

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>YORK COUNTY COMMUNITY FOUNDATION</b>		<b>D</b> Employer identification number <b>23-6299868</b>
	Doing business as		<b>E</b> Telephone number <b>(717) 848-3733</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>14 WEST MARKET STREET</b>		<b>G</b> Gross receipts \$ <b>39,731,457.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>YORK, PA 17401-1617</b>		
<b>F</b> Name and address of principal officer: <b>MICHAEL GLEZER</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> 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**

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE CREATE A VIBRANT YORK COUNTY BY ENGAGING DONORS, PROVIDING COMMUNITY LEADERSHIP AND INVESTING IN</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>16</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>100</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>130,230.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>68,846.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>5,227,275.</b>	<b>8,167,698.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>214,951.</b>	<b>211,406.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>3,218,253.</b>	<b>1,962,890.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-6,234.</b>	<b>2,279.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>8,654,245.</b>	<b>10,344,273.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>5,319,169.</b>	<b>6,712,189.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,176,259.</b>	<b>1,386,439.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>438,487.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,018,939.</b>	<b>1,337,358.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,514,367.</b>	<b>9,435,986.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,139,878.</b>	<b>908,287.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>163,115,264.</b>	<b>End of Year</b> <b>175,587,137.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>47,926,432.</b>	<b>51,736,300.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>115,188,832.</b>	<b>123,850,837.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>MICHAEL GLEZER, TREASURER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMY GOHN ANSTINE, CPA</b>	Preparer's signature <b>AMY GOHN ANSTINE, CP</b>	Date <b>10/29/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00072689</b>
	Firm's name ▶ <b>RKL LLP</b>	Firm's EIN ▶ <b>23-2108173</b>		Phone no. <b>717-843-3804</b>	
Firm's address ▶ <b>3501 CONCORD ROAD, PO BOX 21439</b>		<b>YORK, PA 17402</b>			

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 6,425,240. including grants of \$ 5,641,166. ) (Revenue \$ 211,406. ) YORK COUNTY COMMUNITY FOUNDATION'S GRANTMAKING PROGRAM REACHES BROADLY ACROSS ALL CHARITABLE SECTORS SERVING YORK COUNTY PENNSYLVANIA, AS EVIDENCED BY 1,170 GRANTS TO 350 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 \$ 517,145. including grants of \$ 496,621. ) (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 22 NON PROFIT PROGRAMS, THANKS TO GRANTS FROM THE FUND FOR YORK COUNTY AND CHILDREN'S FUND FOCUS.

4c (Code: ) (Expenses \$ 306,101. including grants of \$ 306,101. ) (Revenue \$ 0. ) SCHOLARSHIPS SUPPORT GRANTS TO EDUCATIONAL INSTITUTIONS AND SCHOLARSHIP ORGANIZATIONS INCLUDING POST SECONDARY SCHOLARSHIPS OF \$306,101 TO 200 INDIVIDUALS IN THE US.

4d Other program services (Describe on Schedule O.) (Expenses \$ 520,752. including grants of \$ 268,301. ) (Revenue \$ )

4e Total program service expenses 7,769,238.

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	21
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 21		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 21		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (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.  
 Own website     Another's website     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 (UNITL 05/20)	2.00 0.10	X		X				0.	0.	0.
(2) KRISTA SNYDER DARR VICE CHAIR/CHAIR	2.00 0.10	X		X				0.	0.	0.
(3) TIMOTHY KINSLEY 1ST VICE CHAIR	2.00 0.10	X		X				0.	0.	0.
(4) HOLLY A. MAYER 2ND VICE CHAIR	1.00 0.10	X		X				0.	0.	0.
(5) RONALD HERSHNER SECRETARY	1.00	X		X				0.	0.	0.
(6) KYLE JONES ASST SECRETARY	1.00	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	X						0.	0.	0.
(9) JOHN W. BAILEY DIRECTOR	1.00	X						0.	0.	0.
(10) OLIVER W. HOAR DIRECTOR	1.00	X						0.	0.	0.
(11) JOSETTE M. MYERS DIRECTOR	1.00 0.50	X						0.	0.	0.
(12) DOMINIC DELLICARPINI DIRECTOR	1.00	X						0.	0.	0.
(13) ELIZABETH DELLINGER DIRECTOR	1.00	X						0.	0.	0.
(14) MICHAEL C. HAUN DIRECTOR	1.00	X						0.	0.	0.
(15) JACK KAY DIRECTOR	1.00	X						0.	0.	0.
(16) SUZANNE MCCONKEY DIRECTOR	1.00	X						0.	0.	0.
(17) HAROLD N MYERS, JR DIRECTOR	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) MATTHEW POFF DIRECTOR	1.00	X						0.	0.	0.
(19) SARAH REINECKER DIRECTOR	1.00	X						0.	0.	0.
(20) MARIA L. ROYCE DIRECTOR	1.00	X						0.	0.	0.
(21) JOHN J. SHORB DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) TIMOTHY WARFIELD DIRECTOR	1.00	X						0.	0.	0.
(23) JENNIFER GEESEY DIRECTOR (UNITL 05/20)	1.00	X						0.	0.	0.
(24) SUSAN D. KREBS DIRECTOR (UNITL 05/20)	1.00	X						0.	0.	0.
(25) PATTI STIRK DIRECTOR (UNITL 05/20)	1.00	X						0.	0.	0.
(26) JOSEPH G. WAGMAN DIRECTOR (UNITL 05/20)	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								514,496.	0.	63,879.
<b>d Total (add lines 1b and 1c)</b>								514,496.	0.	63,879.

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 **4**

	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	354,049.
BENJAMIN AND BOND 29 W MARKET STREET, YORK, PA 17401	NAVIGATING AGING DEVELOPMENT	154,016.
WHITE ROSE VENTURES LLC 2505 PAMPAS DRIVE, YORK, PA 17408	FEASIBILITY STUDY	122,000.
MASON INVESTMENT ADVISORY SERVICES, 11130 SUNRISE VALLEY DRIVE, RESTON, VA 20191	INVESTMENT CONSULTING	119,182.

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 **4**

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	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,167,698.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 394,246.				
	<b>h Total.</b> Add lines 1a-1f			8,167,698.			
Program Service Revenue	<b>2 a</b> MANAGEMENT FEES	Business Code	561000	135,267.	135,267.		
	<b>b</b> CHARITABLE TRUST FEES		525920	76,139.	76,139.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			211,406.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,008,360.		130,230.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	31,747.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		29,468.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		2,279.			
	<b>d</b> Net rental income or (loss)			2,279.		2,279.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	30,312,246.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		29,357,716.			
<b>c</b> Gain or (loss)	<b>7c</b>		954,530.				
<b>d</b> Net gain or (loss)			954,530.		954,530.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			10,344,273.	211,406.	130,230.	1,834,939.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,406,088.	6,406,088.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	306,101.	306,101.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	331,029.	112,479.	154,035.	64,515.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	850,357.	339,346.	260,938.	250,073.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,624.	14,316.	10,659.	10,649.
<b>9</b> Other employee benefits .....	85,327.	34,671.	25,626.	25,030.
<b>10</b> Payroll taxes .....	84,102.	32,341.	29,141.	22,620.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	21,465.		21,465.	
<b>c</b> Accounting .....	36,781.		36,781.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	513,593.		513,593.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	357,479.	353,293.	3,000.	1,186.
<b>12</b> Advertising and promotion .....	27,365.	15,542.		11,823.
<b>13</b> Office expenses .....	59,981.	13,436.	38,902.	7,643.
<b>14</b> Information technology .....	73,199.	28,506.	24,880.	19,813.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	59,096.	10,930.	40,521.	7,645.
<b>17</b> Travel .....	2,162.	1,079.	995.	88.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	1,211.	761.		450.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	12,333.		12,333.	
<b>23</b> Insurance .....	12,351.	4,117.	4,117.	4,117.
<b>24</b> 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.)				
<b>a PROGRAMS</b>	107,354.	93,636.	3,597.	10,121.
<b>b STRATEGIC PLANNING</b>	40,648.		40,648.	
<b>c DUES AND ASSESSMENTS</b>	8,773.	2,401.	3,658.	2,714.
<b>d STAFF DEVELOPMENT</b>	3,567.	195.	3,372.	
<b>e</b> All other expenses .....				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	9,435,986.	7,769,238.	1,228,261.	438,487.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	154,357.	<b>1</b>	257,058.
	<b>2</b> Savings and temporary cash investments .....	9,693,745.	<b>2</b>	13,602,885.
	<b>3</b> Pledges and grants receivable, net .....	31,732.	<b>3</b>	113,151.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 687,730.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 650,089.	49,974.	<b>10c</b> 37,641.
	<b>11</b> Investments - publicly traded securities .....	124,314,876.	<b>11</b>	130,751,747.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	26,557,350.	<b>12</b>	30,414,166.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,313,230.	<b>15</b>	410,489.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	163,115,264.	<b>16</b>	175,587,137.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	133,250.	<b>17</b>	180,963.
	<b>18</b> Grants payable .....	264,500.	<b>18</b>	602,197.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	207,300.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	47,528,682.	<b>25</b>	50,745,840.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	47,926,432.	<b>26</b>	51,736,300.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	109,828,245.	<b>27</b>	120,252,119.
	<b>28</b> Net assets with donor restrictions .....	5,360,587.	<b>28</b>	3,598,718.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	115,188,832.	<b>32</b>	123,850,837.
	<b>33</b> Total liabilities and net assets/fund balances .....	163,115,264.	<b>33</b>	175,587,137.

