CONVENTION

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ASBURY FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, GOLF TOURNAMENT
SPONSOR, ASBURY METHODIST VILLAGE MUSIC FOR MISSION SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: GATES PROJECT, SHOOTING STARS
FILMING OF YAIAA CHAMPIONSHIP GAME, BROAD STREET FIRE, FUNDRAISING
COMMITTEE, GENERAL SUPPORT PENN PARK

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITIES IN SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: YORK PROGRAM, TO FURNISH A
FAMILY-ENGAGEMENT CENTER AT HANNAH PENN, GENERAL SUPPORT, TO SUPPORT
SALARY OF SITE COORDINATORS IN YORK CITY SCHOOL DISTRICT

NAME OF ORGANIZATION OR GOVERNMENT:

CREATING OPPORTUNITIES IN NEIGHBORHOOD ENVIRONMENTS, INC. (CONE)
(H) PURPOSE OF GRANT OR ASSISTANCE: ONE YEAR'S PREDEVELOPMENT STAFFING
AND PREPARATION OF A TAX-CREDIT ALLOCATION APPLICATION TO PHFA FOR
THACKSTON II

NAME OF ORGANIZATION OR GOVERNMENT: CULTURAL ALLIANCE OF YORK COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ANNUAL CAMPAIGN,
2019 AND BEYOND, CELEBRATEARTS! MLK JR. CELEBRATION, WINE AND FOOD FEST
SILVER SPONSOR

NAME OF ORGANIZATION OR GOVERNMENT: DOWNTOWN INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ANNUAL GIVING,

Part IV Supplemental Information

CONTINENTAL SQUARE FAADE ILLUMINATION, PROF DEVELOPMENT, YORK COUNTY
ADMIN BLDG DOME LIGHTING STUDY, YORK'S GOOD NEWS INITIATIVE, LATIN
AMERICAN FLAGS FOR COMMUNITY EVENTS, FOUNDRY PARK SECURITY CAMERA
PROJECT, DOWNTOWN PLANTERS, WECO, CIGAR BOX FESTIVAL

NAME OF ORGANIZATION OR GOVERNMENT: GUTHRIE MEMORIAL LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, PILOT OFFERING
SENIOR PROGRAMMING AND A MEAL TO HANOVER BOROUGH OLDER ADULTS

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH COMMUNITY CENTER OF YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CAPITAL CAMPAIGN,
SPONSOR 29TH ANNUAL JEWISH FOOD FESTIVAL, SECURITY ENHANCEMENTS, EARLY
CHILDHOOD CARE/EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: LEADERSHIP YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: FLY PROGRAM, LEADERSHIP TRAINING
DIVERSITY SCHOLARSHIP, GENERAL SUPPORT, PROJECT TEAM AT SPRING GROVE
SCHOOL DISTRICT

NAME OF ORGANIZATION OR GOVERNMENT: MARTIN LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, WORKFORCE
DEVELOPMENT AT SALEM SQUARE, HONORARIUM FOR HOSTING WGC EVENT, YORK CITY
GIRLS TELL THEIR NEIGHBORHOOD STORY, HONOREES

NAME OF ORGANIZATION OR GOVERNMENT: PHILANTHROPIC ENDEAVORS

(H) PURPOSE OF GRANT OR ASSISTANCE: WHAT THE FOOD TRUCK, GUSA MUSIC
FEST, COMMUNITY VOICES THROUGH COMMUNITY MURAL/ARTS, CLEAN & GREEN
CHALLENGE, MOBILE MUSIC LAB, STRETCH POOL, ST. PATRICK'S DAY PARADE, PROF

Part IV Supplemental Information

DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

ROTARY CLUB OF YORK CHARITABLE ENDOWMENT FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: SYCAMORE TREE FUND, GENERAL SUPPORT,
SCHOLARSHIPS, PRESERVE PLANET EARTH COMMITTEE'S TREE PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: SPIRITRUST LUTHERAN

