

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public Inspection

▶ 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.

A For the 2019 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YORK COUNTY COMMUNITY FOUNDATION		D Employer identification number 23-6299868
	Doing business as		E Telephone number (717) 848-3733
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	14 WEST MARKET STREET		G Gross receipts \$ 22,492,730.
	City or town, state or province, country, and ZIP or foreign postal code YORK, PA 17401-1617		
F Name and address of principal officer: MICHAEL GLEZER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.YCCF.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1961** **M** State of legal domicile: **PA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE CREATE A VIBRANT YORK COUNTY BY ENGAGING DONORS, PROVIDING COMMUNITY LEADERSHIP AND INVESTING IN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	150
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	134,340.
b Net unrelated business taxable income from Form 990-T, line 39	7b	83,744.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,433,942.	5,227,275.
	9 Program service revenue (Part VIII, line 2g)	222,704.	214,951.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,089,627.	3,218,253.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,579.	-6,234.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,741,694.	8,654,245.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,708,088.	5,319,169.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,145,747.	1,176,259.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 311,147.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,022,233.	1,018,939.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,876,068.	7,514,367.	
19 Revenue less expenses. Subtract line 18 from line 12	-134,374.	1,139,878.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 139,404,104.	End of Year 163,115,264.
	21 Total liabilities (Part X, line 26)	41,052,581.	47,926,432.
	22 Net assets or fund balances. Subtract line 21 from line 20	98,351,523.	115,188,832.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	MICHAEL GLEZER, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AMY GOHN ANSTINE, CPA	Preparer's signature AMY GOHN ANSTINE, CP	Date 12/03/20	Check if self-employed <input type="checkbox"/>	PTIN P00072689
	Firm's name ▶ RKL LLP	Firm's EIN ▶ 23-2108173	Firm's address ▶ 3501 CONCORD ROAD, PO BOX 21439 YORK, PA 17402		
Phone no. 717-843-3804					

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,641,516. including grants of \$ 3,961,800.) (Revenue \$ 214,951.) YORK COUNTY COMMUNITY FOUNDATION'S GRANTMAKING PROGRAM REACHES BROADLY ACROSS ALL CHARITABLE SECTORS SERVING YORK COUNTY PENNSYLVANIA, AS EVIDENCED BY 1,100 GRANTS TO 375 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 \$ 682,809. including grants of \$ 678,256.) (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 24 NON PROFIT PROGRAMS, THANKS TO GRANTS FROM THE FUND FOR YORK COUNTY AND CHILDREN'S FUND FOCUS.

4c (Code:) (Expenses \$ 339,648. including grants of \$ 339,648.) (Revenue \$ 0.) SCHOLARSHIPS SUPPORT GRANTS TO EDUCATIONAL INSTITUTIONS AND SCHOLARSHIP ORGANIZATIONS INCLUDING POST SECONDARY SCHOLARSHIPS OF \$339,648 TO 196 INDIVIDUALS IN THE U.S.

4d Other program services (Describe on Schedule O.) (Expenses \$ 453,900. including grants of \$ 339,465.) (Revenue \$ 0.)

4e Total program service expenses 6,117,873.

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 donor-restricted endowments or in 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 23	
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		15
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
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 on 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 on 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 on 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 Enter the number of voting members... 26; 1b Enter the number of voting members included... 26; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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 Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
GEORGE DVORYAK, CFO - 717-848-3733
14 WEST MARKET STREET, YORK, PA 17401-1203

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) JEFFREY D. LOBACH CHAIR	2.00 0.10	X		X				0.	0.	0.
(2) KRISTA SNYDER DARR 1ST VICE CHAIR	2.00 0.10	X		X				0.	0.	0.
(3) BRUCE M. BARTELS 2ND VICE CHAIR (UNTIL 5/2019)	1.00 0.10	X		X				0.	0.	0.
(4) TIMOTHY KINSLEY DIRECTOR - 2ND 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) MICHAEL GLEZER TREASURER	2.00 0.10	X		X				0.	0.	0.
(8) TIMOTHY J. BUPP DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) JOHN W. BAILEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) ELIZABETH F CARSON DIRECTOR (UNTIL 5/2019)	1.00 0.00	X						0.	0.	0.
(11) JOSEPH P. CLARK II DIRECTOR (UNTIL 2/2019)	1.00 0.00	X						0.	0.	0.
(12) DOMINIC DELLICARPINI DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) ELIZABETH DELLINGER DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) CHLOE EICHELBERGER DIRECTOR (UNTIL 12/2019)	1.00 0.50	X						0.	0.	0.
(15) JENNIFER GEESEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) MICHAEL C. HAUN DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) DARRYL E. JONES 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) KYLE JONES DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) JACK KAY DIRECTOR	1.00 0.50	X						0.	0.	0.
(20) SUSAN D. KREBS DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) SUZANNE MCCONKEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) HAROLD N MYERS, JR DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) MATTHEW POFF DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) SARAH REINECKER DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) SCOTT C. ROGERS DIRECTOR (UNTIL 5/2019)	1.00 0.00	X						0.	0.	0.
(26) MARIA L. ROYCE DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								367,574.	0.	62,219.
d Total (add lines 1b and 1c)								367,574.	0.	62,219.

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 **3**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMMONFUND 15 OLD DANBURY ROAD, WILTON, CT 06897	INVESTMENT CONSULTING	299,299.
MASON INVESTMENT ADVISORY SERVICES, 11130 SUNRISE VALLEY DRIVE, RESTON, VA 20191	INVESTMENT CONSULTING	118,998.

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	5,227,275.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 255,743.				
	h	Total. Add lines 1a-1f		5,227,275.				
Program Service Revenue	2 a	MANAGEMENT FEES	Business Code	561000	137,124.	137,124.		
	b	CHARITABLE TRUST FEES	Business Code	525920	77,827.	77,827.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			214,951.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			2,228,155.		134,340.	2,093,815.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	31,701.				
			(ii) Personal					
	6 b	Less: rental expenses		37,935.				
	6 c	Rental income or (loss)		-6,234.				
	d	Net rental income or (loss)			-6,234.			-6,234.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	14,790,648.				
			(ii) Other					
	7 b	Less: cost or other basis and sales expenses		13,800,550.				
7 c	Gain or (loss)		990,098.					
d	Net gain or (loss)			990,098.			990,098.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
8 b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
9 b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
10 b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			8,654,245.	214,951.	134,340.	3,077,679.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,979,521.	4,979,521.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	339,648.	339,648.		
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	308,990.	104,062.	134,244.	70,684.
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	653,394.	324,571.	215,376.	113,447.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,163.	14,201.	9,147.	4,815.
9 Other employee benefits	109,880.	52,217.	37,382.	20,281.
10 Payroll taxes	75,832.	34,115.	27,299.	14,418.
11 Fees for services (nonemployees):				
a Management				
b Legal	20,174.		20,174.	
c Accounting	32,957.		32,957.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	421,526.		421,526.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	108,032.	99,667.	5,300.	3,065.
12 Advertising and promotion	28,230.	14,609.		13,621.
13 Office expenses	65,219.	17,423.	33,814.	13,982.
14 Information technology	85,168.	37,484.	30,185.	17,499.
15 Royalties				
16 Occupancy	76,391.	16,276.	53,236.	6,879.
17 Travel	10,850.	2,252.	5,907.	2,691.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	3,717.	1,737.	630.	1,350.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,159.		10,159.	
23 Insurance	11,793.	3,931.	3,931.	3,931.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAMS	116,773.	71,608.	21,081.	24,084.
b STAFF DEVELOPMENT	10,812.		10,812.	
c DUES AND ASSESSMENTS	10,086.	4,551.	5,135.	400.
d _____				
e All other expenses _____	7,052.		7,052.	
25 Total functional expenses. Add lines 1 through 24e	7,514,367.	6,117,873.	1,085,347.	311,147.
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	144,426.	1	154,357.
	2 Savings and temporary cash investments	9,029,617.	2	9,693,745.
	3 Pledges and grants receivable, net	37,048.	3	31,732.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 687,730.		
	b Less: accumulated depreciation	10b 637,756.	44,517.	10c 49,974.
	11 Investments - publicly traded securities	104,782,597.	11	124,314,876.
	12 Investments - other securities. See Part IV, line 11	23,185,003.	12	26,557,350.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,180,896.	15	2,313,230.
16 Total assets. Add lines 1 through 15 (must equal line 33)	139,404,104.	16	163,115,264.	
Liabilities	17 Accounts payable and accrued expenses	136,972.	17	133,250.
	18 Grants payable	381,300.	18	264,500.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		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	40,534,309.	25	47,528,682.
	26 Total liabilities. Add lines 17 through 25	41,052,581.	26	47,926,432.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	93,572,455.	27	109,828,245.
	28 Net assets with donor restrictions	4,779,068.	28	5,360,587.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	98,351,523.	32	115,188,832.
33 Total liabilities and net assets/fund balances	139,404,104.	33	163,115,264.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,654,245.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,514,367.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,139,878.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	98,351,523.
5	Net unrealized gains (losses) on investments	5	15,911,935.
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 on Schedule O)	9	-214,504.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	115,188,832.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11491006.	4651203.	7857512.	4433942.	5227275.	33660938.
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	11491006.	4651203.	7857512.	4433942.	5227275.	33660938.
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)						9274146.
6 Public support. Subtract line 5 from line 4.						24386792.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	11491006.	4651203.	7857512.	4433942.	5227275.	33660938.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2202736.	2454221.	2651813.	2371914.	2125516.	11806200.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	4,430.		3,013.	12,017.	84,956.	104,416.
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						45571554.
12 Gross receipts from related activities, etc. (see instructions)					12	988,078.
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 2019 (line 6, column (f) divided by line 11, column (f))	14	53.51 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	53.39 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box 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).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