**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	10,344,273.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,435,986.
3	Revenue less expenses. Subtract line 2 from line 1	3	908,287.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	115,188,832.
5	Net unrealized gains (losses) on investments	5	8,095,483.
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	-341,765.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	123,850,837.

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4651203.	7857512.	4433942.	5227275.	8167698.	30337630.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4651203.	7857512.	4433942.	5227275.	8167698.	30337630.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						9322715.
<b>6 Public support.</b> Subtract line 5 from line 4.						21014915.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	4651203.	7857512.	4433942.	5227275.	8167698.	30337630.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2454221.	2651813.	2371914.	2125516.	909,877.	10513341.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		3,013.	12,017.	84,956.	69,847.	169,833.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						41020804.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,064,603.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	51.23 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	53.51 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
<b>1</b>		

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, 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>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**YORK COUNTY COMMUNITY FOUNDATION**

Employer identification number

**23-6299868**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>322,086.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>880,017.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>235,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>234,334.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>YORK COUNTY COMMUNITY FOUNDATION</b>	Employer identification number  <b>23-6299868</b>
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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/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 303,972.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 301,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 1,715,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 1,005,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	950 SHARES OF PUBLICLY TRADED STOCK <hr/> <hr/> <hr/>	\$ 303,972.	08/18/20
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/>	\$ _____	_____

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

(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 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**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	94	11
2 Aggregate value of contributions to (during year)	3,082,042.	7,299.
3 Aggregate value of grants from (during year)	1,298,315.	286,820.
4 Aggregate value at end of year	30,050,712.	11,117,117.
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	115,188,831.	98,351,523.	108,232,445.	94,413,588.	89,880,676.
b Contributions	6,961,532.	4,030,861.	3,185,169.	6,255,562.	3,851,723.
c Net investment earnings, gains, and losses	9,803,596.	19,168,302.	-6,407,003.	13,282,198.	6,240,684.
d Grants or scholarships	6,712,188.	4,554,392.	4,909,471.	3,869,229.	4,014,242.
e Other expenditures for facilities and programs	211,394.	811,626.	769,635.	803,889.	690,745.
f Administrative expenses	1,179,540.	995,837.	979,982.	1,045,785.	854,508.
g End of year balance	123,850,837.	115,188,831.	98,351,523.	108,232,445.	94,413,588.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  97.0900 %
  - b Permanent endowment  2.9100 %
  - 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.	549,206.	12,890.
d Equipment		125,634.	100,883.	24,751.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				37,641.

**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	408,396.	END-OF-YEAR MARKET VALUE
(C) CODO, LLP	50,000.	COST
(D) COMMONFUND GLOBAL PRIVATE		
(E) EQUITY	4,101,960.	END-OF-YEAR MARKET VALUE
(F) DOWNTOWN RENAISSANCE FUND	275,000.	COST
(G) CCI-SSG GLOBAL PRIVATE		
(H) EQUITY	2,432,000.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>30,414,166.</b>	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY TO LIFE INCOME	
(3) BENEFICIARIES UNDER TRUST	
(4) AGREEMENTS	3,294,993.
(5) FUNDS HELD AS AGENCY ENDOWMENTS	27,809,838.
(6) FUNDS HELD FOR RELATED SUPPORTING ORGANIZATION	19,641,009.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>50,745,840.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	16,765,128.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	8,095,483.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	156,439.	
e	Add lines 2a through 2d	2e		8,251,922.
3	Subtract line 2e from line 1	3		8,513,206.
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	513,593.	
b	Other (Describe in Part XIII.)	4b	1,317,474.	
c	Add lines 4a and 4b	4c		1,831,067.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		10,344,273.

**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	8,103,123.
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	29,468.	
e	Add lines 2a through 2d	2e		29,468.
3	Subtract line 2e from line 1	3		8,073,655.
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	513,593.	
b	Other (Describe in Part XIII.)	4b	848,738.	
c	Add lines 4a and 4b	4c		1,362,331.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		9,435,986.

**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 2017.

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

REVENUE FROM BENEFICIAL INTEREST IN TRUSTS	-29,595.
CHANGE IN SPLIT INTEREST AGREEMENTS	168,028.
REVENUE FROM CHARITABLE REMAINDER TRUSTS	18,006.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	156,439.

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

RENTAL EXPENSES	-29,468.
AGENCY ENDOWMENT GIFTS	1,224,172.

**Part XIII** Supplemental Information (continued)

AGENCY ENDOWMENT INVESTMENT INCOME (LOSSES) EXCLUDED FROM

F/S BY SFAS 136 46,631.

FEES FROM CHARITABLE REMAINDER UNITRUSTS 76,139.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,317,474.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 29,468.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

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

TO SFAS NO 136 848,738.





**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
10,000 FRIENDS OF PENNSYLVANIA 200 NORTH THIRD STREET, STTE 407 HARRISBURG, PA 17101	31-1621197	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ACCOUNTABILITY FOR LIFE 1665 POPLAR ROAD YORK, PA 17401	82-4605690	501(C)(3)	6,000.	0.			AFL TRAINING TRANSPORTATION
ALBRIGHT CARE SERVICES 90 MAPLEWOOD DRIVE LEWISBURG, PA 17837	23-1887138	501(C)(3)	8,564.	0.			GENERAL SUPPORT, CREATIVE PLACE AT NORMANDIE RIDGE, NORMANDIE RIDGE BENEVOLENT CARE
AMERICAN CANCER SOCIETY 314 GOOD DRIVE LANCASTER, PA 17603-2393	13-1788491	501(C)(3)	11,538.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 4250 CRUMS MILL ROAD HARRISBURG, PA 17112	13-5613797	501(C)(3)	9,670.	0.			GENERAL SUPPORT
AMERICAN PARKINSON DISEASE ASSOCIATION - 135 PARKINSON AVENUE - STATEN ISLAND, NY 10305	13-1962771	501(C)(3)	7,767.	0.			FOR THE BENEFIT OF RESIDENTS OF SOUTH CENTRAL PENNSYLVANIA