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CORNERSTONE DINNER
SPONSOR, EDUCATING THE NEXT GENERATION OF CERTIFIED NURSING ASSISTANTS
PROGRAM, TO SUPPORT SHREWSBURY LUTHERAN VILLAGE

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF YORK AND YORK COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: YMCA RACE SERIES, DIABETES
AWARENESS/EDUCATION PROGRAM, GENERAL SUPPORT, CAPITAL CAMPAIGN, NEW
AMERICAN WELCOME CENTER, EARLY CHILDHOOD CARE AND EDUCATION,
TRANSFORMATION/PRESERVATION CAMPAIGN, STABILITY PROGRAM, MEMBERSHIP
PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: YORK ACADEMY REGIONAL CHARTER SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: SAPPHIREK12 CHILD ACCOUNTING
SOFTWARE, HONORIUM FOR HOSTING WGC EVENT, CAPITAL CAMPAIGN, MAKERSPACE
PROGRAM AT UPPER SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: YORK CITY BUREAU OF HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTHY MOMS HEALTHY BABIES READ
TOGETHER, GENERAL SUPPORT, ZAGSTER BIKE PROGRAM, AGE IS JUST A NUMBER,
HEALTH MOMS HEALTHY BABIES BREASTFEEDING PROGRAM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: YORK CITY PARKS CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HIRING CONSULTANT TO ADMINISTER THE ENDOWMENT BUILDING CAMPAIGN, CAPITAL CAMPAIGN, CONSTRUCTION/MAINTENANCE REID MENZER MEM SKATEPARK, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: YORK COLLEGE OF PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ENGINEERING AND SCIENCE COUNCIL MEMBERSHIP, SCHOLARSHIPS, CENTER FOR COMMUNITH ENGAGEMENT, YCCOSP GENERATIONS OF HOPE, DRONE AND MULTISPECTRAL ANALYSIS PROJECT, SPONSOR LECTURE EVENT

NAME OF ORGANIZATION OR GOVERNMENT: YORK COUNTY HISTORY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, LIBRARY, CAPITAL CAMPAIGN, EDUCATIONAL PROGRAMMING, HIRING A COMMUNITY HISTORIAN FOR DIVERSITY AND INCLUSION, MAINTENANCE, BUILDING CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: YORK COUNTY LIBRARIES

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL CAMPAIGN, OPERATIONS AND PROMOTING/ENCOURAGING PUBLIC AWARENESS OF THE AMERICAN MERCHANT MARINES

NAME OF ORGANIZATION OR GOVERNMENT:

YORK COUNTY PARKS FOUNDATION CHARITABLE TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: 50TH ANNIVERSARY-EDUCATION CENTER ADDITION, GENERAL SUPPORT, MAINTENANCE WILLIAM H. KAIN COUNTY PARK AND/OR YORK COUNTY HERITAGE RAIL TRAIL, OUTDOOR CLASSROOM

NAME OF ORGANIZATION OR GOVERNMENT: YORK COUNTY PLANNING COMMISSION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: YORK COUNTY STREAM BANCS ASSESSMENT AND STREAM RESTORATION EVALUATION TOOLS, SENIOR INITIATIVES COMMUNITY PARTNERSHIP-HOUSING

NAME OF ORGANIZATION OR GOVERNMENT: YORK COUNTY RAIL TRAIL AUTHORITY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, IMPROVEMENTS TO WILLIS RUN-CODORUS CREEK AREA, PUMPKIN WALK, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: YORK DAY NURSERY INC.