2019

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

[X] 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

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

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

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

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

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
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>397,565.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>130,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>109,607.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>160,751.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>213,884.</u>	Person <input checked="" 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 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/>	\$ <u>760,471.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<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
5	9300 SHARES OF PUBLICLY TRADED STOCK _____ _____ _____	\$ 160,751.	11/26/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

(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

(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

(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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political 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 (grassroots 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%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		151.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			151.
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 PERSONAL CARE HOMES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **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	93	12
2 Aggregate value of contributions to (during year)	1,015,681.	11,411.
3 Aggregate value of grants from (during year)	874,672.	647,082.
4 Aggregate value at end of year	27,926,759.	10,911,135.
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, 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 FASB 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 FASB 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 FASB 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 make 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 program
 - 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	98,351,523.	108,232,445.	94,413,588.	89,880,676.	91,498,910.
b Contributions	4,030,861.	3,185,169.	6,255,562.	3,851,723.	7,053,499.
c Net investment earnings, gains, and losses	19,168,302.	-6,407,003.	13,282,198.	6,240,684.	-3,505,924.
d Grants or scholarships	4,554,392.	4,909,471.	3,869,229.	4,014,242.	3,759,991.
e Other expenditures for facilities and programs	811,626.	769,635.	803,889.	690,745.	549,730.
f Administrative expenses	995,837.	979,982.	1,045,785.	854,508.	856,088.
g End of year balance	115,188,831.	98,351,523.	108,232,445.	94,413,588.	89,880,676.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 95.35 %
 - b Permanent endowment 4.65 %
 - c Term 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.	544,910.	17,186.
d Equipment		125,634.	92,846.	32,788.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				49,974.

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	570,353.	END-OF-YEAR MARKET VALUE
(C) CODO, LLP	50,000.	COST
(D) COMMONFUND GLOBAL PRIVATE		
(E) EQUITY	3,424,070.	END-OF-YEAR MARKET VALUE
(F) DOWNTOWN RENAISSANCE FUND	275,000.	COST
(G) CCI-SSG GLOBAL PRIVATE		
(H) EQUITY	1,585,859.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	26,557,350.	

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	3,332,033.
(5) FUNDS HELD AS AGENCY ENDOWMENTS	25,290,160.
(6) FUNDS HELD FOR RELATED SUPPORTING ORGANIZATION	18,906,489.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	47,528,682.

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 FASB 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	23,199,164.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	15,911,935.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	589,462.	
e	Add lines 2a through 2d	2e		16,501,397.
3	Subtract line 2e from line 1	3		6,697,767.
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	421,526.	
b	Other (Describe in Part XIII.)	4b	1,534,952.	
c	Add lines 4a and 4b	4c		1,956,478.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		8,654,245.

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	6,361,855.
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	37,935.	
e	Add lines 2a through 2d	2e		37,935.
3	Subtract line 2e from line 1	3		6,323,920.
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	421,526.	
b	Other (Describe in Part XIII.)	4b	768,921.	
c	Add lines 4a and 4b	4c		1,190,447.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		7,514,367.

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 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE FROM BENEFICIAL INTEREST IN TRUSTS	103,868.
CHANGE IN SPLIT INTEREST AGREEMENTS	451,817.
REVENUE FROM CHARITABLE REMAINDER TRUSTS	33,777.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	589,462.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-37,935.
AGENCY ENDOWMENT GIFTS	1,230,190.

Part XIII Supplemental Information (continued)

AGENCY ENDOWMENT INVESTMENT INCOME (LOSSES) EXCLUDED FROM

F/S BY SFAS 136 264,870.

FEES FROM CHARITABLE REMAINDER UNITRUSTS 77,827.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,534,952.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 37,935.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

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

TO SFAS NO 136 768,921.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **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
ACCOUNTABILITY FOR LIFE 1665 POPLAR ROAD YORK, PA 17401	82-4605690	501(C)(3)	6,000.	0.			AFI MENTORING PROGRAM
AMERICAN CANCER SOCIETY 314 GOOD DRIVE LANCASTER, PA 17603-2393	13-1788491	501(C)(3)	11,440.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 4250 CRUMS MILL ROAD HARRISBURG, PA 17112	13-5613797	501(C)(3)	9,587.	0.			GENERAL SUPPORT
AMERICAN PARKINSON DISEASE ASSOCIATION - 135 PARKINSON AVENUE - STATEN ISLAND, NY 10305	13-1962771	501(C)(3)	7,699.	0.			FOR THE BENEFIT OF RESIDENTS
AMERICAN RED CROSS SOUTH CENTRAL PA CHAPTER - 724 SOUTH GEORGE STREET - YORK, PA 17401	53-0196605	501(C)(3)	11,779.	0.			GENERAL SUPPORT, HURRICAN DORIAN RELIEF, BIOMEDICAL SCALES
APPELL CENTER FOR THE PERFORMING ARTS - 50 N. GEORGE STREET - YORK, PA 17401	23-2053382	501(C)(3)	58,605.	0.			GENERAL SUPPORT, CREATING FILM ACCESSIBILITY FOR AGING, HEARING/VISUALLY IMPAIRED, 2019 GIVE LOCAL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 168.**

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

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

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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)	15,000.	0.			TMAW PROGRAM, TDF SCHOLARSHIP
ASBURY FOUNDATION INC 325 WESLEY DRIVE MECHANICSBURG, PA 17055	52-1862674	501(C)(3)	15,500.	0.			ASBURY BETHANY VILLAGE, CLASSIC CARING GOLF SPONSORSHIP, MUSIC FOR THE MISSION CONCERT
ASBURY UNITED METHODIST CHURCH 340 EAST MARKET STREET YORK, PA 17403	23-6396152	501(C)(3)	5,261.	0.			GENERAL SUPPORT, BEATTIE AND CHET KIMES YOUTH PROGRAM
BYRNES HEALTH EDUCATION CENTER 515 S. GEORGE STREET YORK, PA 17401	23-2588187	501(C)(3)	35,682.	0.			GENERAL SUPPORT, HEART BEAT CAMPAIGN
CAMPS NEWFOUND OWATONNA 4 CAMP NEWFOUND ROAD HARRISON, ME 04040	04-2384391	501(C)(3)	16,579.	0.			GENERAL SUPPORT
CASA 8151 15TH AVENUE LANGLEY PARK, MD 20783	52-1372972	501(C)(3)	6,000.	0.			CASA EMBRACING AGING PILOT PROGRAM
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501(C)(3)	6,000.	0.			MAKING BREAKFAST A PART OF THE SCHOOL DAY-SCHOOL BREAKFAST OURTREACH IN YORK COUNTY
CENTRAL PENNSYLVANIA LEADERSHIP SEMINAR HUGH OBRIEN YOUTH LEADERSHIP - PO BOX 8743 - LANCASTER, PA 17604	23-2344648	501(C)(3)	6,154.	0.			GENERAL SUPPORT
CHILD CARE CONSULTANTS INC. 29 NORTH DUKE ST YORK, PA 17401	22-2842846	501(C)(3)	28,000.	0.			HOME BASED ECE IMPEDIMENTS TO STARS MOVEMENT