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **151.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **9.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **SEE PART IV FOR COLUMN (H) DESCRIPTIONS** Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
AMERICAN RED CROSS SOUTH CENTRAL PA CHAPTER - 724 SOUTH GEORGE STREET - YORK, PA 17401	53-0196605	501(C)(3)	11,397.	0.			GENERAL SUPPORT
APPELL CENTER FOR THE PERFORMING ARTS - 50 N. GEORGE STREET - YORK, PA 17401	23-2053382	501(C)(3)	74,187.	0.			GENERAL SUPPORT, 2020 GIVE LOCAL YORK, EMERGENCY STABILIZATION FUND
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)	16,500.	0.			GENERAL SUPPORT, MUSIC FOR MISSION SPONSORSHIP, CLASSIC CARING GOLF, GATHERING PLACES CAMPAIGN
ASBURY UNITED METHODIST CHURCH 340 EAST MARKET STREET YORK, PA 17403	23-6396152	501(C)(3)	5,304.	0.			GENERAL SUPPORT, BEATTIE AND CHET KIMES YOUTH PROGRAM
ASPIRA INC. OF PENNSYLVANIA 4322 N 5TH STREET PHILADELPHIA, PA 19140	23-1712664	501(C)(3)	5,000.	0.			RESCATA PUERTO RICO
AUDUBON PENNSYLVANIA 100 WILDWOOD WAY HARRISBURG, PA 17110	13-1624102	501(C)(3)	11,500.	0.			BIRD FRIENDLY, PA, TO SUPPORT YORK PROGRAMS
BYRNES HEALTH EDUCATION CENTER 515 S. GEORGE STREET YORK, PA 17401	23-2588187	501(C)(3)	71,563.	0.			GENERAL SUPPORT, ANNUAL HEARTBEAT CAMPAIGN, DIGITAL HEALTH EDUCATION, GIVE LOCAL YORK 2020
CAMPS NEWFOUND OWATONNA 4 CAMP NEWFOUND ROAD HARRISON, ME 04040	04-2384391	501(C)(3)	14,674.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CASA 8151 15TH AVENUE LANGLEY PARK, MD 20783	52-1372972	501(C)(3)	146,500.	0.			GENERAL SUPPORT, RENT ASSISTANCE PROGRAM, WORKFORCE DEVELOPMENT PROGRAM EXPANSION
CATHOLIC HARVEST PANTRY 628 EAST MARKET STREET YORK, PA 17403	23-1494791	501(C)(3)	9,218.	0.			2020 GIVE LOCAL, GENERAL SUPPORT, COVID19 EMERGENCY FOOD COSTS
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501(C)(3)	56,000.	0.			GENERAL SUPPORT, 2020 GIVE LOCAL YORK, COVID19 RESPONSE IN YORK COUNTY
CENTRAL PENNSYLVANIA LEADERSHIP SEMINAR HUGH OBRIEN YOUTH LEADERSHIP - PO BOX 8743 - LANCASTER, PA 17604	23-2344648	501(C)(3)	9,249.	0.			GENERAL SUPPORT, YOUTH LEADERSHIP PROGRAM
CHILD CARE CONSULTANTS INC. 29 NORTH DUKE ST YORK, PA 17401	22-2842846	501(C)(3)	46,500.	0.			CONNECTIONS TO QUALITY, FIRST 10, PARENTS AS TEACHERS
CHILDREN'S AID SOCIETY 343 LINCOLNWAY WEST NEW OXFORD, PA 17350	23-1429838	501(C)(3)	124,877.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL, YORKCARES & YCCH CODE BLUE SHELTERS FOR
CHILDREN'S HOME OF YORK 77 SHOE HOUSE ROAD YORK, PA 17406	23-1352081	501(C)(3)	113,861.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
CHILDREN'S MIRACLE NETWORK PO BOX 852 HERSHEY, PA 17033	87-0387205	501(C)(3)	7,767.	0.			GENERAL SUPPORT
CHRIST LUTHERAN CHURCH-DALLASTOWN 126 WEST MAIN STREET DALLASTOWN, PA 17313	23-1520312	501(C)(3)	13,481.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CHRISTA MCAULIFFE SCHOLARSHIP FOUNDATION - 2927 SPARROW DRIVE - YORK, PA 17408	25-1622451	501(C)(3)	10,457.	0.			GENERAL SUPPORT
CHRISTIAN SCHOOL OF YORK 907 GREENERIAR ROAD YORK, PA 17404	23-1501815	501(C)(3)	5,178.	0.			GENERAL SUPPORT
CITY OF YORK 101 SOUTH GEORGE STREET YORK, PA 17401	23-6001908	GOVERNMENT	11,888.	0.			CAPITAL IMPROVEMENTS RELATED TO GEAR GARDEN IN FOUNDRY PARK ON THE CODOURS, TO SUPPORT YORK
COMMONWEALTH FOUNDATION FOR PUBLIC POLICY ALTERNATIVES - 225 STATE ST. STE 302 - HARRISBURG, PA 17101	23-2473845	501(C)(3)	5,000.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS 234 STATE STREET HARRISBURG, PA 17101	25-1728518	501(C)(3)	22,104.	0.			CISP GRADUATION COACH PROGRAM AT WILLIAM PENN HS, GENERAL SUPPORT, YORK PROGRAM
COMMUNITY PROGRESS COUNCIL, INC. 226 EAST COLLEGE AVENUE YORK, PA 17403	23-1653135	501(C)(3)	109,061.	0.			RENTAL ASSISTANCE, CRISIS BUDGETING AND RENTAL ASSISTANCE, COVID19 HOUSING COMMUNICATIONS,
COMMUNITY REACH, INC. 15 FIRST AVENUE RED LION, PA 17356	23-2252718	501(C)(3)	8,865.	0.			CHOICE FOOD PANTRY
CORNERSTONE YOUTH HOME 484-486 W. MARKET STREET YORK, PA 17401	82-5100507	501(C)(3)	50,000.	0.			GENERAL SUPPORT
COUNCIL ON FOUNDATIONS 1255 23RD STREET NW WASHINGTON, DC 20037	13-6068327	501(C)(3)	8,250.	0.			2020 MEMBERSHIP DUES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
COUNTY OF YORK 28 EAST MARKET STREET YORK, PA 17401	23-6003050	GOVERNMENT	9,500.	0.			PURCHASE AND STARTUP EXPENSES OF A SERVICE DOG
COVENANT HOUSE PO BOX 731 NEW YORK, NY 10108	13-2725416	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CREATING OPPORTUNITIES IN NEIGHBORHOOD ENVIRONMENTS, INC. - 31 SOUTH BROAD STREET - YORK, PA 17403	23-3070796	501(C)(3)	25,000.	0.			PLEASANT ACRES ANNEX PREDEVELOPMENT GRANT
CREATIVE YORK 10 NORTH BEAVER STREET YORK, PA 17401	23-2616151	501(C)(3)	10,667.	0.			ARTS IN RESIDENCE, GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
CRISPUS ATTUCKS ASSOCIATION 605 SOUTH DUKE STREET YORK, PA 17403	23-1365320	501(C)(3)	86,172.	0.			GIVE LOCAL YORK 2020 STRETCH POOL, GENERAL SUPPORT, EMBRACING CULTURAL DIVERSITY; SMRCA
CULTURAL ALLIANCE OF YORK COUNTY 14 W MARKET STREET YORK, PA 17401	23-2992925	501(C)(3)	44,342.	0.			ANNUAL CAMPAIGN, GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL, ARTIST PROFESSIONAL DEVELOPMENT
DALLASTOWN AREA EDUCATIONAL FOUNDATION - 700 NEW SCHOOL LANE - DALLASTOWN, PA 17313	55-0792133	501(C)(3)	7,954.	0.			GENERAL SUPPORT
DIAKON CHILD FAMILY & COMMUNITY MINISTRIES - 1018 NORTH UNION STREET - MIDDLETOWN, PA 17057	45-5390969	501(C)(3)	5,700.	0.			FOSTERING SUCCESS, A FOSTER FAMILY SUPPORT GROUP
DREAMWRIGHTS CENTER FOR COMMUNITY ARTS - 100 CARLISLE AVENUE - YORK, PA 17401	23-2882835	501(C)(3)	13,000.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, 2020 GIVE LOCAL YORK

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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)	6,813.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
EASTERN YORK DOLLARS FOR SCHOLARS PO BOX 95 WRIGHTSVILLE, PA 17368	46-5052406	501(C)(3)	11,271.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
EMMANUEL UNITED CHURCH OF CHRIST 124 BROADWAY HANOVER, PA 17331	23-1472502	501(C)(3)	97,060.	0.			GENERAL SUPPORT
FARM & NATURAL LANDS TRUST OF YORK COUNTY - 156 N. GEORGE STREET - YORK, PA 17401	23-2612674	501(C)(3)	11,631.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
FIRST PRESBYTERIAN CHURCH 225 EAST MARKET STREET YORK, PA 17403	23-1355118	501(C)(3)	15,483.	0.			GENERAL SUPPORT, FLOWERS AT THE CHURCH FOR EASTER AND CHRISTMAS, CARING COMPANY
GARDEN CLUB OF YORK 1385 DETWILER DRIVE YORK, PA 17404	23-2994596	501(C)(3)	24,773.	0.			HANGING BASKETS
GETTYSBURG COLLEGE 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325	23-1352641	501(C)(3)	10,660.	0.			GENERAL SUPPORT
GIRL SCOUTS IN THE HEART OF PENNSYLVANIA - 350 HALE AVENUE - HARRISBURG, PA 17104	24-0795960	501(C)(3)	6,126.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
GLATFELTER MEMORIAL LIBRARY 101 GLENVIEW ROAD SPRING GROVE, PA 17362	23-1580528	501(C)(3)	11,114.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL

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GRETCHEN WOLF SWARTZ SCHOLARSHIP FOUNDATION INC. - 2700 DANIELLE DRIVE - DOVER, PA 17315	23-7160400	501(C)(3)	117,658.	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)	106,607.	0.			GENERAL SUPPORT, CAPITAL IMPROVEMENT, OPERATIONS, GIVE LOCAL YORK 2020 STRETCH POOL
HANOVER AREA YMCA 500 NORTH GEORGE STREET YORK, PA 17331	23-7172265	501(C)(3)	10,989.	0.			SCHOOL AGED COVID CARE, EARLY LEARNING CENTER LITERACY PROGRAM
HISTORIC PROSPECT HILL CEMETERY HERITAGE FOUNDATION - 700 NORTH GEORGE STREET - YORK, PA 17404	02-0798587	501(C)(3)	12,442.	0.			GENERAL SUPPORT
HOMWOOD FOUNDATION, INC. 16107 ELLIOTT PARKWAY WILLIAMSPORT, PA 21795	52-1892689	501(C)(3)	12,748.	0.			GENERAL SUPPORT, RESIDENT LIFE ENRICHMENT FUND, CAMPAIGN
HOSPICE & COMMUNITY CARE 685 GOOD DRIVE LANCASTER, PA 17604	23-2122735	501(C)(3)	5,000.	0.			A COMMUNITY INITIATIVE TO STRENGTHEN END OF LIFE CARE IN YORK COUNTY
JUNIOR ACHIEVEMENT OF SOUTH CENTRAL PA - 610 SOUTH GEORGE STREET - YORK, PA 17403	23-1598129	501(C)(3)	6,316.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
JUNIOR LEAGUE OF YORK 166 WEST MARKET STREET YORK, PA 17401	23-1421913	501(C)(3)	18,641.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL