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

NAME OF ORGANIZATION OR GOVERNMENT: YORK HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CANCER PATIENT HELP FUND, PHILIP A. HOOVER MEDICAL LIBRARY, BENTZEL DENTAL CENTER AND HOODNER DENTAL CLINIC FOR DENTAL PATIENT FINANCIAL ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: YWCA YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, RACIAL AND SOCIAL JUSTICE PROGRAM, TEMPLE GUARD, CAMP CANN-EDI-ON, VICTIM ASSISTANCE CENTER FOR BOYS' PROGRAM, ACCESS YORK, COMMUNITY EDUCATION FOR PREVENTING DOMESTIC AND SEXUAL VIOLENCE

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JANE M. CONOVER (EX-OFFICIO) PRESIDENT, DIRECTOR	(i)	142,765.	0.	0.	5,211.	12,692.	160,668.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	15	761,261.	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** **0**

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2018

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, 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.

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

OMB No. 1545-0047

2018

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 IMPROVING ATTITUDES ON AGING AND
REDUCING BARRIERS TO AGING WELL.

EXPENSES \$ 465,217. INCLUDING GRANTS OF \$ 368,617. REVENUE \$ 0.

FORM 990, PART V, LINE 1C:

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

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

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

YORK COUNTY COMMUNITY FOUNDATION

Employer identification number

23-6299868

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.

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

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

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	-303,304.
AGENCY ENDOWMENT GIFTS	-1,265,770.
AGENCY ENDOWMENT INVESTMENT INCOME	-253,850.
AGENCY ENDOWMENT GRANT DISTRIBUTIONS	798,617.
REVENUE FROM BENEFICIAL INTERESTS IN TRUSTS	-125,368.
CHARITABLE REMAINDER UNITRUST (REVENUE)/EXPENSE	-81,626.
REVENUE FROM CHARITABLE REMAINDER TRUSTS	16,997.
TOTAL TO FORM 990, PART XI, LINE 9	-1,214,304.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Schedule R (Form 990) 2018

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b	X	
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l	X	
1m		X
1n	X	
1o		X
1p		X
1q		X
1r		X
1s	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MEMORIAL HEALTH FUND	L	141,041.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

2018

For calendar year 2018 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

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

Department of the Treasury Internal Revenue Service

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

Part I: Name of organization (YORK COUNTY COMMUNITY FOUNDATION), Employer identification number (23-6299868), Address (14 WEST MARKET STREET, YORK, PA 17401-1617), Unrelated business activity code (561000).

Part II: Book value of all assets at end of year (139,404,104), Group exemption number, Check organization type (501(c) corporation).

Part III: Enter the number of the organization's unrelated trades or businesses (1), Describe the only (or first) unrelated trade or business here (PARTNERSHIP PASSTHROUGH).

Part IV: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No).

Part V: The books are in care of (GEORGE DVORYAK, CFO), Telephone number (717-848-3733).

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Charitable contributions, Depreciation, etc.

Part III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	12,017.
34	Amounts paid for disallowed fringes	34	12,942.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	24,959.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	23,959.

Part IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	5,031.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	5,031.

Part V Tax and Payments					
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b			
c	General business credit. Attach Form 3800	45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
e	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	46	5,031.		
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47			
48	Total tax. Add lines 46 and 47 (see instructions)	48	5,031.		
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.		
50a	Payments: A 2017 overpayment credited to 2018	50a			
b	2018 estimated tax payments	50b	302.		
c	Tax deposited with Form 8868	50c	4,750.		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			
e	Backup withholding (see instructions)	50e			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f			
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g			
51	Total payments. Add lines 50a through 50g	51	5,052.		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	21.		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 21. Refunded	55	0.		

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
56	At any time during the 2018 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		X
57	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.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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: _____ Title: **TREASURER**

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

Paid Preparer Use Only	Print/Type preparer's name AMY GOHN ANSTINE, CPA	Preparer's signature AMY GOHN ANSTINE, CPA	Date 11/05/19	Check <input type="checkbox"/> if self-employed	PTIN P00072689
	Firm's name RKL LLP 3501 CONCORD ROAD, PO BOX 21439 Firm's address YORK, PA 17402			Firm's EIN 23-2108173	Phone no. 717-843-3804

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		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
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.