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)	13,288.	0.			GENERAL SUPPORT, 2019 GIVE LOCAK YORK TO SUPPORT THE LEHMAN CENTER
CHILDREN'S HOME OF YORK 77 SHOE HOUSE ROAD YORK, PA 17406	23-1352081	501(C)(3)	17,774.	0.			GENERAL SUPPORT, INDEPENDENT LIVING PROGRAM AT GEORGE STREET
CHILDREN'S MIRACLE NETWORK PO BOX 852 HERSHEY, PA 17033	87-0387205	501(C)(3)	7,699.	0.			GENERAL SUPPORT
CHRISTA MCAULIFFE SCHOLARSHIP FOUNDATION - 2927 SPARROW DRIVE - YORK, PA 17408	25-1622451	501(C)(3)	10,287.	0.			GENERAL SUPPORT
CHRISTIAN SCHOOL OF YORK 907 GREENBRIAR ROAD YORK, PA 17404	23-1501815	501(C)(3)	7,651.	0.			GENERAL SUPPORT
CITY OF YORK 101 SOUTH GEORGE STREET YORK, PA 17401	23-6001908	GOVERNMENT	141,735.	0.			OPERATING SUPPORT FOR PENN PARK, GUN VIOLENCE & INTERVENTION INITIATIVE, PUBLIC WORKS
COMMUNITIES IN SCHOOLS 234 STATE STREET HARRISBURG, PA 17101	25-1728518	501(C)(3)	72,593.	0.			TO PROVIDE SUPPORT TO YORK CITY SCHOOL DISTRICT, COMMUNITY ENGAGEMENT/OUTREACH,
COUNCIL ON FOUNDATIONS 1255 23RD STREET NW WASHINGTON, DC 20037	13-6068327	501(C)(3)	12,850.	0.			2019 MEMBERSHIP GRANT PORTION
COVENANT HOUSE PO BOX 731 NEW YORK, NY 10108	13-2725416	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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
CREATIVE YORK 10 NORTH BEAVER STREET YORK, PA 17401	23-2616151	501(C)(3)	12,394.	0.			ARTS IN RESIDENCE, GENERAL SUPPORT
CRISPUS ATTUCKS ASSOCIATION 605 SOUTH DUKE STREET YORK, PA 17403	23-1365320	501(C)(3)	27,725.	0.			GOODRIGE FREEDOM CENTER, SECOND CAREER SEVICE ENTREPRENEURIAL PROJECT, GENERAL SUPPORT, EARLY
CROSS KEYS VILLAGE - THE BRETHERAN HOME - 2990 CARLISLE PIKE - NEW OXFORD, PA 17350	23-1409664	501(C)(3)	5,475.	0.			DEMENTIA FRIENDLY AMERICA
CULTURAL ALLIANCE OF YORK COUNTY 14 W MARKET STREET YORK, PA 17401	23-2992925	501(C)(3)	32,163.	0.			GENERAL SUPPORT, ARTIS THRIVE
CULTURE OF LIFE FOUNDATION INC. PO BOX 320637 ALEXANDRIA, VA 22320	52-2055185	501(C)(3)	8,000.	0.			GENERAL SUPPORT
DALLASTOWN AREA EDUCATIONAL FOUNDATION - 700 NEW SCHOOL LANE - DALLASTOWN, PA 17313	55-0792133	501(C)(3)	7,497.	0.			GENERAL SUPPORT
DIAKON CHILD FAMILY & COMMUNITY MINISTRIES - 1018 NORTH UNION STREET - MIDDLETOWN, PA 17057	45-5390969	501(C)(3)	5,700.	0.			KINSHIP SUPPORT GROUP
DOWNTOWN INC. 144 ROOSEVELT AVENUE #100 YORK, PA 17401	23-2411781	501(C)(3)	439,800.	0.			YORK STORY SLAM, GENERAL SUPPORT, CODORUS CREEK BEAUTIFICATION PHASE 1 & 2, TRENCH DRAIN COVER
DREAMWRIGHTS CENTER FOR COMMUNITY ARTS - 100 CARLISLE AVENUE - YORK, PA 17401	23-2882835	501(C)(3)	11,250.	0.			GENERAL SUPPORT

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
EASTER SEALS WESTERN AND CENTRAL PENNSYLVANIA - SIX PARKWAY CENTER - PITTSBURGH, PA 15220	25-0965215	501(C)(3)	6,459.	0.			GENERAL SUPPORT
EASTERN YORK DOLLARS FOR SCHOLARS PO BOX 95 WRIGHTSVILLE, PA 17368	46-5052406	501(C)(3)	10,114.	0.			GENERAL SUPPORT
EDGAR FAHS SMITH STEAM ACADEMY 701 TEXAS AVENUE YORK, PA 17404	23-6004284	501(C)(3)	10,500.	0.			EQUIPMENT, PROJECT BASED LEARNING INNOVATION LAB
EMMANUEL UNITED CHURCH OF CHRIST 124 BROADWAY HANOVER, PA 17331	23-1472502	501(C)(3)	96,676.	0.			GENERAL SUPPORT
ENCOUNTERED HEART MINISTRIES INTERNATIONAL - PO BOX 433 - CAMP HILL, PA 17001	46-0638078	501(C)(3)	5,000.	0.			MISSION TRIPS AND GENERAL SUPPORT
FAMILY FIRST HEALTH PO BOX 2201 YORK, PA 17405	23-7118262	501(C)(3)	16,000.	0.			KIDS AGAINST CAVITIES PROGRAM, HEALTH BLOCK PARTIES
FARM & NATURAL LANDS TRUST OF YORK COUNTY - 156 N. GEORGE STREET - YORK, PA 17401	23-2612674	501(C)(3)	71,725.	0.			GENERAL SUPPORT, PRIORITY LAND PRESERVATION FUND
FIRST PRESBYTERIAN CHURCH 225 EAST MARKET STREET YORK, PA 17403	23-1355118	501(C)(3)	16,922.	0.			GENERAL SUPPORT, FLOWERS AT THE CHURCH FOR EASTER AND CHRISTMAS
GARDEN CLUB OF YORK 1385 DETWILER DRIVE YORK, PA 17404	23-2994596	501(C)(3)	24,495.	0.			HANGING BASKETS

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GETTYSBURG COLLEGE 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325	23-1352641	501(C)(3)	10,573.	0.			GENERAL SUPPORT
GIRL SCOUTS IN THE HEART OF PENNSYLVANIA - 350 HALE AVENUE - HARRISBURG, PA 17104	24-0795960	501(C)(3)	6,152.	0.			GENERAL SUPPORT, GIVE LOCAL YORK
GLATFELTER MEMORIAL LIBRARY 101 GLENVIEW ROAD SPRING GROVE, PA 17362	23-1580528	501(C)(3)	10,701.	0.			GENERAL SUPPORT
GREATER YORK CENTER FOR DANCE EDUCATION - 3524 EAST MARKET STREET - YORK, PA 17402	23-2857181	501(C)(3)	6,000.	0.			RESTORATIVE DANCE
GRETCHEN WOLF SWARTZ SCHOLARSHIP FOUNDATION INC. - 2700 DANIELLE DRIVE - DOVER, PA 17315	23-7160400	501(C)(3)	115,568.	0.			GENERAL SUPPORT
HAITI OUTREACH MINISTRIES PO BOX 607 EMIGSVILLE, PA 17318	23-2859951	501(C)(3)	24,000.	0.			GENERAL SUPPORT
HANOVER AREA HISTORICAL SOCIETY 21 BALTIMORE STREET HANOVER, PA 17331	23-6407016	501(C)(3)	90,949.	0.			GENERAL SUPPORT, CAPITAL IMPROVEMENT, OPERATIONS
HISTORIC PROSPECT HILL CEMETERY HERITAGE FOUNDATION - 700 NORTH GEORGE STREET - YORK, PA 17404	02-0798587	501(C)(3)	11,311.	0.			GENERAL SUPPORT
HOMEWOOD FOUNDATION, INC. 16107 ELLIOTT PARKWAY WILLIAMSPORT, PA 17195	52-1892689	501(C)(3)	14,217.	0.			GENERAL SUPPORT