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KEYSTONE KIDSPACE PO BOX 2442 YORK, PA 17405	30-0829212	501(C)(3)	11,416.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
KEYSTONE ORAL HISTORIES 508 HALDEMAN BLVD NEW CUMBERLAND, PA 17070	84-4569515	501(C)(3)	20,000.	0.			KEYSTONES AFRICAN AMERICAN MILITARY SERVICE IN YORK COUNTY
LANCASTER THEOLOGICAL SEMINARY 555 WEST JAMES STREET LANCASTER, PA 17603	23-1353386	501(C)(3)	11,881.	0.			GENERAL SUPPORT
LEADERSHIP YORK 238 NORTH GEORGE STREET YORK, PA 17401	23-2139541	501(C)(3)	5,145.	0.			GENERAL SUPPORT, 2020 GIVE LOCAL YORK, GIVE LOCAL YORK 2020 STRETCH POOL
LEAVE A LEGACY YORK COUNTY 137 EAST MARKET STREET YORK, PA 17401	25-1719216	501(C)(3)	6,982.	0.			LEAD PARTNER, GENERAL SUPPORT
LEG UP FARM INC. 4880 NORTH SHERMAN STREET YORK, PA 17347	23-2931834	501(C)(3)	20,491.	0.			GIVE LOCAL YORK 2020 STRETCH POOL, ABLE-SERVICES: HYDROPONICS EDUCATION,
LIFEPATH CHRISTIAN MINISTRIES 371 WEST MARKET STREET YORK, PA 17405	23-6444734	501(C)(3)	13,546.	0.			GENERAL SUPPORT, CONFLICT RESOLUTION TRAINING FOR HOMELESS SHELTER STAFF, PORTOPOTTIES IN YORK
LOGOS ACADEMY 250 WEST KING STREET YORK, PA 17401	31-1520442	501(C)(3)	18,025.	0.			GENERAL SUPPORT, CAMPUS EXPANSION, GIVE LOCAL YORK 2020 STRETCH POOL
LOWER SUSQUEHANNA RIVERKEEPER ASSOCIATION - 2098 LONG LEVEL ROAD - WRIGHTSVILLE, PA 17368	68-0620499	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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MAKE-A WISH FOUNDATION OF GREATER PA & SOUTHERN WV - 2951 WHITEFORD RD - YORK, PA 17402	25-1464177	501(C)(3)	18,191.	0.			GENERAL SUPPORT
MARGARET E. MOUL HOME 2050 BARLEY RD YORK, PA 17404	23-2037566	501(C)(3)	14,601.	0.			GENERAL SUPPORT
MARTIN LIBRARY 159 EAST MARKET STREET YORK, PA 17401	23-1352224	501(C)(3)	48,893.	0.			GENERAL SUPPORT, 2020 GIVE LOCAL YORK, GIVE LOCAL YORK 2020 STRETCH POOL
MASON -DIXON PUBLIC LIBRARY 250 BAILEY DRIVE STEWARTSTOWN, PA 17363	23-2321504	501(C)(3)	5,826.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
MEMORIAL HEALTH FUND 14 W MARKET STREET YORK, PA 17401	22-2546051	501(C)(3)	5,323.	0.			GENERAL SUPPORT
MENTAL HEALTH AMERICA OF YORK AND ADAMS COUNTIES - 36 SOUTH QUEEN STREET - YORK, PA 17403	23-1576691	501(C)(3)	5,160.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
MOUNT WOLF BOROUGH 345 CHESTNUT STREET MOUNT WOLF, PA 17347	23-1952738	GOVERNMENT	10,717.	0.			GENERAL SUPPORT OF MOUNT WOLF ATHLETIC ASSOCIATION
MOUNT ZION LUTHERAN CHURCH 2164 MOUNT ZION ROAD YORK, PA 17406	23-1744704	501(C)(3)	8,095.	0.			GENERAL SUPPORT
MT. ZION UNITED CHURCH OF CHRIST 1054 RIDGEWOOD ROAD YORK, PA 17402	23-1884302	501(C)(3)	45,299.	0.			GENERAL SUPPORT

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NEW BIRTH OF FREEDOM COUNCIL, BOY SCOUTS OF AMERICA - 1 BADEN POWELL LANE - MECHANICSBURG, PA 17050	23-1365194	501(C)(3)	9,508.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL, YORK DISTINGUISHED CITIZEN CELEBRATION, YORK
NEW CITY SCHOOL DBA LOGOS ACADEMY HARRISBURG - 251 VERBEKE STREET - HARRISBURG, PA 17102	45-5466844	501(C)(3)	5,070.	0.			SUPPORT SCHOOL LUNCH PROGRAM, SCHOLARSHIP SUPPORT
NEW HOPE MINISTRIES INC. PO BOX 448 DILLSBURG, PA 17019	23-2223120	501(C)(3)	100,652.	0.			GENERAL SUPPORT, COVID19 HOUSING ASSISTANCE, WORKFORCE DEVELOPMENT INTEGRATED MARKETING
NEW LIFE FOR GIRLS PO BOX 170 DOVER, PA 17315	23-1912101	501(C)(3)	6,000.	0.			GENERAL SUPPORT
NORTHEAST NEIGHBORHOOD ASSOCIATION, INC. - PO BOX 1148 - YORK, PA 17405	23-2904596	501(C)(3)	12,924.	0.			CHRYSYAL'S PLACE REHAB PROJECT, NEIGHBORHOOD IMPROVEMENT
NORTHEASTERN FOUNDATION 303 GRAVEL HILL ROAD MOUNT WOLF, PA 17347	26-1499191	501(C)(3)	9,210.	0.			GIVE LOCAL YORK 2020 STRETCH POOL
NORTHERN CENTRAL RAILWAY OF YORK 2 W. MAIN STREET NEW FREEDOM, PA 17349	20-4755150	501(C)(3)	8,291.	0.			GENERAL SUPPORT, STEAM PROGRAM, GIVE LOCAL YORK 2020 STRETCH POOL, 2020 GIVE LOCAL YORK
OLIVIA'S HOUSE - A GRIEF AND LOSS CENTER FOR CHILDREN - 830 SOUTH GEORGE STREET - YORK, PA 17403	23-3100851	501(C)(3)	9,745.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL, ACCESS YORK, 2020 GIVE LOCAL YORK
OTTERBEIN UNITED METHODIST CHURCH - MT. WOLF - 131 CENTER STREET - MOUNT WOLF, PA 17347	23-6277722	501(C)(3)	13,919.	0.			GENERAL SUPPORT, EARLY CHILDHOOD CARE AND EDUCATION

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PENN CARES SUPPORT SERVICES 788 CHERRY TREE COURT HANOVER, PA 17331	23-1878861	501(C)(3)	6,000.	0.			OLDER ADULTS AND GRANDPARENTS RAISING GRANDCHILDREN MINI SERIES TRAINING PROGRAM
PENN STATE YORK 1031 EDGEComb DRIVE YORK, PA 17403	24-6000376	GOVERNMENT	13,757.	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)	8,216.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
PENNSYLVANIA COUNCIL OF FEEDING AMERICA FOOD BANKS DBA FEEDING PA - 939 EAST PARK DRIVE - HARRISBURG, PA 17111	45-4793238	501(C)(3)	250,000.	0.			GENERAL SUPPORT
PHILADELPHIA FOUNDATION PO BOX 826728 PHILADELPHIA, PA 19182	23-1581832	501(C)(3)	25,000.	0.			TO SUPPORT PHL COVID19 FUND THE PHILADELPHIA FUND
PLANNED PARENTHOOD KEYSTONE 610 LOUIS DRIVE WARMINGSTER, PA 18974	23-2450112	501(C)(3)	15,608.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
RED LION AREA SCHOOL DISTRICT 696 DELTA ROAD RED LION, PA 17356	23-1674306	501(C)(3)	15,000.	0.			DENTAL HYGIENE PROGRAM
ROTARY CLUB OF YORK CHARITABLE ENDOWMENT FUND - 724 S. GEORGE STREET - YORK, PA 17401	23-2642321	501(C)(3)	49,221.	0.			GENERAL SUPPORT, PRESERVE PLANET EARTH COMMITTEE'S TREE PROJECT, KIWANIS LAKE PROJECT, GIVE LOCAL
SCHOOL DISTRICT OF THE CITY OF YORK - 31 NORTH PERSHING AVENUE - YORK, PA 17405	23-6004284	GOVERNMENT	34,000.	0.			CITY OF YORK FIRST 10 INITIATIVE, PHASE I