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

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

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.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

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

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

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER - ORDINARY BUSINESS INCOME		3,295.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER - NET RENTAL REAL ESTATE IN		-10.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER - OTHER NET RENTAL INCOME (4.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER - INTEREST INCOME		860.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER - DIVIDEND INCOME		922.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER - ROYALTIES		777.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER - OTHER PORTFOLIO INCOME (L		941.
COMMONFUND CAPITAL STRAGETIC SOLUCTIONS - ORDINARY BUSINESS INCOME (LOSS)		1,930.
COMMONFUND CAPITAL STRAGETIC SOLUCTIONS - NET RENTAL REAL ESTATE INCOME		-4.
COMMONFUND CAPITAL STRAGETIC SOLUCTIONS - INTEREST INCOME		747.
COMMONFUND CAPITAL STRAGETIC SOLUCTIONS - DIVIDEND INCOME		516.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5		9,978.

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
PASS THROUGH CONTRIBUTIONS	N/A	53.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		53.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
PASS THROUGH OTHER DEDUCTIONS		14,176.
YCCF ALLOCATED EXPENSES		1,639.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		15,815.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

 QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015

FOR TAX YEAR 2016

FOR TAX YEAR 2017

 TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

53

TOTAL CONTRIBUTIONS AVAILABLE

53

TAXABLE INCOME LIMITATION AS ADJUSTED

2,401

 EXCESS 10% CONTRIBUTIONS

0

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

0

 ALLOWABLE CONTRIBUTIONS DEDUCTION

53

TOTAL CONTRIBUTION DEDUCTION

 53

Capital Gains and Losses
 ▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
 ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

2018

Name YORK COUNTY COMMUNITY FOUNDATION	Employer identification number 23-6299868
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Part I Short-Term Capital Gains and Losses (See instructions.)				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				- 403.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	- 403.

Part II Long-Term Capital Gains and Losses (See instructions.)				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				18,381.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	18,381.

Part III Summary of Parts I and II				
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)			16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)			17	17,978.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.			18	17,978.

Note: If losses exceed gains, see **Capital losses** in the instructions.

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

FORM 990-T

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

2018

Name **YORK COUNTY COMMUNITY FOUNDATION** Employer identification number **23-6299868**

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1	Total tax (see instructions)	1	5,031.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	5,031.
4	Enter the tax shown on the corporation's 2017 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	302.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	302.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/18	06/15/18	09/15/18	12/15/18
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	76.	75.	76.	75.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				302.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				302.
14 Add amounts on lines 16 and 17 of the preceding column	14		76.	151.	227.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	75.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		76.	151.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	76.	75.	76.	
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2018 and before 7/1/2018	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2018 and before 10/1/2018	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2018 and before 1/1/2019	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2018 and before 4/1/2019	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 6\% (0.06)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2019 and before 7/1/2019	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2019 and before 10/1/2019	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2019 and before 1/1/2020	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2019 and before 3/16/2020	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			6.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Sales of Business Property
 (Also Involuntary Conversions and Recapture Amounts
 Under Sections 179 and 280F(b)(2))
 Attach to your tax return.

OMB No. 1545-0184

2018
 Attachment
 Sequence No. **27**

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

YORK COUNTY COMMUNITY FOUNDATION

Identifying number
23-6299868

1 Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	COMMONFUND CAPITAL						
	GLOBAL PRIVATE EQUITY						-94.
	COMMONFUND CAPITAL						
	STRATEGIC SOLUTIONS						23.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 -71.
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11 (71.)
12	Gain, if any, from line 7 or amount from line 8, if applicable	12
13	Gain, if any, from line 31	13
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17	Combine lines 10 through 16	17 -71.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.	
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14	18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2018)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. YORK COUNTY COMMUNITY FOUNDATION	Employer identification number (EIN) or 23-6299868
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 14 WEST MARKET STREET	Social security number (SSN)
	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) 0 | 7

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, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** 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	\$	5,052.
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	\$	302.
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	\$	4,750.

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.