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JACKSON TOWNSHIP 439 ROTH'S CHURCH ROAD SPRING GROVE, PA 17362	25-1710912	GOVERNMENT	12,000.	0.			TO PILOT USE OF DRIVING SURFACE AGGREGATE MATERIAL
JEWISH COMMUNITY CENTER OF YORK 2000 HOLLYWOOD DRIVE YORK, PA 17403	23-1355127	501(C)(3)	27,888.	0.			GENERAL SUPPORT, PARKINSON'S MOVEMENT AT THE J!
JUNIOR ACHEIVEMENT OF SOUTH CENTRAL PA - 610 SOUTH GEORGE STREET - YORK, PA 17403	23-1598129	501(C)(3)	6,006.	0.			GENERAL SUPPORT
KEYSTONE KIDSPACE PO BOX 2442 YORK, PA 17405	30-0829212	501(C)(3)	31,000.	0.			GENERAL SUPPORT, SCHOOL PARTNERSHIPS PROGRAMS
LANCASTER THEOLOGICAL SEMINARY 555 WEST JAMES STREET LANCASTER, PA 17603	23-1353386	501(C)(3)	16,404.	0.			GENERAL SUPPORT
LEADERSHIP YORK 238 NORTH GEORGE STREET YORK, PA 17401	23-2139541	501(C)(3)	20,875.	0.			MENTORSHIP YORK, LEADERSHIP TRAINING PROGRAM, GENERAL SUPPORT, SPONSORSHIP, FLY PROGRAM,
LEAVE A LEGACY YORK COUNTY 137 EAST MARKET STREET YORK, PA 17401	25-1719216	501(C)(3)	6,945.	0.			LEAD PARTNER, GENERAL SUPPORT
LEG UP FARM INC. 4880 NORTH SHERMAN STREET YORK, PA 17347	23-2931834	501(C)(3)	10,985.	0.			GENERAL SUPPORT, SILVER SADDLES PROGRAM
LIFEPATH CHRISTIAN MINISTRIES 371 WEST MARKET STREET YORK, PA 17405	23-6444734	501(C)(3)	5,158.	0.			GENERAL SUPPORT

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LIVING WORD COMMUNITY CHURCH 2350 CAPE HORN RD RED LION, PA 17356	23-2077459	501(C)(3)	5,000.	0.			ACT 129
LOGOS ACADEMY 250 WEST KING STREET YORK, PA 17401	31-1520442	501(C)(3)	69,228.	0.			GENERAL SUPPORT, FIELD TRIPS, SCHOLARSHIPS, WORKFORCE INTEGRATION PROGRAM PHASE 1 DISCOVERY
MAKE-A-WISH FOUNDATION OF GREATER PA & SOUTHERN WV - 2951 WHITEFORD RD - YORK, PA 17402	25-1464177	501(C)(3)	18,035.	0.			GENERAL SUPPORT
MARGARET E. MOUL HOME 2050 BARLEY RD YORK, PA 17404	23-2037566	501(C)(3)	15,180.	0.			GENERAL SUPPORT, WHEELCHAIR PROGRAM
MARTIN LIBRARY 159 EAST MARKET STREET YORK, PA 17401	23-1352224	501(C)(3)	75,353.	0.			GENERAL SUPPORT, SALEM SQUARE WORKFORCE DEVELOPMENT
MARYLAND & PENNSYLVANIA RAILROAD PRESERVATION SOCIETY - PO BOX 2262 - YORK, PA 17405	23-2441623	501(C)(3)	16,300.	0.			FLOOD RELATED ISSUES
MASON-DIXON BUSINESS ASSOCIATION PO BOX 100 DELTA, PA 17314	23-2768010	501(C)(6)	5,298.	0.			GENERAL SUPPORT
MCDANIEL COLLEGE INC 2 COLLEGE HILL WESTMINSTER, MD 21157	52-0591694	501(C)(3)	5,000.	0.			STUDENT ACCESSIBILITY AND SUPPORT SERVICES PROGRAM
MEMORIAL HEALTH FUND 14 W MARKET STREET YORK, PA 17401	22-2546051	501(C)(3)	5,233.	0.			GENERAL SUPPORT

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MOUNT WOLF BOROUGH 345 CHESTNUT STREET MOUNT WOLF, PA 17347	23-1952738	GOVERNMENT	10,630.	0.			GENERAL SUPPORT OF MOUNT WOLF ATHLETIC ASSOCIATION
MOUNT ZION LUTHERAN CHURCH 2164 MOUNT ZION ROAD YORK, PA 17406	23-1744704	501(C)(3)	7,682.	0.			GENERAL SUPPORT
MR. SANDY'S HOMELESS VETERANS FUND 46 SOUTH PERSING AVENUE YORK, PA 17401	82-0748180	501(C)(3)	5,600.	0.			GENERAL SUPPORT
MT. ZION UNITED CHURCH OF CHRIST 1054 RIDGEWOOD ROAD YORK, PA 17402	23-1884302	501(C)(3)	44,392.	0.			GENERAL SUPPORT
NEW BIRTH OF FREEDOM COUNCIL, BOY SCOUTS OF AMERICA - 1 BADEN POWELL LANE - MECHANICSBURG, PA 17050	23-1365194	501(C)(3)	5,373.	0.			GENERAL SUPPORT
NEW LIFE FOR GIRLS PO BOX 170 DOVER, PA 17315	23-1912101	501(C)(3)	5,750.	0.			GENERAL SUPPORT
NORTHEAST NEIGHBORHOOD ASSOCIATION, INC. - PO BOX 1148 - YORK, PA 17405	23-2904596	501(C)(3)	10,297.	0.			CHRYSTAL'S PLACE REHAB PROJECT, NORTHEAST NEIGHBORHOOD IMPROVEMENT PLAN
NORTHEASTERN FOUNDATION 303 GRAVEL HILL ROAD MOUNT WOLF, PA 17347	26-1499191	501(C)(3)	8,720.	0.			GENERAL SUPPORT
NORTHERN CENTRAL RAILWAY OF YORK 2 W. MAIN STREET NEW FREEDOM, PA 17349	20-4755150	501(C)(3)	5,250.	0.			GENERAL SUPPORT, GIVE LOCAL YORK

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OLIVIA'S HOUSE - A GRIEF AND LOSS CENTER FOR CHILDREN - 830 SOUTH GEORGE STREET - YORK, PA 17403	23-3100851	501(C)(3)	9,420.	0.			GENERAL SUPPORT
OTTERBEIN UNITED METHODIST CHURCH-MT. WOLF - 131 CENTER STREET - MOUNT WOLF, PA 17347	23-6277722	501(C)(3)	13,761.	0.			GENERAL SUPPORT, EARLY CHILDHOOD CARE AND EDUCATION
PENN STATE YORK 1031 EDGEComb DRIVE YORK, PA 17403	24-6000376	GOVERNMENT	13,711.	0.			GENERAL SUPPORT, TO SUPPORT GRAHAM ENTREPRENEURIAL LEADERSHIP PROGRAM,
PENN-MAR HUMAN SERVICES, INC. 10709 SUSQUEHANNA TRAIL GLEN ROCK, PA 17327	52-1590195	501(C)(3)	7,778.	0.			GENERAL SUPPORT
PENNSYLVANIA COUNCIL OF FEEDING AMERICA FOOD BANKS DBA FEEDING PA - 939 EAST PARK DRIVE - HARRISBURG, PA 17111	45-4793238	501(C)(3)	40,000.	0.			GENERAL SUPPORT
PA FRIENDS OF AGRICULTURE FOUNDATION - 510 S 3RD STREET - CAMP HILL, PA 17011	22-2699958	501(C)(3)	5,000.	0.			GENERAL SUPPORT
PHILANTHROPIC ENDEAVORS 3291 N. GEORGE STREET EMIGSVILLE, PA 17318	20-0751671	501(C)(3)	21,000.	0.			GIVE LOCAL YORK, COMMUNITY NEEDS ASSESSMENT
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - PO BOX 97166 - WASHINGTON, DC 20090	13-1644147	501(C)(3)	8,000.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD KEYSTONE 610 LOUIS DRIVE WARMINSTER, PA 18974	23-2450112	501(C)(3)	15,114.	0.			GENERAL SUPPORT