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SERVANTS INC. 100 REDCO AVENUE RED LION, PA 17356	23-3042387	501(C)(3)	71,832.	0.			HOME HELPS PROGRAM, GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
SHADOWFAX CORPORATION 386 PATTISON STREET YORK, PA 17403	23-2368549	501(C)(3)	5,286.	0.			GENERAL SUPPORT
SOUTHERN YORK COUNTY SCHOOL DISTRICT FOUNDATION - PO BOX 128 - GLEN ROCK, PA 17327	23-2862892	501(C)(3)	26,489.	0.			GIVE LOCAL YORK 2020 STRETCH POOL
SPIRITRUST LUTHERAN 1050 PENNSYLVANIA AVENUE YORK, PA 17404	23-1476329	501(C)(3)	21,364.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
SPRING GARDEN BAND 993 MARBROOK LANE YORK, PA 17404	22-2459929	501(C)(3)	47,513.	0.			GENERAL SUPPORT
SPRING GROVE AREA EDUCATION FUND, INC. - 100 EAST COLLEGE AVENUE - SPRING GROVE, PA 17362	47-1901147	501(C)(3)	13,657.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
SPRING GROVE AREA SCHOLARSHIP FUND, INC. - PO BOX 66 - SPRING GROVE, PA 17362	46-3480762	501(C)(3)	48,219.	0.			GIVE LOCAL YORK 2020 STRETCH POOL
SPRING GROVE AREA SCHOOL DISTRICT 100 EAST COLLEGE AVENUE SPRING GROVE, PA 17362	23-6004845	501(C)(3)	13,561.	0.			LITERACY EDUCATION
ST. JAMES LUTHERAN CHURCH 25 NORTH ADAMS STREET YORK, PA 17404	41-1568278	501(C)(3)	7,774.	0.			GENERAL SUPPORT

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ST. JOHN CHRYSOSTOM ANTIOCHIAN ORTHODOX CHURCH - 2397 NORTH SHERMAN STREET - YORK, PA 17406	11-6007930	501(C)(3)	24,000.	0.			GENERAL SUPPORT
ST. JOHN EVANGELICAL LUTHERAN CHURCH - 175 EAST MAIN STREET - NEW FREEDOM, PA 17349	23-1979891	501(C)(3)	6,566.	0.			GENERAL SUPPORT
ST. JOHN THE BAPTIST EPISCOPAL CHURCH - 140 NORTH BEAVER STREET - YORK, PA 17401	23-1365285	501(C)(3)	9,342.	0.			GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC. - 262 DANNY THOMAS PL - MEMPHIS, TN 38105	62-0646012	501(C)(3)	7,767.	0.			GENERAL SUPPORT
ST. PAUL EVANGELICAL LUTHERAN CHURCH - 201 S. MAIN STREET - SPRING GROVE, PA 17362	23-1370472	501(C)(3)	70,145.	0.			GENERAL SUPPORT
ST. PAUL'S LUTHERAN CHURCH 25 WEST SPRINGETTSBURY AVENUE YORK, PA 17403	23-1352477	501(C)(3)	8,377.	0.			GENERAL SUPPORT, EARLY CHILDHOOD CARE AND EDUCATION
SUSQUEHANNA HERITAGE CORPORATION 1706 LONG LEVEL ROAD WRIGHTSVILLE, PA 17368	75-3087098	501(C)(3)	14,530.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
THE BELMONT THEATRE 27 S. BELMONT STREET YORK, PA 17403	23-1251224	501(C)(3)	15,110.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
THE HAHN HOME 403 CHESTNUT HILL ROAD YORK, PA 17402	23-1425032	501(C)(3)	143,000.	0.			GENERAL SUPPORT

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THE LENFEST INSTITUTE FOR JOURNALISM, LLC - 801 MARKET STREET, SUITE 300 - PHILADELPHIA, PA 19107	04-3731829	501(C)(3)	5,000.	0.			SPOTLIGHT PA
THE MOVEMENT 678 EAST MARKET STREET YORK, PA 17403	84-4488642	501(C)(3)	6,000.	0.			M.O.V.E GENERAL SUPPORT, RENTAL AND FINANCIAL COUNSELING PROGRAM, YORK FEEDING ASSISTANCE PROGRAM,
THE SALVATION ARMY 50 EAST KING STREET YORK, PA 17405	13-5562351	501(C)(3)	59,999.	0.			
TRINITY ROTH'S UNITED CHURCH OF CHRIST - 6417 CHURCH ROAD - SPRING GROVE, PA 17362	34-1927041	501(C)(3)	5,686.	0.			GENERAL SUPPORT
TRUENORTH WELLNESS SERVICES 625 WEST ELM AVENUE HANOVER, PA 17331	23-2007907	501(C)(3)	21,897.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
UNITED WAY OF YORK COUNTY 800 EAST KING STREET YORK, PA 17403	23-1352588	501(C)(3)	111,605.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL, FOCUS ON OUR FUTURE PROGRAM, 2020 GIVE LOCAL
VISIONCORPS 1380 SPAHN AVENUE YORK, PA 17403	23-1365986	501(C)(3)	16,525.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
VNA HOME HEALTH WELLSPAN 540 S. GEORGE STREET YORK, PA 17401	23-1352573	501(C)(3)	29,707.	0.			GENERAL SUPPORT
WEST YORK AREA SCHOOL DISTRICT 2605 WEST MARKET STREET YORK, PA 17404	23-1642980	501(C)(3)	11,213.	0.			MUSIC PROGRAMS

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<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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WHITE ROSE LEADERSHIP 144 ROOSEVELT AVENUE YORK, PA 17401	83-1246505	501(C)(3)	34,768.	0.			GENERAL SUPPORT, GIVE LOCAL YORK HEALTHCARE STRETCH POOL, PHILANTHROPIST
WITF INC 4801 LINDLE RD HARRISBURG, PA 17111	23-1629016	501(C)(3)	12,465.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL, PA POST INITIATIVE
WOMEN'S CARE CENTER 40 SOUTH RICHLAND AVENUE YORK, PA 17405	23-2608350	501(C)(3)	7,291.	0.			LIVE SAVING CARE FOR NEW FAMILIES, GENERAL SUPPORT, 2020 GIVE LOCAL YORK, GIVE LOCAL YORK
YMCA OF HANOVER 23 WEST CHESTNUT STREET HANOVER, PA 17331	23-1352608	501(C)(3)	5,963.	0.			GENERAL SUPPORT, SOCIAL RACIAL JUSTICE PROGRAM, SAFE SPACE, EARLY CHILDHOOD CARE AND
YMCA OF YORK AND YORK COUNTY 90 NORTH NEWBERRY STREET YORK, PA 17401	23-1352600	501(C)(3)	61,031.	0.			CHILDCARE, GIVE LOCAL YORK 2020 STRETCH POOL, EARLY CHILDHOOD CARE/EDUC., ROTH'S CHURCH
YORK ACADEMY REGIONAL CHARTER SCHOOL - 32 WEST NORTH STREET - YORK, PA 17401	27-2294198	501(C)(3)	10,000.	0.			GENERAL SUPPORT
YORK BENEVOLENT ASSOCIATION PO BOX 5041 YORK, PA 17405	23-1353396	501(C)(3)	55,608.	0.			GENERAL SUPPORT, COVID19 RESPONSE FUND FOOD INSECURITY, GIVE LOCAL YORK 2020 STRETCH POOL
YORK CATHOLIC HIGH SCHOOL 601 EAST SPRINGETTSBURY AVENUE YORK, PA 17403	23-1381037	501(C)(3)	6,241.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN
YORK CITY BUREAU OF HEALTH PO BOX 509 YORK, PA 17405	23-1353396	GOVERNMENT	132,309.	0.			GENERAL SUPPORT