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RED LION BOROUGH 11 E. BROADWAY RED LION, PA 17356	23-6002929	GOVERNMENT	7,068.	0.			RED LION ROARS
RESINS 1121 HILLCROFT AVENUE YORK, PA 17403			12,875.	0.			3D PRINTERS, APPLIED 3D PRINTING EDUCATION PROGRAM
ROTARY CLUB OF YORK CHARITABLE ENDOWMENT FUND - 724 S. GEORGE STREET - YORK, PA 17401	23-2642321	501(C)(3)	45,387.	0.			EDUCATION FUND, GENERAL SUPPORT, SCHOLARSHIPS, PRESERVE PLANET EARTH COMMITTEE'S TREE PROJECT
SCHOOL DISTRICT OF THE CITY OF YORK - 31 NORTH PERSHING AVENUE - YORK, PA 17405	23-6004284	GOVERNMENT	86,500.	0.			RISING STARS ACADEMIC GROWTH & ACHIEVEMENT SCHOLARSHIPS
SERVANTS INC. 100 REDCO AVENUE RED LION, PA 17356	23-3042387	501(C)(3)	161,239.	0.			HOME HELPS PROGRAM, GENERAL SUPPORT
SHADOWFAX CORPORATION 386 PATTISON STREET YORK, PA 17403	23-2368549	501(C)(3)	5,195.	0.			GENERAL SUPPORT
SOUTH EASTERN DOLLARS FOR SCHOLARS 377 MAIN STREET FAWN GROVE, PA 17321	46-5107822	501(C)(3)	1,650.	0.			GENERAL SUPPORT
SPECIAL OLYMPICS PO BOX 333 DOVER, PA 17315	23-2078543	501(C)(3)	5,014.	0.			GENERAL SUPPORT
SOUTH WESTERN DFS 241 THORNHILL DRIVE HANOVER, PA 17331	91-1889354	501(C)(3)	1,081.	0.			GENERAL SUPPORT

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SOUTHERN YORK COUNTY SCHOOL DISTRICT FOUNDATION - PO BOX 128 - GLEN ROCK, PA 17327	23-2862892	501(C)(3)	24,366.	0.			GENERAL SUPPORT
SPIRITRUST LUTHERAN 1050 PENNSYLVANIA AVENUE YORK, PA 17404	23-1476329	501(C)(3)	23,862.	0.			GENERAL SUPPORT, CORNERSTONE DINNER SPONSOR, TO SUPPORT SHREWSBURY LUTHERAN
SPRING GARDEN BAND 993 MARBROOK LANE YORK, PA 17404	22-2459929	501(C)(3)	46,425.	0.			GENERAL SUPPORT
SPRING GROVE AREA EDUCATION FUND, INC. - 100 EAST COLLEGE AVENUE - SPRING GROVE, PA 17362	47-1901147	501(C)(3)	13,127.	0.			GENERAL SUPPORT
SPRING GROVE AREA SCHOOL DISTRICT 100 EAST COLLEGE AVENUE SPRING GROVE, PA 17362	23-6004845	501(C)(3)	12,929.	0.			LITERACY EDUCATION
SPRING GROVE AREA SCHOLARSHIP FUND, INC. - PO BOX 66 - SPRING GROVE, PA 17362	46-3480762	501(C)(3)	22,483.	0.			GENERAL SUPPORT
ST. JAMES LUTHERAN CHURCH 25 NORTH ADAMS STREET YORK, PA 17404	41-1568278	501(C)(3)	7,706.	0.			GENERAL SUPPORT
ST. JOHN EVANGELICAL LUTHERAN CHURCH - 175 EAST MAIN STREET - NEW FREEDOM, PA 17349	23-1979891	501(C)(3)	6,512.	0.			GENERAL SUPPORT
ST. JOHN THE BAPTIST EPISCOPAL CHURCH - 140 NORTH BEAVER STREET - YORK, PA 17401	23-1365285	501(C)(3)	14,265.	0.			GENERAL SUPPORT

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ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC. - 262 DANNY THOMAS PL - MEMPHIS, TN 38105	62-0646012	501(C)(3)	7,699.	0.			GENERAL SUPPORT
ST. MATTEW EVANGELICAL LUTHERAN CHURCH - 839 WEST MARKET STREET - YORK, PA 17401	23-1365291	501(C)(3)	5,000.	0.			B.E.A.S.T. INIATIVE P.U.S.H.
ST. PAUL EVANGELICAL LUTHERAN CHURCH - 201 S. MAIN STREET - SPRING GROVE, PA 17362	23-1370472	501(C)(3)	69,888.	0.			GENERAL SUPPORT
ST. PAUL'S LUTHERAN CHURCH 25 WEST SPRINGETTSBURY AVENUE YORK, PA 17403	23-1352477	501(C)(3)	13,244.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, EARLY CHILDHOOD CARE AND EDUCATION
STUDIO 117 117 SOUTH DUKE STREET YORK, PA 17401	47-2403801		16,000.	0.			A'S GET BEATZ, MUSIC PRODUCTION PILOT PROGRAM
SUSQUEHANNA HERITAGE CORPORATION 1706 LONG LEVEL ROAD WRIGHTSVILLE, PA 17368	75-3087098	501(C)(3)	9,040.	0.			GENERAL SUPPORT, GATEWAY
THE BAILEY-MATTHEWS SHELL MUSUEM PO BOX 1580 SANIBEL ISLAND, FL 33957	59-2775992	501(C)(3)	7,662.	0.			GENERAL SUPPORT
THE BELMONT THEATRE 27 S. BELMONT STREET YORK, PA 17403	23-1251224	501(C)(3)	16,640.	0.			GENERAL SUPPORT, ENCORE, TO PURCHASE STAGE LIGHTS
THE GROTTO COMMUNITY CENTER 2 W. MARKET STREET YORK, PA 17401	83-0995726	501(C)(3)	6,000.	0.			THE GROTTO COMMUNITY CENTER LAUNCH

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THE HAHN HOME 403 CHESTNUT HILL ROAD YORK, PA 17402	23-1425032	501(C)(3)	132,500.	0.			GENERAL SUPPORT
THE PENNSYLVANIA STATE UNIVERSITY 227 W. BEAVER STREET STATE COLLEGE, PA 16801	24-6000376	GOVERNMENT	6,000.	0.			BRIDGING THE TWO MILE GAP WITH EDUCATION AND DIALOGUE
THE SALVATION ARMY 50 EAST KING STREET YORK, PA 17405	13-5562351	501(C)(3)	23,999.	0.			GENERAL SUPPORT, YOUTH PROGRAMS
THEATRE ARTS FOR EVERYONE 1604 2ND AVENUE YORK, PA 17403	47-5402481	501(C)(3)	6,000.	0.			THEATRE ALIVE
TRINITY ROTHS UNITED CHURCH OF CHRIST - 6417 CHURCH ROAD - SPRING GROVE, PA 17362	34-1927041	501(C)(3)	5,490.	0.			SCHOLARSHIPS, GENERAL SUPPORT
UNITED WAY OF YORK COUNTY 800 EAST KING STREET YORK, PA 17403	23-1352588	501(C)(3)	131,773.	0.			GENERAL SUPPORT, TOCQUEVILLE SOCIETY, FOCUS ON OUR FUTURE PROGRAMS, TO SPONSOR GIVE
VISIONCORPS 1380 SPAHN AVENUE YORK, PA 17403	23-1365986	501(C)(3)	15,927.	0.			GENERAL SUPPORT
VNA HOME HEALTH WELLSPAN 540 S. GEORGE STREET YORK, PA 17401	23-1352573	501(C)(3)	29,472.	0.			GENERAL SUPPORT
WEST SHORE SCHOOL DISTRICT PO BOX 803 NEW CUMBERLAND, PA 17070	23-1671781	501(C)(3)	5,000.	0.			ACT 129

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WEST YORK AREA SCHOOL DISTRICT 2605 WEST MARKET STREET YORK, PA 17404	23-1642980	501(C)(3)	13,594.	0.			MUSIC PROGRAM, COUNSELOR FUND
WHITE ROSE LEADERSHIP 144 ROOSEVELT AVENUE YORK, PA 17401	83-1246505	501(C)(3)	26,701.	0.			GENERAL SUPPORT
WHITE ROSE PICKLEBALL ASSOCIATION 1520 RIDGEWOOD RD YORK, PA 17403	82-3474779	501(C)(3)	6,000.	0.			PICKLEBALL COURT FUNDING
WITF INC 4801 LINDLE RD HARRISBURG, PA 17111	23-1629016	501(C)(3)	6,847.	0.			GENERAL SUPPORT
YMCA OF YORK AND YORK COUNTY 90 NORTH NEWBERRY STREET YORK, PA 17401	23-1352600	501(C)(3)	40,577.	0.			MEMBERSHIP PROGRAMS, GENERAL SUPPORT, EARLY CHILDHOOD CARE AND EDUCATION, TO SUPPORT
YORK ACADEMY REGIONAL CHARTER SCHOOL - 32 WEST NORTH STREET - YORK, PA 17401	27-2294198	501(C)(3)	20,250.	0.			UPPER SCHOOL MEDIA CENTER, GENERAL SUPPORT, YARCS FOUNDATION
YORK ART ASSOCIATION 220 SOUTH MARSHALL STREET YORK, PA 17402	23-1984781	501(C)(3)	10,356.	0.			GENERAL SUPPORT, AWARDS
YORK BENEVOLENT ASSOCIATION PO BOX 5041 YORK, PA 17405	23-1353396	501(C)(3)	26,516.	0.			GENERAL SUPPORT
YORK CITY BUREAU OF HEALTH PO BOX 509 YORK, PA 17405	23-1353396	GOVERNMENT	138,754.	0.			TEAM BETTER BLOCK, GENERAL SUPPORT,