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YORK CITY DOLLARS FOR SCHOLARS 1120 GREENLEIGH DRIVE YORK, PA 17403	46-5072652	501(C)(3)	14,477.	0.			GIVE LOCAL YORK 2020 STRETCH POOL
YORK CITY LITTLE LEAGUE BASEBALL PO BOX 1062 YORK, PA 17405	23-1688231	501(C)(3)	5,571.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
YORK CITY PARKS CONSERVANCY 15 EAST PHILADELPHIA STREET YORK, PA 17401	23-3066098	501(C)(3)	24,108.	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)	109,089.	0.			2020 GIVE LOCAL YORK, GEARS STEM SUMMER PROGRAM, GENERAL SUPPORT, PEER CITY COMPARISON,
YORK COUNTRY DAY SCHOOL 1071 REGENTS' GLEN BLVD YORK, PA 17403	23-1352698	501(C)(3)	11,858.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN
YORK COUNTY 4-H ENDOWMENT 4813 SHAFFER RD SEVEN VALLEYS, PA 17360	23-6957724	501(C)(3)	10,514.	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)	110,634.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
YORK COUNTY BAR FOUNDATION 137 EAST MARKET STREET YORK, PA 17401	23-2647164	501(C)(3)	5,791.	0.			SHELTER FROM THE STORM, GENERAL SUPPORT, INCREASING ACCESS TO JUSTICE, GIVE LOCAL YORK
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 Domestic Organizations and Domestic Governments (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 FOOD BANK 254 WEST PRINCESS STREET YORK, PA 17401	23-2452484	501(C)(3)	198,000.	0.			GENERAL SUPPORT, PROGRAM SPONSOR OF IRON CHEF, COVID19 RELIEF NEEDS, FOOD EMERGENCY RESPONSE, GENERAL SUPPORT, 2020
YORK COUNTY HISTORY CENTER 250 EAST MARKET STREET YORK, PA 17403	23-1352323	501(C)(3)	184,019.	0.			GIVE LOCAL YORK, MAINTENANCE VARIOUS PROPERTIES, GIVE LOCAL
YORK COUNTY HONORS CHOIR 340 EAST MARKET STREET YORK, PA 17405	47-4155732	501(C)(3)	27,935.	0.			2020 GIVE LOCAL YORK, GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
YORK COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY - 144 ROOSEVELT AVENUE - YORK, PA 17401	23-7045116	GOVERNMENT	500,000.	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)	24,914.	0.			CAPITAL CAMPAIGN, GENERAL SUPPORT, TRANSFORM LIVES AND BUILDING COMMUNITY CHALLENGE
YORK COUNTY LITERACY COUNCIL 800 EAST KING STREET YORK, PA 17403	23-2088132	501(C)(3)	30,463.	0.			GENERAL SUPPORT, 2020 GIVE LOCAL YORK, GIVE LOCAL YORK 2020 STRETCH POOL, NEXT STEP PROGRAM
YORK COUNTY PLANNING COMMISSION 28 EAST MARKET STREET YORK, PA 17401	23-1601506	GOVERNMENT	10,000.	0.			EQUITY AND INCLUSION COMMUNITY PLANNER
YORK COUNTY SPCA 3159 SUSQUEHANNA TRAIL NORTH YORK, PA 17406	23-1399588	501(C)(3)	61,184.	0.			GIVE LOCAL YORK 2020 STRETCH POOL, GENERAL SUPPORT, MOBILE RABIES AND MICROCHIP CLINIC
YORK DAY NURSERY INC. 450 EAST PHILADELPHIA STREET YORK, PA 17403	23-1649205	501(C)(3)	15,564.	0.			GENERAL SUPPORT, AID TO SUBSIDIZE ATTENDANCE AT PRE-SCHOOL, CHILDCARE AND EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YORK HABITAT FOR HUMANITY 33 SOUTH SEWARD STREET YORK, PA 17404	22-2670895	501(C)(3)	12,300.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL, CHESTNUT STREET JUSTINCE BUILD
YORK HEALTH FOUNDATION 50 N. DUKE STREET YORK, PA 17401	23-3050192	501(C)(3)	54,212.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN YORK CANCER CENTER, SHOES FOR YORK HOSPITAL NURSES, CANCER
YORK JEWISH COMMUNITY CENTER 2000 HOLLYWOOD DRIVE YORK, PA 17403	23-1355127	501(C)(3)	37,273.	0.			COVID19 EMERGENCY DONATION, EARLY CHILDHOOD CARE AND EDUCATION, GIVE LOCAL YORK 2020 STRETCH
YORK REGIONAL EMERGENCY MEDICAL SERVICES INC. - PO BOX 485 - DALLASTOWN, PA 17313	23-7201002	501(C)(3)	337,000.	0.			FIRST CAPITAL COMMUNITY TRANSPORT PARTNERS
YORK SUBURBAN DOLLARS FOR SCHOLARS 1800 HOLLYWOOD DRIVE YORK, PA 17403	46-5146589	501(C)(3)	18,941.	0.			GIVE LOCAL YORK 2020 STRETCH POOL
YORK SYMPHONY ORCHESTRA 50 NORTH GEORGE STREET YORK, PA 17401	23-6298810	501(C)(3)	228,091.	0.			GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL
YORK TOWN CRAFT GUILD 639 NORTH FRANKLIN STREET YORK, PA 17403	23-3096728	501(C)(3)	6,524.	0.			METALS PROGRAM, GENERAL SUPPORT
YOUNG LIFE YORK CITY 35 S. DUKE STREET YORK, PA 17405	84-0385934	501(C)(3)	5,000.	0.			GENERAL SUPPORT
YOUNG THINKERS OF YORK, INC. 7 E. MARKET STEET YORK, PA 17401	81-4855797	501(C)(3)	6,000.	0.			THE GEAR

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
YWCA YORK 320 EAST MARKET STREET YORK, PA 17403	23-1360889	501(C)(3)	1,89,522.	0.			GENERAL SUPPORT, TEMPLE GUARD, ACCESS YORK, YOUTH AND ADULT AQUATIC PROGRAMMING NEEDS,

**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 BLOOMSBURG UNIVERSITY STUDENTS	4	8,000.	0.		
SCHOLARSHIP FOR COLORADO STATE UNIVERSITY STUDENTS	1	1,000.	0.		
SCHOLARSHIP FOR DALLASTOWN HIGH SCHOOL STUDENTS	14	25,000.	0.		
SCHOLARSHIP FOR DELAWARE VALLEY UNIVERSITY STUDENTS	1	3,000.	0.		
SCHOLARSHIP FOR DREXEL UNIVERSITY STUDENTS	1	1,250.	0.		

**Part IV**

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

**PART I, LINE 2:**

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

**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (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 noncash assistance
SCHOLARSHIP FOR DUQUESNE UNIVERSITY STUDENTS	1.	500.	0.		
SCHOLARSHIP FOR EASTERN YORK HIGH SCHOOL STUDENTS	6.	11,250.	0.		
SCHOLARSHIP FOR ELIZABETHTOWN COLLEGE STUDENTS	2.	2,000.	0.		
SCHOLARSHIP FOR FRANKLIN AND MARSHALL COLLEGE STUDENTS	1.	1,250.	0.		
SCHOLARSHIP FOR HARRISBURG AREA COMMUNITY COLLEGE STUDENTS	2.	2,500.	0.		
SCHOLARSHIP FOR HOOD COLLEGE STUDENTS	1.	1,500.	0.		
SCHOLARSHIP FOR INDIANA UNIVERSITY OF PENNSYLVANIA STUDENTS	3.	2,500.	0.		
SCHOLARSHIP FOR KANSAS STATE UNIVERSITY STUDENTS	1.	1,500.	0.		
SCHOLARSHIP FOR KUTZTOWN UNIVERSITY STUDENTS	1.	2,000.	0.		

**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (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 noncash assistance
SCHOLARSHIP FOR LANCASTER BIBLE COLLEGE STUDENTS	1.	5,000.	0.		
SCHOLARSHIP FOR LEBANON VALLEY COLLEGE STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR LIBERTY UNIVERSITY STUDENTS	1.	2,000.	0.		
SCHOLARSHIP FOR LOCK HAVEN UNIVERSITY STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR MESSIAH COLLEGE STUDENTS	2.	3,000.	0.		
SCHOLARSHIP FOR MILLERSVILLE UNIVERSITY STUDENTS	1.	1,500.	0.		
SCHOLARSHIP FOR MOUNT SAINT MARY'S UNIVERSITY STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR NORTHEASTERN HIGH SCHOOL STUDENTS	13.	41,371.	0.		
SCHOLARSHIP FOR PENN STATE UNIVERSITY STUDENTS	21.	19,100.	0.		

Schedule I (Form 990)

**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (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 noncash assistance
SCHOLARSHIP FOR PENN STATE YORK STUDENTS	1.	1,500.	0.		
SCHOLARSHIP FOR RED LION HIGH SCHOOL STUDENTS	4.	8,000.	0.		
SCHOLARSHIP FOR SHIPPENSBURG UNIVERSITY STUDENTS	3.	6,000.	0.		
SCHOLARSHIP FOR SOUTH EASTERN HIGH SCHOOL STUDENTS	8.	11,950.	0.		
SCHOLARSHIP FOR SOUTH WESTERN HIGH SCHOOL STUDENTS	12.	22,500.	0.		
SCHOLARSHIP FOR SOUTHERN HIGH SCHOOL STUDENTS	6.	15,200.	0.		
SCHOLARSHIP FOR SPRING GROVE HIGH SCHOOL STUDENTS	10.	14,980.	0.		
SCHOLARSHIP FOR SYRACUSE UNIVERSITY STUDENTS	1.	1,250.	0.		
SCHOLARSHIP FOR TEMPLE UNIVERSITY STUDENTS	3.	1,000.	0.		

Schedule I (Form 990)



**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (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 noncash assistance
SCHOLARSHIP FOR UNIVERSITY OF DELAWARE STUDENTS	2.	1,200.	0.		
SCHOLARSHIP FOR UNIVERSITY OF MASSACHUSETTS BOSTON	1.	500.	0.		
SCHOLARSHIP FOR UNIVERSITY OF PITTSBURGH SCHOOL OF DENTAL MEDICINE STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR UNIVERSITY OF PITTSBURGH STUDENTS	1.	1,000.	0.		
SCHOLARSHIP FOR UNIVERSITY OF ROCHESTER STUDENTS	3.	3,500.	0.		
SCHOLARSHIP FOR WEST CHESTER UNIVERSITY STUDENTS	6.	5,000.	0.		
SCHOLARSHIP FOR YORK CITY HIGH SCHOOL STUDENTS	35.	46,598.	0.		
SCHOLARSHIP FOR YORK COLLEGE STUDENTS	7.	6,000.	0.		
SCHOLARSHIP FOR YORK SUBURBAN HIGH SCHOOL STUDENTS	15.	20,702.	0.		

Schedule I (Form 990)

**Part IV** Supplemental Information

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BYRNES HEALTH EDUCATION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ANNUAL HEARTBEAT CAMPAIGN, DIGITAL HEALTH EDUCATION, GIVE LOCAL YORK 2020 STRETCH

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S AID SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL, YORKCARES & YCCH CODE BLUE SHELTERS FOR SINGLES

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL IMPROVEMENTS RELATED TO GEAR GARDEN IN FOUNDRY PARK ON THE COLOURS, TO SUPPORT YORK CITY POLICE DEPT TO PURCHASE SERVICE DOG, SUPPORT PENN PARK

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY PROGRESS COUNCIL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RENTAL ASSISTANCE, CRISIS BUDGETING AND RENTAL ASSISTANCE, COVID19 HOUSING COMMUNICATIONS, HIRING ADDITIONAL STAFF

NAME OF ORGANIZATION OR GOVERNMENT: CRISPUS ATTUCKS ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL YORK 2020 STRETCH POOL, GENERAL SUPPORT, EMBRACING CULTURAL DIVERSITY; SMRCA AND ALC PARTNERSHIP, SOJOURN TRAVELERS OF COLOR DESTINATION YORK CITY, PA, CHILDHOOD CARE AND EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: LEG UP FARM INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL YORK 2020 STRETCH POOL, ABLE-SERVICES: HYDROPONICS EDUCATION, EQUINE THERAPY PROGRAM, GENERAL SUPPORT, PEDIATRIC TELEHEALTH THERAPY PROGRAM, BLANC SEEDLING SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: LIFEPATH CHRISTIAN MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CONFLICT RESOLUTION TRAINING FOR HOMELESS SHELTER STAFF, PORTOPOTTIES IN YORK CITY, PA

NAME OF ORGANIZATION OR GOVERNMENT:

NEW BIRTH OF FREEDOM COUNCIL, BOY SCOUTS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, GIVE LOCAL YORK

**Part IV** Supplemental Information

2020 STRETCH POOL, YORK DISTINGUISHED CITIZEN CELEBRATION, YORK DCC

NAME OF ORGANIZATION OR GOVERNMENT: NEW HOPE MINISTRIES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, COVID19 HOUSING ASSISTANCE, WORKFORCE DEVELOPMENT INTEGRATED MARKETING CAMPAIGN, EMERGENCY AND INCREASED HOUSING ASSISTANCE FUND

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:

ROTARY CLUB OF YORK CHARITABLE ENDOWMENT FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, PRESERVE PLANET EARTH COMMITTEE'S TREE PROJECT, KIWANIS LAKE PROJECT, GIVE LOCAL YORK 2020 STRETCH POOL, 2020 GIVE LOCAL YORK

NAME OF ORGANIZATION OR GOVERNMENT: THE SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, RENTAL AND FINANCIAL COUNSELING PROGRAM, YORK FEEDING ASSISTANCE PROGRAM, HEALTH AND HUMAN NEEDS, YOUTH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF YORK COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, GIVE LOCAL YORK 2020 STRETCH POOL, FOCUS ON OUR FUTURE PROGRAM, 2020 GIVE LOCAL YORK, FOCUS READING INITIATIVES, TOCQUEVILLE SOCIETY, EDUCATION

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: WHITE ROSE LEADERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, GIVE LOCAL YORK  
HEALTHCARE STRETCH POOL, PHILANTHROPIST SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S CARE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: LIVE SAVING CARE FOR NEW FAMILIES,  
GENERAL SUPPORT, 2020 GIVE LOCAL YORK, GIVE LOCAL YORK 2020 STRETCH POOL

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF HANOVER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SOCIAL RACIAL  
JUSTICE PROGRAM, SAFE SPACE, EARLY CHILDHOOD CARE AND EDUCATION

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

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILDCARE, GIVE LOCAL YORK 2020  
STRETCH POOL, EARLY CHILDHOOD CARE/EDUC., ROTH'S CHURCH ROAD COMM.  
PARTNERSHIP, 2020 GIVE LOCAL YORK, BOY MEMBERSHIP PROGRAM, CHILD DEV.  
UPGRADES, EQUIP/SUPPLIES FOR FOOD PANTRY, DIABETES COALITION, STRONG KIDS  
CAMPAIGN, CAPITAL CAMPAIGN, GOLF AND GALA SPONSORSHIP

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,  
GIVE LOCAL YORK 2020 STRETCH POOL, A COMMUNITY DOG PARK

NAME OF ORGANIZATION OR GOVERNMENT: YORK COLLEGE OF PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: 2020 GIVE LOCAL YORK, GEARS STEM  
SUMMER PROGRAM, GENERAL SUPPORT, PEER CITY COMPARISON, YCCOSP, CENTER FOR  
COMMUNITY ENGAGEMENT, YORK CITY STUDENT SUMMER SESSION, CAPITAL CAMPAIGN,

**Part IV** Supplemental Information

## SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: YORK COUNTY 4-H ENDOWMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, MAINTENANCE AND REPAIR TO BAIR STATION OR ANY REPLACEMENT FACILITY, GIVE LOCAL YORK 2020 STRETCH POOL

NAME OF ORGANIZATION OR GOVERNMENT: YORK COUNTY BAR FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SHELTER FROM THE STORM, GENERAL SUPPORT, INCREASING ACCESS TO JUSTICE, GIVE LOCAL YORK 2020 STRETCH POOL

NAME OF ORGANIZATION OR GOVERNMENT: YORK COUNTY FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, PROGRAM SPONSOR OF IRON CHEF, COVID19 RELIEF NEEDS, FOOD EMERGENCY RESPONSE, 2020 GIVE LOCAL YORK, SENIOR FOOD BOX EXPANSION

NAME OF ORGANIZATION OR GOVERNMENT: YORK COUNTY HISTORY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, 2020 GIVE LOCAL YORK, MAINTENANCE VARIOUS PROPERTIES, GIVE LOCAL YORK 2020 STRETCH POOL, 2020 GIVE LOCAL YORK, BOOKS, COMPUTER AND OTHER MEDIA ENHANCEMENTS, EDUCATIONAL PROGRAMMING

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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: YORK HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CAPITAL CAMPAIGN

YORK CANCER CENTER, SHOES FOR YORK HOSPITAL NURSES, CANCER PATIENT HELP

FUND, BENTZEL DENTAL CENTER AND HOODNER DENTAL CLINIC

NAME OF ORGANIZATION OR GOVERNMENT: YORK JEWISH COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID19 EMERGENCY DONATION, EARLY

CHILDHOOD CARE AND EDUCATION, GIVE LOCAL YORK 2020 STRETCH POOL, YORK JCC

SCHOOL AGED CHILDCARE PROGRAM, MOMENTUM, PARKINSON'S MOVEMENT AT THE J!,

GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: YWCA YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, TEMPLE GUARD,

ACCESS YORK, YOUTH AND ADULT AQUATIC PROGRAMMING NEEDS, CONFRONTING

RACISM COALITION DIRECTOR, SAC VIRTUAL SUPPORT HUB, VICTIM ASSISTANCE

CENTER, GIVE LOCAL YORK 2020 STRETCH POOL, 2020 GIVE LOCAL YORK

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**YORK COUNTY COMMUNITY FOUNDATION**

Employer identification number

**23-6299868**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> 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"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<input checked="" type="checkbox"/>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<input checked="" type="checkbox"/>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	<input checked="" type="checkbox"/>
<b>b</b> Any related organization? .....	<b>5b</b>	<input checked="" type="checkbox"/>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	<input checked="" type="checkbox"/>
<b>b</b> Any related organization? .....	<b>6b</b>	<input checked="" type="checkbox"/>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<input checked="" type="checkbox"/>
<b>8</b> 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 .....	<b>8</b>	<input checked="" type="checkbox"/>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2020







**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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](http://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	6	394,296.	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 V, 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) 2020

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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 \$ 520,752. INCLUDING GRANTS OF \$ 268,301. 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) 2020

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
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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	168,028.
AGENCY ENDOWMENT GIFTS	-1,224,172.
AGENCY ENDOWMENT INVESTMENT INCOME	-46,631.
AGENCY ENDOWMENT GRANT DISTRIBUTIONS	848,738.
REVENUE FROM BENEFICIAL INTERESTS IN TRUSTS	-29,595.
CHARITABLE REMAINDER UNITRUST (REVENUE)/EXPENSE	-76,139.
REVENUE FROM CHARITABLE REMAINDER TRUSTS	18,006.
TOTAL TO FORM 990, PART XI, LINE 9	-341,765.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.