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YORK CITY DOLLARS FOR SCHOLARS 1120 GREENLEIGH DRIVE YORK, PA 17403	46-5072652	501(C)(3)	13,880.	0.			GENERAL SUPPORT
YORK CITY LITTLE LEAGUE BASEBALL PO BOX 1062 YORK, PA 17405	23-1688231	501(C)(3)	6,273.	0.			PURCHASE YORK REVOLUTION BASEBALL TICKETS FOR LEAGUE MEMBER FAMILIES, GENERAL SUPPORT
YORK CITY PARKS CONSERVANCY 15 EAST PHILADELPHIA STREET YORK, PA 17401	23-3066098	501(C)(3)	18,374.	0.			CONSTRUCTION AND MAINTENANCE OF REID MENZER MEMORIAL SKATEPARK YORK, PA; GENERAL
YORK COLLEGE OF PENNSYLVANIA 441 COUNTRY CLUB ROAD YORK, PA 17403	23-1352698	501(C)(3)	88,700.	0.			SCHOLARSHIPS, CENTER FOR COMMUNITY ENGAGEMENT:GENERATIONS OF HOPE SUMMER PROJECT,
YORK COUNTRY DAY SCHOOL 1071 REGENTS' GLEN BLVD YORK, PA 17403	23-1352698	501(C)(3)	6,576.	0.			GENERAL SUPPORT, SCHOLARSHIPS
YORK COUNTY 4-H ENDOWMENT 4813 SHAFFER RD SEVEN VALLEYS, PA 17360	23-6957724	501(C)(3)	9,692.	0.			GENERAL SUPPORT, MAINTENANCE AND REPAIR TO BAIR STATION OR ANY REPLACEMENT FACILITY
YORK COUNTY AGRICULTURAL SOCIETY 334 CARLISLE AVENUE YORK, PA 17404	23-1241290	501(C)(3)	104,325.	0.			GENERAL SUPPORT
YORK COUNTY BAR FOUNDATION 137 EAST MARKET STREET YORK, PA 17401	23-2647164	501(C)(3)	9,597.	0.			SHELTER FROM THE STORM, GENERAL SUPPORT, HARD BARGAINS
YORK COUNTY ECONOMIC ALLIANCE 28 SOUTH QUEEN STREET YORK, PA 17403	40-3777710	501(C)(6)	130,551.	0.			ECONOMIC ECOSYSTEM BUILDER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YORK COUNTY HISTORY CENTER 250 EAST MARKET STREET YORK, PA 17403	23-1352323	501(C)(3)	209,634.	0.			GENERAL SUPPORT, 10,000 ACTS OF KINDNESS, STEAM CURRICULUM, FUNDING TO SUPPORT COMMUNITY
YORK COUNTY HONORS CHOIR 340 EAST MARKET STREET YORK, PA 17405	47-4155732	501(C)(3)	25,417.	0.			GIVE LOCAL YORK, GENERAL SUPPORT
YORK COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY - 144 ROOSEVELT AVENUE - YORK, PA 17401	23-7045116	GOVERNMENT	22,600.	0.			YORKTOWNE HOTEL-ARTIST INCLUSION PROGRAM, SUPPORT YORKTOWNE HOTEL, SUPPORT ART PROJECT TO BE
YORK COUNTY LIBRARIES 159 EAST MARKET STREET YORK, PA 17401	23-7394108	501(C)(3)	36,792.	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)	25,664.	0.			GENERAL SUPPORT
YORK COUNTY PARKS FOUNDATION CHARITABLE TRUST - 400 MUNDIS RACE ROAD - YORK, PA 17406	46-2861562	501(C)(3)	13,474.	0.			50TH ANNIVERSARY-EDUATION CENTER ADDITION, GENERAL SUPPORT, MAINTENANCE WILLIAM H. KAIN COUNTY
YORK COUNTY PLANNING COMMISSION 28 EAST MARKET STREET YORK, PA 17401	23-1601506	GOVERNMENT	15,000.	0.			PUBLIC THOUGHTS AN OPEN SPACE PROTECTION IN YORK COUNTY
YORK COUNTY RAIL TRAIL AUTHORITY PO BOX 335 SEVEN VALLEYS , PA 17360	23-2625950	GOVERNMENT	35,000.	0.			GENERAL SUPPORT, RAIL ACQUISITION: HANOVER TO SPRING GROVE AND BAIR, GATEWAY IMPROVEMENT
YORK COUNTY SPCA 3159 SUSQUEHANNA TRAIL NORTH YORK, PA 17406	23-1399588	501(C)(3)	43,780.	0.			GENERAL SUPPORT, HAY IT'S A 5K 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
YORK DAY NURSERY INC. 450 EAST PHILADELPHIA STREET YORK, PA 17403	23-1649205	501(C)(3)	17,991.	0.			GENERAL SUPPORT, IN MEMORY OF GRIM BABY-INFANT SCHOLARSHIP FUND, CHILDCARE AND
YORK FRESH FOOD FARMS 12559 COLLINSVILLE RD BROGUE, PA 17309	47-5548242	501(C)(3)	21,000.	0.			YORK'S MOBILE PRODUCE MARKET, GET YOUR HANDS DIRTY PROGRAM, 2019 GROWING SEASON
YORK HABITAT FOR HUMANITY 33 SOUTH SEWARD STREET YORK, PA 17404	22-2670895	501(C)(3)	26,827.	0.			GENERAL SUPPORT, GIVE LOCAL YORK, CHESTNUT STREET CONSTRUCTION PROJECT PHASE 1
YORK HEALTH FOUNDATION 50 N. DUKE STREET YORK, PA 17401	23-3050192	501(C)(3)	16,994.	0.			GENERAL SUPPORT, CANCER PATIENT HELP FUND, PHILIP A. HOOVER MEDICAL LIBRARY, BENTZEL DENTAL
YORK SUBURBAN DOLLARS FOR SCHOLARS 1800 HOLLYWOOD DRIVE YORK, PA 17403	46-5146589	501(C)(3)	18,077.	0.			GENERAL SUPPORT
YORK SYMPHONY ORCHESTRA 50 NORTH GEORGE STREET YORK, PA 17401	23-6298810	501(C)(3)	198,592.	0.			GENERAL SUPPORT, ANNUAL CAMPAIGN, CHORAL CONCERT JUNE 2019, SEASON PROGRAM BOOK
YOUNG THINKERS OF YORK, INC. 7 E MARKET STREET YORK, PA 17401	81-4855797	501(C)(3)	11,210.	0.			GENERAL SUPPORT, YOUNG THINKERS STEAM CENTER, MATH2SUCCEED PROGRAML, PRINTERS, SECURITY CAMERA
YOUNG LIFE YORK CITY 35 S DUKE STREET YORK, PA 17405	84-0385934	501(C)(3)	5,000.	0.			GENERAL SUPPORT
YORK TOWN CRAFT GUILD 639 NORTH FRANKLIN STREET YORK, PA 17403	23-3096728	501(C)(3)	6,016.	0.			METALS PROGRAM, GENERAL SUPPORT

Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP FOR DALLASTOWN HIGH SCHOOL STUDENTS	16	31,250.	0.		
SCHOLARSHIP FOR EASTERN YORK HIGH SCHOOL STUDENTS	7	11,500.	0.		
SCHOLARSHIP FOR HARRISBURG AREA COMMUNITY COLLEGE STUDENTS	5	7,500.	0.		
SCHOLARSHIP FOR JUNIATA COLLEGE STUDENTS	3	6,250.	0.		
SCHOLARSHIP FOR LANCASTER BIBLE COLLEGE STUDENTS	1	5,000.	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 NORTHEASTERN HIGH SCHOOL STUDENTS	13.	41,574.	0.		
SCHOLARSHIP FOR PENN STATE UNIVERSITY STUDENTS	11.	15,750.	0.		
SCHOLARSHIP FOR PENN STATE YORK STUDENTS	2.	2,500.	0.		
SCHOLARSHIP FOR RED LION HIGH SCHOOL STUDENTS	5.	8,250.	0.		
SCHOLARSHIP FOR SOUTH EASTERN HIGH SCHOOL STUDENTS	6.	9,250.	0.		
SCHOLARSHIP FOR SOUTH WESTERN HIGH SCHOOL STUDENTS	12.	19,500.	0.		
SCHOLARSHIP FOR SOUTHERN HIGH SCHOOL STUDENTS	7.	15,750.	0.		
SCHOLARSHIP FOR SPRING GROVE HIGH SCHOOL STUDENTS	9.	37,354.	0.		
SCHOLARSHIP FOR YORK CITY HIGH SCHOOL STUDENTS	27.	40,970.	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 YORK SUBURBAN HIGH SCHOOL STUDENTS	9.	12,750.	0.		
SCHOLARSHIP FOR YORK COLLEGE STUDENTS	16.	20,000.	0.		
SCHOLARSHIP FOR ALBRIGHT COLLEGE STUDENTS	2.	1,500.	0.		
SCHOLARSHIP FOR CLARION UNIVERSITY STUDENTS	1.	500.	0.		
SCHOLARSHIP FOR COLLEGE OF CHARLESTON STUDENTS	1.	500.	0.		
SCHOLARSHIP FOR COLORADO STATE UNIVERSITY STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR DELAWARE VALLEY UNIVERSITY STUDENTS	1.	1,500.	0.		
SCHOLARSHIP FOR DREXEL UNIVERSITY STUDENTS	1.	1,250.	0.		
SCHOLARSHIP FOR DUQUESNE UNIVERSITY 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 FRANKLIN AND MARSHALL COLLEGE STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR GEORGIA INSTITUTE OF TECHNOLOGY STUDENTS	1.	2,000.	0.		
SCHOLARSHIP FOR HARCUM COLLEGE STUDENTS	1.	1,500.	0.		
SCHOLARSHIP FOR INDIANA UNIVERSITY OF PENNSYLVANIA STUDENTS	1.	750.	0.		
SCHOLARSHIP FOR IOWA STATE UNIVERSITY STUDENTS	1.	4,250.	0.		
SCHOLARSHIP FOR KANSAS STATE UNIVERSITY STUDENTS	1.	1,500.	0.		
SCHOLARSHIP FOR KINGS COLLEGE STUDENTS	1.	500.	0.		
SCHOLARSHIP FOR LEBANON VALLEY COLLEGE STUDENTS	5.	4,000.	0.		
SCHOLARSHIP FOR LYCOMING 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 MESSIAH COLLEGE STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR MICHIGAN STATE UNIVERISTY STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR MILLERSVILLE UNIVERSITY STUDENTS	3.	3,500.	0.		
SCHOLARSHIP FOR MOUNT SAINT MARY'S UNIVERSITY STUDENTS	1.	500.	0.		
SCHOLARSHIP FOR ROCHESTER INSTITUTE OF TECHNOLOGY STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR SHIPPENSBURG UNIVERSITY STUDENTS	4.	2,250.	0.		
SCHOLARSHIP FOR SYRACUSE UNIVERSITY STUDENTS	1.	1,250.	0.		
SCHOLARSHIP FOR TEMPLE UNIVERSITY STUDENTS	2.	1,000.	0.		
SCHOLARSHIP FOR THOMAS JEFFERSON UNIVERSITY STUDENTS	1.	500.	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 TROY UNIVERSITY STUDENTS	1.	2,500.	0.		
SCHOLARSHIP FOR UNIVERSITY OF DELAWARE STUDENTS	1.	1,250.	0.		
SCHOLARSHIP FOR UNIVERSITY OF FLORIDA STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR UNIVERSITY OF PITTSBURGH STUDENTS	1.	1,500.	0.		
SCHOLARSHIP FOR UNIVERSITY OF PITTSBURGH SCHOOL OF DENTAL MEDICINE STUDENTS	2.	2,000.	0.		
SCHOLARSHIP FOR UNIVERSITY OF WYOMING STUDENTS	1.	500.	0.		
SCHOLARSHIP FOR VANDERBILT UNIVERSITY STUDENTS	1.	4,000.	0.		
SCHOLARSHIP FOR WEST CHESTER UNIVERSITY STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR WEST VIRGINIA UNIVERSITY 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 WILKES UNIVERSITY STUDENTS	1.	4,000.	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, 2019 GIVE LOCAL YORK

NAME OF ORGANIZATION OR GOVERNMENT: ASBURY FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ASBURY BETHANY VILLAGE, CLASSIC

CARING GOLF SPONSORSHIP, MUSIC FOR THE MISSION CONCERT SERIES SPONSORSHIP

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING SUPPORT FOR PENN PARK,
GUN VIOLENCE & INTERVENTION INITIATIVE, PUBLIC WORKS DEPT CAPITAL
IMPROVEMENTS, KIVA HUB, COLLABORATIVE VISION DOCUMENTS/WEBSITE, 2020 HRC
DIVERSITY DINNER, NEW GRANITE FOR KOREAN WAR MEMORIAL

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITIES IN SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT TO YORK CITY
SCHOOL DISTRICT, COMMUNITY ENGAGEMENT/OUTREACH, SUPPORT EMERGENCY NEEDS
AGES 12-21, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CRISPUS ATTUCKS ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GOODRIGE FREEDOM CENTER, SECOND
CAREER SEVICE ENTREPRENEURIAL PROJECT, GENERAL SUPPORT, EARLY CHILDHOOD
CARE AND EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: DOWNTOWN INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: YORK STORY SLAM, GENERAL SUPPORT,
CODORUS CREEK BEAUTIFICATION PHASE 1 & 2, TRENCH DRAIN COVER REPLACEMENT,
DOWNTOWN POLE BANNERS W/ DESTINATION BRANDING, YORK ECONOMIE ACTION PLAN,
LIGHTING OF DOME AT YORK COUNTY ADMIN BLDG, WECO, CIGAR BOX MUSIC
FESTIVAL, FRIEND OF DOWNTOWN INC

NAME OF ORGANIZATION OR GOVERNMENT: LEADERSHIP YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: MENTORSHIP YORK, LEADERSHIP TRAINING
PROGRAM, GENERAL SUPPORT, SPONSORSHIP, FLY PROGRAM, GIVE LOCAL YORK

NAME OF ORGANIZATION OR GOVERNMENT: LOGOS ACADEMY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, FIELD TRIPS,
SCHOLARSHIPS, WORKFORCE INTEGRATION PROGRAM PHASE 1 DISCOVERY AND NEEDS
ASSESSMENT

NAME OF ORGANIZATION OR GOVERNMENT: PENN STATE YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, TO SUPPORT GRAHAM
ENTREPRENEURIAL LEADERSHIP PROGRAM, WOMEN'S PHILANTHROPIC NETWORK,
FOUNDER'S LECTURE SERIES

NAME OF ORGANIZATION OR GOVERNMENT: SPIRITRUST LUTHERAN

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CORNERSTONE DINNER
SPONSOR, TO SUPPORT SHREWSBURY LUTHERAN VILLAGE

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF YORK COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, TOCQUEVILLE
SOCIETY, FOCUS ON OUR FUTURE PROGRAMS, TO SPONSOR GIVE LOCAL YORK STRETCH
POOL, EARLY LITERACY READ TO ME CHALLENGE, TO SUPPORT TRANSITION OF ADMIN
RESPONSIBILITIES FOR YFF 2019 PROGRAM

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

(H) PURPOSE OF GRANT OR ASSISTANCE: MEMBERSHIP PROGRAMS, GENERAL
SUPPORT, EARLY CHILDHOOD CARE AND EDUCATION, TO SUPPORT STRONG KIDS FUND,
HEALTHY WEIGHT AND YOUR CHILD, YMCA WELCOME CENTER, GIRLS WHO CODE, GIVE
LOCAL YORK, CAPITAL CAMPAIGN, YMCA RACE SERIES