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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> MEMORIAL HEALTH FUND		L	100,569. CASH	
<b>(2)</b> MEMORIAL HEALTH FUND		C	150,000. CASH	
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				





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

**2020**

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Go to [www.irs.gov/Form990T](http://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

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>YORK COUNTY COMMUNITY FOUNDATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>14 WEST MARKET STREET</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>YORK, PA 17401-1617</b></p> <p><b>C</b> Book value of all assets at end of year ..... ▶ <b>175,587,137.</b></p>	<p><b>D</b> Employer identification number <b>23-6299868</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
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**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

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

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

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	69,846.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	69,846.
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	69,846.
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	69,846.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	68,846.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	14,458.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	14,458.

LHA For Paperwork Reduction Act Notice, see instructions.

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b>	Other credits (see instructions)	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		14,458.
<b>3</b>	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 statement)	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		14,458.
<b>5</b>	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>		0.
<b>6a</b>	Payments: A 2019 overpayment credited to 2020	<b>6a</b>		
<b>b</b>	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	17,600.	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		17,600.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		280.
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		2,862.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> 2,862. <b>Refunded</b>	<b>11</b>		0.

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

	Yes	No
<b>1</b> At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
<b>2</b> 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
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4a</b> Did the organization change its method of accounting? (see instructions)		X
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

**Sign Here**

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

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **TREASURER**

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

**Paid Preparer Use Only**

Print/Type preparer's name: **AMY GOHN ANSTINE, CPA** Preparer's signature: **AMY GOHN ANSTINE, CPA** Date: **10/29/21** 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  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://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).

ENTITY 1

OMB No. 1545-0047

**2020**

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

<b>A</b> Name of the organization <b>YORK COUNTY COMMUNITY FOUNDATION</b>	<b>B</b> Employer identification number <b>23-6299868</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>561000</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **PARTNERSHIP PASSTHROUGH**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b> 117,925.		117,925.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 1</b>	<b>5</b> -48,079.		-48,079.
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 69,846.		69,846.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement)	<b>14</b>	
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	69,846.
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>	0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	69,846.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold** Enter method of inventory valuation

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

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
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) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
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 statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 <b>Total dividends-received deductions</b> included in line 10	0.			



**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			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	
(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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
<b>Totals</b>			0.	0.		

**Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	



FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
COMMONFUND CAPITAL VENTURE PART. XII - ORDINARY BUSINESS INCOME (LOSS)	-32.
COMMONFUND CAPITAL VENTURE PART. XII - INTEREST INCOME	71.
COMMONFUND CAPITAL VENTURE PART. XII - DIVIDEND INCOME	164.
COMMONFUND CAPITAL VENTURE PART. XII - OTHER PORTFOLIO INCOME (LOSS)	31.
COMMONFUND CAPITAL VENTURE PART. XII - OTHER INCOME (LOSS)	-6,397.
COMMONFUND GLOBAL PRIV. EQUITY PART. 2014 - ORDINARY BUSINESS INCOME (LOSS)	-12,883.
COMMONFUND GLOBAL PRIV. EQUITY PART. 2014 - NET RENTAL REAL ESTATE INCOME	33.
COMMONFUND GLOBAL PRIV. EQUITY PART. 2014 - INTEREST INCOME	1,404.
COMMONFUND GLOBAL PRIV. EQUITY PART. 2014 - DIVIDEND INCOME	838.
COMMONFUND GLOBAL PRIV. EQUITY PART. 2014 - OTHER PORTFOLIO INCOME (LOSS)	237.
COMMONFUND GLOBAL PRIV. EQUITY PART. 2014 - OTHER INCOME (LOSS)	-18,253.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)	4,079.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - NET RENTAL REAL ESTATE INCOME	8.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - OTHER NET RENTAL INCOME (LOSS)	2.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - INTEREST INCOME	2,729.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - DIVIDEND INCOME	618.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - ROYALTIES	24.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - OTHER PORTFOLIO INCOME (LOSS)	2,774.
COMMONFUND GLOABL PRIV. EQUITY FUND II, LP - OTHER INCOME (LOSS)	-19,786.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - ORDINARY BUSINESS INCOME (LOS	2,861.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - NET RENTAL REAL ESTATE INCOME	-584.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - OTHER NET RENTAL INCOME (LOSS	13.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - INTEREST INCOME	4,874.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - DIVIDEND INCOME	1,391.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - ROYALTIES	1,504.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - OTHER PORTFOLIO INCOME (LOSS)	121.
COMMONFUND CAPITAL SECONDARY PARTNERS II, LP - OTHER INCOME (LOSS)	-10,945.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - ORDINARY BUSINESS INCOME (LOSS	96.

STATEMENT(S) 1

YORK COUNTY COMMUNITY FOUNDATION

23-6299868

COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - NET RENTAL REAL ESTATE INCOME	-16.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - OTHER NET RENTAL INCOME (LOSS)	1.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - INTEREST INCOME	136.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - DIVIDEND INCOME	80.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - ROYALTIES	8.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - OTHER PORTFOLIO INCOME (LOSS)	18.
COMMONFUND GLOBAL PRIV. EQUITY FUND III, LP - OTHER INCOME (LOSS)	-2,104.
COMMONFUND CAPITAL SECONDARY PARTNERS III, LP - OTHER INCOME (LOSS)	-1,194.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	<u>-48,079.</u>

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2020**

Name <b>YORK COUNTY COMMUNITY FOUNDATION</b>	Employer identification number <b>23-6299868</b>
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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 - Assets Held One Year or Less**

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)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>1,046.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>1,046.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

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)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>94,706.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>22,173.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>116,879.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>1,046.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>116,879.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>117,925.</b>

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





**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2020**

Name <b>YORK COUNTY COMMUNITY FOUNDATION</b>	Employer identification number <b>23-6299868</b>
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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 - Assets Held One Year or Less**

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)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>1,046.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>1,046.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

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)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>94,706.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>22,173.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>116,879.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>1,046.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>116,879.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>117,925.</b>

**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](http://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 2020 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)
	<b>SEE STATEMENT 2</b>						<b>22,173.</b>

3	Gain, if any, from Form 4684, line 39	<b>3</b>
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	<b>4</b>
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	<b>5</b>
6	Gain, if any, from line 32, from other than casualty or theft	<b>6</b>
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	<b>7</b> <b>22,173.</b>

**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.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8	Nonrecaptured net section 1231 losses from prior years. See instructions	<b>8</b>
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	<b>9</b> <b>22,173.</b>

**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	<b>11</b> ( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	<b>12</b>
13	Gain, if any, from line 31	<b>13</b>
14	Net gain or (loss) from Form 4684, lines 31 and 38a	<b>14</b>
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	<b>15</b>
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	<b>16</b>
17	Combine lines 10 through 16	<b>17</b>
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.	
	<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	<b>18a</b>
	<b>b</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), Part I, line 4	<b>18b</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

**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			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> 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			
<b>27 If section 1252 property:</b> 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			
<b>28 If section 1254 property:</b>					
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			
<b>29 If section 1255 property:</b>					
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 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND GLOBAL PRIV. EQUITY PART. 201						1,382.
COMMONFUND GLOABL PRIV. EQUITY FUND II, COMMONFUND CAPITAL SECONDARY PARTNERS II						17,924.
COMMONFUND GLOBAL PRIV. EQUITY FUND III,						14.
TOTAL TO 4797, PART I, LINE 2						22,173.



**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			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> 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			
<b>27 If section 1252 property:</b> 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			
<b>28 If section 1254 property:</b>					
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			
<b>29 If section 1255 property:</b>					
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	