NAME OF ORGANIZATION OR GOVERNMENT: YORK CITY PARKS CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSTRUCTION AND MAINTENANCE OF REID
MENZER MEMORIAL SKATEPARK YORK, PA; GENERAL SUPPORT, CAPITAL CAMPAIGN

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: YORK COLLEGE OF PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS, CENTER FOR COMMUNITY

ENGAGEMENT: GENERATIONS OF HOPE SUMMER PROJECT, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: YORK COUNTY HISTORY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, 10,000 ACTS OF

KINDNESS, STEAM CURRICULUM, FUNDING TO SUPPORT COMMUNITY HISTORIAN FOR

DIVERSITY AND INCLUSION POSITION

NAME OF ORGANIZATION OR GOVERNMENT:

YORK COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY

(H) PURPOSE OF GRANT OR ASSISTANCE: YORKTOWNE HOTEL-ARTIST INCLUSION

PROGRAM, SUPPORT YORKTOWNE HOTEL, SUPPORT ART PROJECT TO BE INSTALLED ON

DUKE STREET

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,

SENSORY STORY TIME, TRANSFORM LIVES AND BUILD COMMUNITY CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT:

YORK COUNTY PARKS FOUNDATION CHARITABLE TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: 50TH ANNIVERSARY-EDUATION CENTER

ADDITION, GENERAL SUPPORT, MAINTENANCE WILLIAM H. KAIN COUNTY PARK AND/OR

YORK COUNTY HERITAGE RAIL TRAIL

NAME OF ORGANIZATION OR GOVERNMENT: YORK COUNTY RAIL TRAIL AUTHORITY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, RAIL ACQUISITION: HANOVER TO SPRING GROVE AND BAIR, GATEWAY IMPROVEMENT PROJECT AT WILLIS RUN

NAME OF ORGANIZATION OR GOVERNMENT: YORK DAY NURSERY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, IN MEMORY OF GRIM BABY-INFANT SCHOLARSHIP FUND, CHILDCARE 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, ONCOLOGY RESEARCH, DOUBLE CREEK SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG THINKERS OF YORK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, YOUNG THINKERS STEAM CENTER, MATH2SUCCEED PROGRAM, PRINTERS, SECURITY CAMERA EQUIPMENT, AND INTERNET SERVICE

NAME OF ORGANIZATION OR GOVERNMENT: YWCA YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL YORK, ACCESS YORK, TEMPLE GUARD, RACIAL AND SOCIAL JUSTICE PROGRAM, BUILDING RESILIENCEY IN YORK COUNTY, CAMP CANN-EDI-ON, PREVENTING DOMESTIC AND SEXUAL VIOLENCE

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2019

Open to Public Inspection

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 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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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)	152,903.	0.	0.	8,006.	18,900.	179,809.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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	10	255,743.	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) 2019

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

2019

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 \$ 453,900. INCLUDING GRANTS OF \$ 339,465. 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) (2019)

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	451,817.
AGENCY ENDOWMENT GIFTS	-1,230,190.
AGENCY ENDOWMENT INVESTMENT INCOME	-264,870.
AGENCY ENDOWMENT GRANT DISTRIBUTIONS	768,921.
REVENUE FROM BENEFICIAL INTERESTS IN TRUSTS	103,868.
CHARITABLE REMAINDER UNITRUST (REVENUE)/EXPENSE	-77,827.
REVENUE FROM CHARITABLE REMAINDER TRUSTS	33,777.
TOTAL TO FORM 990, PART XI, LINE 9	-214,504.

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

2019

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

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MEMORIAL HEALTH FUND	L	137,124.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

2019

For calendar year 2019 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

Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type; H Enter the number of the organization's unrelated trades or businesses; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?; J The books are in care of; Name of organization; Number, street, and room or suite no.; City or town, state or province, country, and ZIP or foreign postal code.

Part I Unrelated Trade or Business Income. Table with columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 5 Income (loss) from a partnership or an S corporation; 6 Rent income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties, and rents from a controlled organization; 9 Investment income of a section 501(c)(7), (9), or (17) organization; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income; 13 Total.

Table for Part I Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Rows: 1a Gross receipts or sales; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 5 Income (loss) from a partnership or an S corporation; 6 Rent income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties, and rents from a controlled organization; 9 Investment income of a section 501(c)(7), (9), or (17) organization; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income; 13 Total.

Part II Deductions Not Taken Elsewhere. Table with columns: 14-27 Deduction descriptions; 28 Total deductions; 29 Unrelated business taxable income before net operating loss deduction; 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018; 31 Unrelated business taxable income. Includes 'SEE STATEMENT 2' for line 27.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	84,850.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	106.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	84,744.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	84,744.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	83,744.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	17,586.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	17,586.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	17,586.
48	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)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	17,586.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	5,019.
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	5,019.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	66.
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	12,633.
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

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

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	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
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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.

Sign Here
 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: **12/03/20**
 Check if self-employed
 PTIN: **P00072689**
 Firm's name: **RKL LLP**
 Firm's EIN: **23-2108173**
 Firm's address: **3501 CONCORD ROAD, PO BOX 21439 YORK, PA 17402**
 Phone no.: **717-843-3804**

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.	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 25.
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 26. 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 VENTURE - ORDINARY BUSINESS INCOME (LOSS)	-19.
COMMONFUND CAPITAL VENTURE - INTEREST INCOME	183.
COMMONFUND CAPITAL VENTURE - DIVIDEND INCOME	52.
COMMONFUND CAPITAL VENTURE - OTHER PORTFOLIO INCOME (LOSS)	68.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER - ORDINARY BUSINESS INCOME	11,276.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER - NET RENTAL REAL ESTATE IN	2.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER - OTHER NET RENTAL INCOME (100.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER - INTEREST INCOME	940.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER - DIVIDEND INCOME	2,348.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER - ROYALTIES	3.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNER - OTHER PORTFOLIO INCOME (L	1,196.
COMMONFUND CAPITAL STRAGETIC SOLUCTIONS - ORDINARY BUSINESS INCOME (LOSS)	-553.
COMMONFUND CAPITAL STRAGETIC SOLUCTIONS - NET RENTAL REAL ESTATE INCOME	-207.
COMMONFUND CAPITAL STRAGETIC SOLUCTIONS - OTHER NET RENTAL INCOME (LOSS)	89.
COMMONFUND CAPITAL STRAGETIC SOLUCTIONS - INTEREST INCOME	2,582.
COMMONFUND CAPITAL STRAGETIC SOLUCTIONS - DIVIDEND INCOME	1,095.
COMMONFUND CAPITAL STRAGETIC SOLUCTIONS - ROYALTIES	20.
COMMONFUND CAPITAL STRAGETIC SOLUCTIONS - OTHER PORTFOLIO INCOME (LOSS)	4,391.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - ORDINARY BUSINESS INCOME (LOS	755.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - NET RENTAL REAL ESTATE INCOME	-329.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - OTHER NET RENTAL INCOME (LOSS	16.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - INTEREST INCOME	1,457.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - DIVIDEND INCOME	727.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - ROYALTIES	92.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - OTHER PORTFOLIO INCOME (LOSS)	1,220.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	27,504.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

PASS THROUGH OTHER DEDUCTIONS

49,690.

TOTAL TO FORM 990-T, PAGE 1, LINE 27

49,690.

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.

2019

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

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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				2,198.
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	2,198.

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				95,426.
11 Enter gain from Form 4797, line 7 or 9			11	9,341.
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	104,767.

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	2,198.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	104,767.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	106,965.

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

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

▶ 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 2019 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)
	SEE STATEMENT 3						9,412.
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 9,412.
<p>Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p>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.</p>							
8	Nonrecaptured net section 1231 losses from prior years. See instructions SEE STATEMENT 4						8 71.
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 9,341.

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 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable						12 71.
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 or Form 1040-SR), 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 or Form 1040-SR), Part I, line 4						18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2019)

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

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY						8,956.
COMMONFUND CAPITAL STRAGETIC SOLUTIONS						-3.
COMMONFUND CAPITAL SECONDARY PARTNERS II						459.
TOTAL TO 4797, PART I, LINE 2						9,412.

FORM 4797

NONRECAPTURED NET SECTION 1231 LOSSES
FROM PRIOR YEARS

STATEMENT 4

TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2014	0.	0.	0.
2015	0.	0.	0.
2016	0.	0.	0.
2017	0.	0.	0.
2018	71.	0.	71.
TOTAL TO FORM 4797, LINE 8	71.	0.	71.